Combating Cancer in Kentucky

Just What is Cancer?

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells.

Normal body cells grow, divide and die in an orderly fashion. During the early years of a person’s life, normal cells divide more rapidly until the person becomes an adult. After that, cells in most parts of the body divide only to replace the worn out and dying cells. Because cancer cells continue to grow and divide, they are different from normal cells. Instead of dying, they outlive normal cells and continue to form new abnormal cells.

The National View

Cancer is the second leading cause of death in the United States. During 2000, an estimated 1,220,100 persons in the United States were expected to be diagnosed with cancer; 552,200 persons were expected to die from cancer. This number does not include the number of skin cancer cases, which have been estimated to exceed 1 million per year. It is also estimated that one-half of all the new cases of cancer will occur in persons over the age of 65.

Common Cancer Sites, Causes and Diagnosis

The lung and bronchus, prostate, female breast, and colon and rectum were the most common cancer sites for all racial and ethnic populations in the United States. Lung cancer is the leading cause of death for both men and women in the United States, killing more people than breast, prostate, colon, and pancreas cancers combined. Eighty-five percent of patients who develop lung cancer will die from it.

Breast cancer is the most common cancer among women in the United States. About 40,800 U.S. women were estimated to die from breast cancer in 2000, accounting for about 15.2% of cancer deaths among
women. However it is important to note that the stage at which the tumor is found greatly influences a person’s chance of survival.

Educational programs of the Kentucky Cooperative Extension System serve all people regardless of race, color, age, sex, religion, disability, or natural origin. UNIVERSITY OF KENTUCKY, KENTUCKY STATE UNIVERSITY, U.S. DEPARTMENT OF AGRICULTURE, AND KENTUCKY COUNTIES COOPERATING

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. It is third leading cause of death behind lung and breast cancer for females and behind lung and prostate cancer for males.

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, which make up approximately 80 percent of all cases of prostate cancer.

Lung Cancer, the leading cause of cancer death in men and women, can be attributed to one major risk factor...SMOKING

The financial cost of cancer is substantial.

$107 billion overall annual costs for cancer
$37 billion for direct medical cost

$11 billion for the costs of illness (treating the cancer)

$59 billion for costs of death (loss of productivity due to death)

Treatments for lung, breast, and prostate cancers alone account for more than half of the direct medical costs.
The Kentucky Perspective

The economic burden of cancer and its associated health care costs are being felt in the Commonwealth. Did you know that Kentucky is 39th in the nation according to the 2002 state health rankings? The prevalence of smoking and the high number of cancer deaths in Kentucky is largely responsible for this bleak picture. Furthermore, in the last twelve years the health of the Commonwealth has improved only slightly.

The American Cancer Society estimated that in 1999 more than 20,500 men, women and children in Kentucky will learn they have cancer and more than 9,500 residents will die from cancer. In 2000, cancer was the second leading cause of death in Kentucky, with 9,127 cancer deaths recorded by Kentucky Vital Statistics. Cancer accounted for 24 percent of all deaths during this statistical reporting period. Even though the data lists heart disease as the leading cause of death in Kentucky, cancer mortality rates will equal or exceed heart disease mortality rates during the next decade.

Healthy People 2010

Healthy People 2010 is an initiative that defines that nation’s health agenda and guides health policy. It includes very specific objectives that are monitored over time. Using these objectives, we can begin to identify ways to improve the health status of Americans. The whole concept of Healthy People 2010 is that the public and private sectors will partner to focus their efforts on specified issues.

Just as the nation has health objectives, Kentucky has also established its own guidelines, Healthy Kentuckians 2010. There are two overarching health goals for our state: to increase the quality and years of ‘healthy’ life and to eliminate health disparities. Our document follows the same format as Healthy People 2010 with objectives and targets to meet the needs of Kentuckians. These objectives fall into 26 focus areas, which are divided into four categories: 1) promote healthy behaviors; 2) promote healthy and safe communities; 3) improve systems for personal and public health; and 4) prevent and reduce disease and disorders.
Kentucky’s 2010 Objectives for Cancer

- To reduce cancer deaths to a rate of no more than 220.7 per 100,000 people in Kentucky. **Strategies:** Statewide Cancer Control plan; decrease tobacco use; diet modification; early detection and screening; increase community outreach; maintain partnership of KDPH, KCP, ACS, and University Cancer Centers.

- To maintain lung cancer deaths to a rate of no more than 80.7 per 100,000 people in Kentucky. **Strategies:** encourage schools, family and community groups to discourage tobacco use among children and teens; target pregnant women and mothers of young children; increase more smoke free areas in the workplace and public places; support and encourage smoking cessation programs.

- To reduce cervical cancer deaths to no more than 3.2 per 100,000 women in Kentucky. **Strategies:** increase availability and accessibility of cervical screening and diagnostic services for low-income and uninsured women through local health departments; support education efforts to increase screening in women ages 18 years and older; provide education of risk factors, including the dangers of intercourse at an early age, multiple sex partners and sexually transmitted diseases (STD).

- To reduce breast cancer deaths to no more than 22.5 per 100,000 women in Kentucky. **Strategies:** increase availability and accessibility of breast screening and diagnostic services for uninsured and underinsured women through local health departments; support population-based efforts to increase screening in all women 40 and older, including education and peer counseling, to be carried out by community breast cancer coalitions and other entities; provide professional education opportunities to improve expertise in provision of clinical breast exams, mammography, and treatment; promote participation in clinical trials for prevention and treatment; provide education to the public on other risk factors such as diet and exercise which may have a relationship to breast cancer.
• To increase to at least 85% the proportion of women ages 40 and older who have ever received a Clinical Breast Exam (CBE) and mammogram, and to at least 85% those ages 50 and older who have received a CBE and mammogram within the preceding one to two years. **Strategies:** increase the availability and accessibility of breast screening and diagnostic services for underinsured and uninsured women through the local health departments; support education efforts to increase screening in women ages 40 and older; promote participation in clinical trials for prevention and treatment; provide education for professionals to increase their adherence to screening guidelines and encourage appropriate referral of patients; provide professional education opportunities in efforts to improve expertise in provision of clinical breast exams, mammography, and treatment.

• To increase to at least 95% the proportion of women ages 18 and older who have ever received a Pap test, and to at least 85% those who received a Pap test within the preceding one to three years. **Strategies:** increase availability and accessibility of cervical screening and diagnostic services for uninsured and underinsured women through local health departments; support education efforts to increase screening in all women 18 years and older; provide professional education opportunities to improve the technique, referral, and standards of care; provide professional education opportunities to increase health care providers’ adherence to accepted screening guidelines.

• To reduce colorectal cancer deaths to no more than 23.5 per 100,000 people in Kentucky. **Strategies:** increase community education programs for early detection in people over age 50 with Sigmoidoscopy; promote referrals by health care providers for screening exams; education and outreach regarding dietary modifications to reduce cancer risk.

• To increase to at least 35% the proportion of people ages 50 and older who have received fecal occult blood testing within the preceding one to two years, and to at least 40% those who have ever received proctosigmoidoscopy. **Strategies:** promote referrals by health care providers for screening exams; promote clinical trial participation and/or treatment; provide public education and outreach regarding the importance of screening exams.
- **(In Development)** To increase the number of men 50 years and older, particularly African-Americans and other high-risk individuals, who receive counseling from health care providers about prostate cancer screening.
- **(In Development)** To increase the percentage of persons 50 years and older who have received oral, skin, and digital rectal exams in the preceding year.
- **(In Development)** To increase the percentage of Kentucky physicians who have current knowledge about genetics and disease and who appropriately counsel or refer their high-risk patients.
- **(In Development)** To increase the number of cancer survivors who are living 5 years or longer after diagnosis.

**Kentucky Cooperative Extension Responds**

Since 1982 the Kentucky Cancer Program has been working with local county extension agents in cancer awareness and prevention efforts. It is the intent of the two land grant universities to continue that partnership as it relates to specific cancer programs. The Health Specialists along with the Extension Health Associates with the Health Education through Extension Leadership (H.E.E.L) program are in the development stages of designing a cancer prevention program and evaluation for Kentucky Extension Agents. We have examined Kentucky health data and campaigns and prevention efforts already in existence across the state, and have decided upon the following focus areas: **Breast/Cervical Cancer, Colon and Rectum Cancer, Lung Cancer, and Skin Cancer.** These will not be the only areas that we address as Extension Health Specialists, but we feel that these four areas should be given priority.

The Cooperative Extension System in Kentucky provides a unique opportunity to provide health education and awareness to non-traditional audiences. Your role is an important one, for you will be helping persons in your community make wise choices in regards to health and overall quality of life. You have the ability to deliver research-based information in various formats that can impact the beliefs and attitudes of our citizens. The effectiveness of this program ultimately depends on you and your interests, and we hope you share our view of the importance of cancer risk reduction.
In turn, it is our job to make your work as easy as possible. A “toolkit” will be provided to help guide your educational and programmatic efforts. The following list includes a few ideas you might consider in conjunction with the materials you will be provided:

1. Cervical cancer screening could be added to the agenda of programs that presently address breast or other types of cancer prevention.

2. Fact sheets that we provide could be distributed to various audiences (including homemakers, school groups, civic groups, etc.).

3. A public forum could be organized to allow the community to discuss cancer problems in Kentucky. This could be done in collaboration with local health care facilities, the local health department, physicians, local cancer coalitions, and other community based organizations that are interested in cancer health issues.

4. A campaign could be organized to increase awareness of the smoking cessation programs available to community members.
References


Kentucky Cancer Registry. Available online at: www.kcr.uky.edu.


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