



North Carolina Department of Health and Human Services

2001 Mail Service Center • Raleigh, North Carolina 27699-2001

Tel 919-855-4800 • Fax 919-715-4645

Beverly Eaves Perdue, Governor

Albert A. Delia, Acting Secretary

October 3, 2012

The Honorable Beverly Perdue
Governor
State of North Carolina
20301 Mail Service Center
Raleigh, North Carolina 27699-0301

Dear Governor Perdue:

General Statute 130A-33.51(b) requires the North Carolina Advisory Committee on Cancer Coordination and Control to report October of each year on the implementation of a cancer control program and anticipated funding needs for full implementation of the recommended programs.

Staff in the Division of Public Health is in the process of receiving and analyzing the data necessary to complete the required report; therefore, there will be a delay in the submission of the report. The report will be transmitted to the Joint Legislative Commission on Governmental Operations no later than December 15, 2012.

We look forward to sharing this report. Should you have any questions, please contact Dr. Laura Gerald, State Health Director at 919-707-5000.

Sincerely,

A handwritten signature in blue ink, appearing to read "Albert A. Delia".

Albert A. Delia

cc: Laura Gerald, MD
Dan Stewart
Jim Slate
Pam Kilpatrick
Legislative Library

Beth Melcher
Sharnese Ransome
John Dervin
Susan Morgan





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The Honorable Phil Berger
President Pro Tempore
North Carolina Senate
Room 2007, Legislative Building
Raleigh, North Carolina 27601

The Honorable Tom Tillis
Speaker
North Carolina House of Representatives
Room 2304, Legislative Building
Raleigh, North Carolina 27601

Dear President Pro Tempore Berger and Speaker Tillis:

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**NORTH CAROLINA
CANCER
CONTROL PLAN:
2012 ANNUAL REPORT**

December 2012

Department of Health and Human Services
Division of Public Health
Report to the Governor, the Joint Legislative Commission on Governmental Operations
and the Fiscal Research Division
Relating to the Advisory Committee on Cancer Coordination and Control

This report covers the period of July 1, 2011 through June 30, 2012, pursuant to Chapter 130A – 33.51(b) of the North Carolina (NC) General Statutes. It addresses the implementation and progress of the cancer control program and the goals and objectives set forth in the *North Carolina Cancer Control Plan 2007-2012* (NC Cancer Plan). Progress toward completion of the NC Cancer Plan is included. Additionally, an accounting of state funds expended and anticipated funding needs for implementation of recommended strategies is included.

Background

The North Carolina Cancer Prevention and Control Branch (Cancer Branch), which includes the Comprehensive Cancer Program, resides within the Department of Health and Human Services (DHHS), Division of Public Health (DPH). The Cancer Branch, and more specifically the Comprehensive Cancer Program, works with multiple partners and the Advisory Committee on Cancer Coordination and Control (ACCCC) members to ensure implementation of the NC Cancer Plan. The Cancer Branch is funded through a competitive process of the Centers for Disease Control and Prevention (CDC). The Cancer Branch seeks CDC funding for the Comprehensive Cancer Program through a Cooperative Agreement, inclusive of specific goals and deliverables. Statewide partners work with the Cancer Branch and Comprehensive Cancer Program in implementation of the goals and objectives formulated to decrease the burden of cancer on NC residents.

Advisory Committee Membership and Related Responsibilities

As specified by G.S.130A – 33.50., the President Pro Tempore of the Senate, the Speaker of the House of Representatives and the Governor have made appointments of highly qualified and interested parties to serve as ACCCC members. The Division of Public Health provides leadership and staffing to the ACCCC.

Strong partnerships with cancer centers, hospitals, academia, private practitioners and providers, as well as with survivors, those touched by cancer and interested individuals are instrumental to the work of the ACCCC and Comprehensive Cancer Program as work toward review, revision and implementation of the Cancer Plan(s) is done. Expert consultation and technical assistance provided by these collaborative partners provide a strong base on which to build goals and objectives to reduce the cancer burden in our state.

The ACCCC full board met three times during this reporting period. Additionally, smaller work groups were conducted throughout the year to begin planning for the next five year NC Cancer Plan. Full ACCCC meeting discussion topics included the following:

- Policy initiatives, including initial discussion of the North Carolina Regulations for Protection Against Radiation 15A NCAC 11 .1400 Tanning Facilities;
- Explanation of the state's Community Transformation Grant and Consolidation (now Coordinated) Grant, including interface with the cancer program;
- Discussion of the Healthy North Carolina 2020 objectives as they relate to cancer, and for consideration in the development of the new five year NC Cancer Plan;
- The current status of tobacco use in North Carolina and opportunities for collaboration on shared goals and objectives;
- Consideration of a cancer communication plan;
- Key components of the next five year NC Cancer Plan to be indicative of the cancers most prevalent in the state;
- Cancer Branch submission of 5 components for a new five year funding cycle by the CDC;
- A new collaboration with the NC Office of Rural Health to increase breast and cervical cancer screening services in the state's underserved areas;
- Substantive information regarding the statewide conference on Patient Navigation;
- Reorganization of the North Carolina Cancer Partnership;
- Youth Risk Behavior Survey and the need for questions on indoor tanning risk; and
- Updates of data changes and challenges of the Central Cancer Registry.

Implementation of the NC Cancer Plan and Cancer Control Program Activities

While the ACCCC provides oversight of the progress of the NC Cancer Plan, the responsibility of the Comprehensive Cancer Program staff is to work with partners toward implementation of activities to reduce the burden of cancer on our citizens. Comprehensive Cancer Program staff work statewide to educate, provide training, or facilitate training of local agencies and service programs. The Cancer Branch assisted with the reorganization of the North Carolina Cancer Partnership to expand the level of collaboration among all statewide partners to assist with state-wide implementation activities. Within the Division of Public Health, the Cancer Branch is actively seeking opportunities to collaborate and coordinate activities with other relevant branches, including the Physical Activity and Nutrition Branch, Tobacco Prevention and Control Branch and with other chronic disease programs such as the Diabetes and the Heart Disease and Stroke Prevention Branches. This is in keeping with the CDC's new focus on coordinated efforts among all chronic disease programs.

The first Cancer Plan of the State of North Carolina covered the period of 1996-2001. Written plans for the periods of 2002-2007 and 2007-2012 were completed and utilized by the Committee and the Cancer Programs in assisting to relieve the burden of cancer for NC residents. The plan currently being compiled, for dissemination in the first quarter of 2013, will cover the period of 2012-2017. Writing groups have been convened to bring together

professionals, survivors, cancer registry personnel, cancer program staff and others with an interest in decreasing the burden of cancer in NC.

The NC Cancer Plan 2012-2017 is being prepared for use by multiple stakeholders ranging from other state agencies to individual North Carolinians. Whether users are from an academic center, a woman's club, a governmental entity or one who has simply been touched by cancer and wants to do something to combat its effects; the NC Cancer Plan will have understandable goals and a list of activities that can make a difference in the fight against cancer. Evidence-based ideas for education, outreach, screening and survivorship are being included. A mechanism for organizations or individuals to report activities back to the ACCCC and the Comprehensive Cancer Program has been developed and delivered to providers statewide. With utilization of this activity report, the Cancer Branch can highlight works of others toward plan goals and objectives with articles recognizing them in the quarterly newsletter and other outreach methods. This year the US Preventive Services Task Force has led changes to cancer screening as adopted by CDC, the American Cancer Society and other national partners. ACCCC-approved position papers to guide and make recommendations more clear to providers are forthcoming in the 2013 year concordant with the publication of the NC Cancer Plan 2012-2017. The ACCCC will charge the Cancer Programs with preparation of updated position papers to support screening changes initiated this year. This is the usual and customary work of the Cancer Programs.

North Carolina's Continuing Cancer Burden

Cancer, along with cardiovascular diseases, claimed the highest percentage of NC lives in 2010, together comprising over half (52.2%) of all resident deaths. The NC Central Cancer Registry projects that more than 55,000 North Carolinians will receive a cancer diagnosis in 2012 and approximately four in ten North Carolinians will develop cancer during their lifetime. Only recently cancer has risen to be the number one cause of death in North Carolina and is an ongoing burden in our state.

As the following chart shows, North Carolina has a high mortality rate in cancers that are detectable and treatable, if detected early through screening. Early detection continues to be the best protection.

[For use with this chart, the following definitions are included:

The **incidence** of a disease is the rate at which new cases occur in a population during a specified period. **Mortality** is a measure of the death rate per 100,000 people that is caused by an individual disease or condition.]

NC and US Cancer Incidence 2009 and Mortality 2010 Rates*

MEN					WOMEN				
Cancer Sites	NC Mortality Rate*	US Mortality Rate*	NC Incidence Rate*	US Incidence Rate*	Cancer Sites	NC Mortality Rate*	US Mortality Rate*	NC Incidence Rate*	US Incidence Rate*
1. Prostate	24.9	22.8	147.6	137.1	1. Breast	23.4	22.5	158.2	122.8
2. Lung/ Bronchus	73.6	64.	95.8	78.4	2. Lung/ Bronchus	39.7	39	56.7	54.2
3. Colon/ Rectum	19	19.7	48.8	49	3. Colon/ rectum	11.5	13.8	35.3	37
4. Bladder	8.0	7.6	39.3	35.9	4. Corpus uteri (cervical)	4.2	1.9	24.1	24
5. Melanoma	4.6	4.1	31.5	24.4	5. Melanoma	1.7	1.6	19.4	15.6

*NC Cancer Incidence Rates 2009 and Mortality Rates 2010 (NC Cancer Registry)

*US Cancer Incidence Rates 2009 and Mortality Rates 2008 (most current available)

*CDC Wonder website: <http://wonder.cdc.gov/controller/datarequest/D71>

*Incidence and Mortality rates per 100,000 population in the US and North Carolina

Anticipated Funding Needs

Access to cancer screening, diagnosis, treatment and care continues to be a major concern for many of our citizens. As citizens continue to experience limited income and insurance, the need for additional State funds remains critical.

The ACCCC and Cancer Prevention and Control Branch will continue to assist in this fight against cancer. Through collaboration with the Division of Public Health's Tobacco Prevention and Control Branch, Physical Activity and Nutrition Branch; the Cancer Branch is working diligently to assure the prevention message gets out to all citizens and that evidence-based interventions are implemented.

Support of the North Carolina General Assembly is needed to continue the activities of the ACCCC. The plan for fiscal year 2012-2013 is to conduct four quarterly meetings and a number of work group and NC Cancer Partnership meetings. The new 2012-2017 Cancer Plan will include expenses around travel, mailings, printing, media production and other related expenditures.

Without funding, it will be difficult to convene the ACCCC; to generate adequate input into the Cancer Plan from members and partners; to keep members informed regarding cancer-related issues; and to pursue dialogue with members on cancer prevention, health care, proposed legislation and surveillance activities key to cancer prevention and control.

During Fiscal Year 2011-2012, \$119,857 of state funding was certified for Advisory Committee activities. Of this, \$40,680 was allocated to Operations and \$79,177 to Salary and Fringes, with the salary funding associated with one staff position. These funds were later eliminated to meet a legislatively required state funding reduction. The position funded with state appropriations was absorbed by the National Cancer Prevention and Control Program grant received annually from CDC. This allowed the cost associated with this position to be reclassified from state appropriations to federal funds.

The Fiscal Year 2012-2013 appropriation of \$109,668 is essential to beginning and ultimately completing implementation of a new five year cancer plan. A portion of this appropriation (\$75,000) will be used to meet the CDC mandated non-federal 10% cost sharing participation requirement for the federally-funded NC Comprehensive Cancer Program budget. The remaining balance of \$34,668 will be available to support ACCCC related activities.