Cancer Prevention and Control in Alaska

Cancer has been the leading cause of death in Alaska since 1993, one of the few states in the United States for which this occurs. There are more than 100 different types of cancer that comprise this complex and deadly disease that has no single cause or simple cure. As a state, we currently address cancer through a variety of approaches that include surveillance, prevention, early detection, treatment, survivorship and end-of-life services.

The Alaska Cancer Prevention and Control Program consists of three distinct components that each receive funding from the US Centers for Disease Control and Prevention (CDC). The Alaska Cancer Registry is a surveillance system that collects, manages, and analyzes data about cancer incidence (new cases) and cancer mortality (deaths) in Alaska. The Alaska Breast & Cervical Health Check (BCHC) program helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening, diagnostic, and treatment services. The Alaska Comprehensive Cancer Control Program uses a collaborative process through which Alaskan communities and their partner's pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and ultimately seek to reduce the burden of cancer.

We know that statistics do not put a personal face on the pain and suffering, loss of productive years of life, and premature deaths that often accompany a diagnosis of cancer. This report is dedicated to all of those who have been touched by this disease.

History of Cancer Prevention and Control in Alaska

1990
The National Cancer Institute (NCI) awards the Alaska Division of Public Health a grant to plan and undertake cancer prevention and control activities focused on risk reduction, surveillance, and early detection & treatment.

1996
On January 1, 1996, the Alaska Administrative Code (7 AAC 27.011) establishes reporting requirements for our statewide cancer registry. The Alaska Cancer Registry is funded through the Centers for Disease Control / National Program of Cancer Registries to collect, analyze, and maintain the cancer data for the State of Alaska.

1995
Breast & Cervical Health Check's (BCHC) first year operating, 193 women screened.

2001
Treatment legislation is enacted by the Alaska State Legislature. Women diagnosed with breast and/or cervical cancer by a BCHC funded clinician are eligible to be referred for Medicaid funded treatment services.
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2007
BCHC breaks the “10,000 mark” for the first time, screening 10,040 women in a single year.

CDC funds an implementation grant for Comprehensive Cancer Control Partnership.

Alaska State Legislature passes HB 393 into law requiring certain health care insurance plans to cover costs for recommended colorectal cancer screening tests

2003
CDC funds a planning grant for Comprehensive Cancer Control.

2009
BCHC breaks the “40,000 mark” screening 41,161 individual women since 1995.
State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. The Alaska Cancer Registry (ACR) began collecting data on all new cancer cases (incidence) in Alaska on January 1, 1996. Between 1996 and 2006 there were 24,790 Alaskans diagnosed with malignant cancer. During that same time period 7,596 Alaskans died of the disease.

Cancer is the only reportable chronic disease and the only chronic disease for which we have national incidence data. Together, CDC’s National Program of Cancer Registries (NPCR) and NCI’s Surveillance, Epidemiology, and End Results (SEER) Program collect data for the entire U.S. population. These data are combined in order to publish annual federal cancer statistics in the United States Cancer Statistics: Incidence and Mortality report.

Cancer incidence and mortality reports for the State of Alaska can be found on the ACR web site at www.hss.state.ak.us/dph/chronic/cancer/registry.htm. A selection of data has been chosen in this publication to give readers a broad overview of the burden of cancer in Alaska and to provide some comparisons with the rest of the United States. All cancer incidence and mortality rates for Alaska have been age-adjusted by the direct method using the 2000 US standard million population and are expressed as rates per 100,000 people.
Leading Causes of Cancer Incidence in Alaska

The table below shows the top six cancers diagnosed in Alaska according to the total number of cases and rates per 100,000.

**Most Commonly Diagnosed Cancers in Alaska, 2001-2006**

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>No. of People</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breast</td>
<td>2,073</td>
<td>128.7</td>
</tr>
<tr>
<td>2. Prostate</td>
<td>1,979</td>
<td>149.7</td>
</tr>
<tr>
<td>3. Lung</td>
<td>1,848</td>
<td>74.6</td>
</tr>
<tr>
<td>4. Colorectal</td>
<td>1,386</td>
<td>54.2</td>
</tr>
<tr>
<td>5. Bladder</td>
<td>586</td>
<td>23.8</td>
</tr>
<tr>
<td>6. Non-Hodgkin Lymphoma</td>
<td>569</td>
<td>20</td>
</tr>
</tbody>
</table>

Cancer Incidence in Alaska

- Breast, prostate, lung and colorectal cancers together account for over half of all new cancers diagnosed each year in Alaska.
- Breast cancer is now the most common cancer in Alaska and accounts for approximately one third of all new cases of cancer diagnosed in women.
- Prostate cancer is the most common cancer in men in Alaska. A quarter of all new cases of cancer diagnosed in men are prostate cancers.
- Colorectal cancer is the most commonly diagnosed cancer among all Alaska Natives.
- Lung cancer is the third most common cancer diagnosed in Alaska. Cigarette smoking is by far the most important risk factor for developing lung cancer.

All Sites — Alaska Malignant Cancer Incidence by Race and Sex, 1996-2006

This chart compares cancer incidence in Alaska by both race and sex. Black males had the highest incidence of new cancer cases at 647.2 per 100,000 and Asian/Pacific Islander females have the lowest incidence rates at 289.9 per 100,000. This comparison represents a significant disparity of cancer incidence by both race and gender.
Lung Cancer

Lung cancer is the leading cause of cancer mortality in Alaska and the United States, accounting for nearly 30% of all cancer deaths. The Alaska Tobacco Prevention and Control Program is a comprehensive statewide program that is organized around core goals that include eliminating exposure to environmental tobacco smoke, identifying and eliminating disparities experienced by population groups relative to tobacco and its use, promoting quitting among adults and youth, and preventing initiation of tobacco use among youth.

Leading Causes of Cancer Deaths in Alaska

The table below shows the top six causes of cancer deaths in Alaska according to the total number of cases and rates per 100,000. While lung cancer is ranked third highest in incidence in Alaska for total number and rate, it is the leading cause of death.

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>No. of People</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lung</td>
<td>1249</td>
<td>52.5</td>
</tr>
<tr>
<td>2. Colorectal</td>
<td>396</td>
<td>17.7</td>
</tr>
<tr>
<td>3. Breast</td>
<td>309</td>
<td>21.3</td>
</tr>
<tr>
<td>4. Pancreas</td>
<td>245</td>
<td>10.5</td>
</tr>
<tr>
<td>5. Prostate</td>
<td>184</td>
<td>24.3</td>
</tr>
<tr>
<td>6. Liver</td>
<td>160</td>
<td>6.2</td>
</tr>
</tbody>
</table>

All Sites — Alaska Cancer Mortality by Race and Sex, 1996-2006

This chart compares cancer mortality in Alaska by both race and sex. Native males had the highest mortality at 290.9 per 100,000 and Asian/Pacific Islander females had the lowest mortality rates at 84.9 per 100,000. Disparities are evident in mortality rates for both race and gender.
This graph compares malignant cancer incidence in Alaska to that of the United States by sex. The trend lines for the US appear more stable due to the large population size while the AK trend line shows greater variability due to the smaller population. The AK cancer incidence rate was slightly higher for both sexes over this period of time. Incidence for Alaska females was 436 per 100,000 while for U.S. females it was 410.3 per 100,000. AK male incidence was 555.1 per 100,000 while US male was 546.6 per 100,000.

This graph compares cancer mortality in Alaska to that of the United States by sex. Although mortality trends for AK and the U.S. are similar, Alaska’s mortality was slightly lower than the U.S. for the 6 year period 2001-2006.
Highlights of Cancer Disparities for Different Populations Living in the United States

• For all cancers combined, the death rate is 25 percent higher for African American/Blacks than for whites.

• African American/Black men have the highest incidence rate for prostate cancer in the United States and are more than twice as likely as White men to die of the disease.

• Asian Americans and Pacific Islanders have the highest incidence rates for both liver and stomach cancer and are twice as likely to die from these cancers as Whites.

• White women have the highest incidence rate for breast cancer, although African American/Black women are most likely to die from the disease.

• Hispanic/Latino women have the highest cervical cancer incidence rate; however the highest death rate from cervical cancer is among African American/Black women.


Health Disparities in Cancer

Cancer health disparities are differences in the incidence (new cases), prevalence (percentage of population affected), mortality (death), and burden of cancer that exist among specific population groups. These population groups may be characterized by age, education, ethnicity, gender, geographic location, disability, income, or race.

Although the various reasons for cancer health disparities are not well understood, there is a growing body of evidence that a variety of interrelated factors may contribute. A significant amount of research is being done to increase our understanding about the complex interaction of the social and physical environment, along with the behavioral and biological factors that determine health and disease in diverse populations.

Factors that contribute to cancer health disparities may include:

• Access to and utilization of healthcare services
• Socioeconomic Status (income, education, occupation)
• Social Environment (conditions and communities in which we live, cultural beliefs, social status in the community)
• Behavioral factors (tobacco use, physical inactivity, obesity, excessive alcohol intake)
### Disparities in Alaska Cancer Incidence by Race/Ethnicity, 1996-2006

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Females Lung</th>
<th>Rate</th>
<th>Count</th>
<th>Females Colorectal</th>
<th>Rate</th>
<th>Count</th>
<th>Males Lung</th>
<th>Rate</th>
<th>Count</th>
<th>Males Colorectal</th>
<th>Rate</th>
<th>Count</th>
<th>Males Prostate</th>
<th>Rate</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Groups</td>
<td></td>
<td>64.4</td>
<td>1,370</td>
<td>49.3</td>
<td>1,058</td>
<td></td>
<td>89.2</td>
<td>1,793</td>
<td>63.7</td>
<td>1,302</td>
<td>154.6</td>
<td>3,232</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>64.1</td>
<td>1,034</td>
<td>40.6</td>
<td>645</td>
<td></td>
<td></td>
<td>85.9</td>
<td>1,357</td>
<td>56.7</td>
<td>911</td>
<td>168.2</td>
<td>2,782</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>47.9</td>
<td>27</td>
<td>58.4</td>
<td>30</td>
<td></td>
<td></td>
<td>97.6</td>
<td>51</td>
<td>68.0</td>
<td>38</td>
<td>265.7</td>
<td>147</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaska Native</td>
<td>76.3</td>
<td>256</td>
<td>99.8</td>
<td>348</td>
<td></td>
<td></td>
<td>114.7</td>
<td>338</td>
<td>107.6</td>
<td>314</td>
<td>265.7</td>
<td>147</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>43.7</td>
<td>53</td>
<td>27.2</td>
<td>35</td>
<td></td>
<td></td>
<td>59.2</td>
<td>47</td>
<td>43.5</td>
<td>39</td>
<td>120.8</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>41.3</td>
<td>19</td>
<td>21.2</td>
<td>11</td>
<td></td>
<td></td>
<td>29.2</td>
<td>14</td>
<td>53.7</td>
<td>23</td>
<td>123.1</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Highlights of Cancer Disparities for Different Populations in Alaska

- Alaska Native men and women have the highest incidence and mortality rates of colorectal cancer of any group in Alaska.
- Alaska Native men and women have the highest incidence rates of lung cancer of any group in Alaska and Alaska Native men have the highest mortality rate from lung cancer of any group in Alaska.
- African American/Black men have a 42 percent higher incident rate of prostate cancer than the rate for “All Groups” combined in Alaska.

Based on Alaska Cancer Registry data for 1996-2006.

**Bold** rates are statistically significantly higher than the rate for “All Groups”. Data are suppressed from the tables if the number of cancer cases is 5 or less for confidentiality purposes.

* Rates are per 100,000 people and are age-adjusted to the Year 2000 U.S. Standard Population. Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution. The group “Hispanic/Latino” includes multiple races.
Breast and Cervical Health Check

BCHC provides breast and cervical health screening services to Alaska women who meet certain income guidelines, who don’t have insurance, can’t meet their deductible or whose insurance doesn’t pay for breast and cervical cancer screening services. BCHC strives to screen 10,000 women per year.

Breast Cancer in Alaska

Breast cancer ranks highest for the number of new cancer cases diagnosed in Alaska women each year. Breast cancer is also the second leading cause of cancer death in Alaska women each year. Alaska’s breast cancer death rates generally followed the same decreasing trend as U.S. rates for years 1996-2006. During this time period new cancer case (incidence) rates were slightly higher for Alaska Whites (138.8 per 100,000) than Alaska Native women (135.9 per 100,000). Between 1996 and 2006, an average of 50 Alaska women died each year from this disease. The American Cancer Society estimates there will be 370 new cases in 2009, and an estimated 60 breast cancer deaths.

The Centers for Disease Control and Prevention’s ‘National Breast and Cervical Cancer Early Detection Program’ (NBCCEDP) provides access to critical breast and cervical cancer screening services for underserved women in the United States. “Breast & Cervical Health Check” (BCHC) is the State of Alaska’s BCCEDP and has been providing services through an extensive network of Alaska clinicians since 1995. Since that time, BCHC clinicians have:

• Served over 41,000 women and provided over 88,000 health screenings;
• Diagnosed 248 cases of breast cancer;
• Diagnosed 31 cases of cervical cancer;
• Diagnosed over 2,200 pre-cancerous cervical conditions, including 445 severe dysplasias.

In addition to supporting the providers who screen program eligible women, BCHC’s Anchorage based staff are responsible to CDC for the following:

• Collecting, maintaining and reporting on nearly 60 individual data elements per BCHC enrolled woman;
• Maintaining active partnerships with private, non-profit and government agencies that are also working in the breast and/or cervical health field;
• Providing access for medical providers to high quality professional development conferences and training;
• Developing and providing public education messages about the importance of breast and cervical health;
• The active recruitment of medically underserved women into the program.
Cervical Cancer in Alaska

The number of new cervical cancer cases in Alaska remains low. Alaska Native women had the highest rate of new cases for the years 1996-2006 at 9.8 per 100,000. Black women had a rate of 8.6 per 100,000, White women had a rate of 8.1 per 100,000, and Asian/Pacific Islanders had a rate of 8.5 per 100,000. For the years 1996-2006, 44.7% of Alaska Native women diagnosed with cervical cancer were at the late stage of the disease compared to only 34.7% of White women who were diagnosed at a late state of this disease. Between 1996 and 2006, an average of 24 Alaska women were diagnosed annually with cervical cancer, and an average of 5 Alaska women died each year from this disease (Alaska Comprehensive Cancer Control Plan: 2005-2010). The Alaska Cancer Registry estimates that there will be approximately 25 new cervical cancer cases and about 5 deaths from this disease in Alaska next year.
Health Promotion

In 2008, the Alaska Breast & Cervical Health Partnership began work with AffinityFilms, Inc. to create an inspirational “I made time” women’s health poster campaign. The posters feature Alaska women tending to their busy lives but still making time to call and make an appointment for their women’s health exam. In 2008, the campaign won first prize in both the “Alaska Professional Communicators” contest and the National Federation of Press Women’s “Communications Contest” in the Print/Advertising category. Copies of the posters are on permanent display in the Centers for Disease Control and Prevention’s Division of Cancer Prevention and Control offices in Atlanta, GA.

Mammography and Pap tests are underused by women who have no source or no regular source of health care, women without health insurance, and women who immigrated to the United States within the past 10 years.
Alaska Breast & Cervical Health Partnership

In addition to BCHC, there are four other National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grantees in Alaska – all tribally based. They are: Southcentral Foundation, Southeast Alaska Regional Health Consortium, Yukon Kuskokwim Health Corporation and Arctic Slope Native Association. Since 2003, BCHC and its tribal colleagues have worked tirelessly as the “Alaska Breast & Cervical Health Partnership” to create a seamless delivery system of breast and cervical cancer screening services for women, regardless of race or home community. They have also worked to maximize state, federal and tribal resources to deliver high caliber professional development opportunities for clinicians statewide; to standardize public education and screening messages; and to develop a joint “Clinical Advisory Committee” responsible for developing and distributing “Clinical Guidelines” illuminating best practices for breast and cervical cancer screening. This unique partnership has eliminated duplication of efforts and allowed promotion of the NBCCEDP in Alaska, but most importantly, has created a significant infrastructure that supports the screening and diagnosing of Alaska’s underserved populations.

Program Eligibility

Federal law establishes the eligibility guidelines for every breast and cervical cancer screening program throughout the U.S., including those in Alaska. The primary criterion is that women be under 250% of federal poverty level and be under- or un-insured. Women younger than 40 are eligible for a free Pap test, pelvic exam and clinical breast exam, and diagnostic workup for any abnormal breast or cervical screening exam. Women aged 40 – 64 (or older, if not covered by Medicare Part B) are eligible for the same services as well as a free mammogram. Women of any age are eligible to be referred to treatment if diagnosed by an NBCCEDP healthcare provider with breast or cervical cancer, or a pre-cancerous cervical condition requiring treatment.
Comprehensive Cancer Control (CCC) integrates and coordinates a range of activities to maximize resources and achieve desired cancer prevention and control outcomes. It is a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer.

A united front against cancer can tackle major issues that are too broad and cross-cutting for any one organization to confront alone. CCC offers the unity and strength of collaboration to what otherwise might be a lonely fight. The result is a powerful network that speaks with one voice about reducing cancer risk, detecting cancers earlier, improving access to quality cancer treatment, and improving quality of life for cancer survivors.

The Alaska Comprehensive Cancer Partnership first met in June of 2003. Workgroups were established to prioritize strategies for the 2005 – 2010 Alaska Comprehensive Cancer Control Plan. In 2007 the State of Alaska was awarded a five year grant from the Centers for Disease Control for implementation of the plan.

The Partnership is currently working on three priority strategies:

- Increase colorectal cancer screening
- Increase awareness of clinical trials
- Collaborate on statewide efforts to provide Cancer Survivors education and support.
Colorectal cancer (CRC) is one of the few cancers that can be prevented by screening for, and removing, adenomatous polyps before cancer develops. Survival rates are as high as 90% when CRC is detected and treated early. Yet significant gaps exist in Alaska, with CRC screening rates ranging from 6-60% statewide. The CRC burden is highest among Alaska Natives, who experience incidence and mortality rates that are nearly twice the US White rate.

Reducing CRC mortality rates and increasing screening is a top priority in both the State of Alaska and the Alaska Native Tribal Health Consortium’s Comprehensive Cancer Control Plans. These two organizations, along with non-profit organizations, private and public hospitals, health care providers and other individuals and groups formed the Alaska Joint Task Force on Colorectal Cancer in 2005. This dedicated Task Force has been working for the past four years to encourage systems changes and innovations to improve screening. These efforts include participating in various projects and events as well as supporting policy changes. Examples of two such endeavors are featured below.

Ride for Life Alaska — This annual 120-mile, two-day, bicycle ride through rural Alaska promotes CRC screening and raises funds. Funds are used to provide CRC screening for low income individuals and for public education in urban and rural Alaska. Ride for Life Alaska founder, Larry Holman, speaks about the need for colorectal cancer screening in a variety of venues such as Rotary Clubs, Lion Clubs and on local radio shows. He also began a monthly support group for colorectal cancer patients and survivors.

Policy Change — Mandatory Colorectal Cancer Screening Coverage. In 2006, the State of Alaska joined other states in passing a law mandating coverage of colorectal cancer screening as recommended by American Cancer Society guidelines. This law went into effect on January 1, 2007.

“Love Your Colon” PSA

Baker Jennings produced a public service announcement (PSA) that premiered March 2009 for Colorectal Cancer Month. The video features actors singing and dancing to a catchy jingle encouraging people to love their colons and to contact their health care provider about CRC screening. Alaska Native and Hispanic actors starred in the PSA.
Clinical Trials Committee

Cancer clinical trials are research studies that involve people and are done to find better ways to prevent, diagnose or treat cancer. People who participate in clinical trials are in a unique position to help contribute to the knowledge of and progress against cancer.

One of the goals of the Alaska Comprehensive Cancer Control Plan is to ensure all Alaskans have equal access to high quality cancer information, treatment, and clinical trials based on nationally recognized best practice standards. The Clinical Trials Committee promotes and participates in various efforts that help further this goal. Three of those activities are featured below.

Clinical Trials Brochure — A workgroup began meeting in July 2009 to help address the goals of the Cancer Plan through increased public education around clinical trials. They developed a statewide brochure that is now available for those interested in learning more about cancer clinical trials.

Digital Storytelling Workshop — In partnership with Alaska Native Tribal Health Consortium, a digital storytelling class was held. Digital storytelling allows participants to discuss a life event and how it has affected them through the use of digital media. In addition, a booklet was created featuring the personal stories of five Alaskans that have participated in clinical trials. It is hoped that by putting a local face on clinical trials, there will be a greater awareness of, and greater interest in participating in clinical trials among Alaskans.

Outreach and Education — Several educational presentations were made locally by committee members. These efforts have been raising awareness among health care providers and community members across the state. Plans for committee members to acquire additional education on Clinical Trials are pending in 2009 through ENACCT (Education Network to Advance Cancer Clinical Trials), train the trainer curriculum.
Survivorship Committee

It is difficult to know the exact number of cancer survivors living in Alaska. The National Cancer Institute estimates that approximately 11.1 million Americans with a history of cancer were alive in January 2005. The number of individuals living with and beyond cancer will continue to grow in the coming years.

Addressing the needs of and improving the quality of life of cancer survivors and their loved ones is a growing area of concern. The Survivorship Committee engages in several activities to help address some of those needs. Three of those efforts are featured below.

Breast Cancer Survivorship Survey — A survey of breast cancer survivors is being completed to learn what issues are most important to survivors and how care can be improved here in Alaska. The survey is being sponsored by the Alaska Comprehensive Cancer Control Partnership, Breast Cancer Focus, Inc. and Providence Health Care Foundation. Results of the survey will be made available in the fall of 2009.

Survivorship Workshop — In April 2008, a Cancer Survivorship Workshop was held. Chaired by the American Cancer Society, the day featured speakers on sexuality, complementary medicine, palliative care, financial issues, nutrition and exercise. A second workshop is planned for October 2009.

End of Treatment Summaries — Cancer treatment can be very complex and may take place in a variety of settings over a long period of time. To help ensure the delivery of high quality care, healthcare providers need accurate information on the kinds and number of treatments that have been received. Patients also benefit by having their cancer treatment history consolidated and available in one document. With our large rural area in Alaska, it is especially critical for patients to have an end of treatment summary to take home with them. More information may be found at; www.journeyforward.org.

Alaska Geography

Geography presents one barrier to providing cancer prevention, early detection, and treatment in Alaska. With a total estimated population of 664,000 in 2005, Alaska ranks 48th of 50 states in population size, yet has a land mass over twice the size of the next largest state, Texas. Alaska covers 586,412 square miles of predominantly roadless terrain. Alaska has 229 federally recognized tribes, and 119,241 Alaska Native residents, according to the 2000 U.S. Census.
Palliative Care Symposium

Since 2005, Alaska Native Tribal Health Consortium (ANTHC) has led a Symposium funded in part by a National Cancer Institute grant for Palliative Education. ANTHC and several world-wide partners including the State of Alaska held the first annual International Telehealth Palliative Care Symposium in May 2009. This event integrated cutting-edge information management tools with modern social-networking technology to create a collaborative virtual community and a symposium focused on palliative care for indigenous peoples.

Palliative Care

Palliative care is care of the body, mind and spirit of someone diagnosed with a chronic disease like cancer or heart disease. Chronic diseases are diseases that generally can’t be cured and may limit how long a person lives. However, patients may live a long time through healthy lifestyle choices, medications and treatments even if there is no cure. Palliative care helps to control symptoms, reduces suffering and promotes quality of life for those that have a life limiting diagnosis.

The Alaska Comprehensive Cancer Control Plan includes goals and activities that support palliative care. Two of the palliative care related activities are featured below.

International Telehealth Palliative Care Symposium — May 2009

Palliative care experts from ANTHC, University of Auckland in New Zealand, Mayo Cancer Clinic, University of New Mexico-Palliative Care Section, University of Arizona-Medical School and Lakehead University in Ontario, Canada presented lectures on a wide variety of topics. Presentations were delivered over three half-day sessions to participants from around the U.S., Canada, Australia, American Samoa and New Zealand through a coordinated telehealth network. People joined the symposium through webcasting and video teleconferencing sites. By the registration deadline May 1st, web casting reached its capacity with 120 registrants and close to 400 people registered for the symposium. More information may be found at: www.palliativeak.org.

Nursing Education — End of Life Nursing Education Consortium (ELNEC) is well respected as a way to increase the quality of care offered by nurses in the specialty areas of hospice and palliative care. Classes were presented to nurses and video taped for distribution statewide to those interested. Follow-up test preparation is being offered to encourage nurses to become certified in Hospice and Palliative Care.
Breast Cancer

Female Breast Cancer continues to be one of the top three cancers for both incidence (new cases) and mortality (death) rates in Alaska. In partnership with the Breast and Cervical Cancer Early Detection Programs throughout Alaska, the Comprehensive Cancer Control Partnership supports efforts to decrease the burden of breast cancer. Two of those efforts are featured on this page.

Joint Calendar Project — Modeled after a very successful breast cancer awareness poster project, the Alaska Comprehensive Cancer Partnership joined efforts with the Alaska Breast and Cervical Health Partnership to create a cancer awareness calendar. Each month features a cancer issue with a call to action — “I made time ...” The hope is that women will make the time to schedule their routine cancer screenings, including mammograms. Then, we hope that they will encourage the men in their lives to schedule their routine cancer exams as well.

Paint the Rink Pink

What better way to reach out to Alaskans than working with the Alaska Aces Hockey Team? Since October 2007, a two-night event called “Paint the Rink Pink” has been a great success. The first night promotes cancer awareness for all, featuring testimonials and informational displays on men’s cancers and colorectal cancer. The second night is all pink! After a lively auction of pink hockey jerseys, the game commences on pink ice. Funding from this event is directed to support two local cancer efforts. The American Cancer Society, Alaska Chapter uses the funding to underwrite the cost of travel and housing for cancer patients. Breast Cancer Focus, Inc. uses the funding to support a wide variety of breast cancer awareness efforts.

Thank you to the Alaska Aces for their great community support. Go Aces!
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