

# North Dakota's Cancer Control Plan 2006-2010

## 2008-2009 Areas of Selected Priority Objectives

- Skin Cancer
- Lung Cancer
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Prostate Cancer
- Cancer Survivorship



*"My name is Ashley Andrews and I am a cancer survivor. It was a shock when I found out I had cancer, a 21-year-old isn't supposed to have cancer."*



## Cancer Plan Objective 9

*By 2007, strengthen North Dakota's smoke-free law to provide protection from second-hand smoke in all public places and places of employment.*



**North Dakota's smoke-free law was passed in 2005, restricting smoking in public places and places of employment, with some exceptions.**



## Cancer Plan Objective 10

*By 2010, the number of North Dakotans who use ultraviolet (UV) protective measures will increase.*

## No Data Source Available – Objective not measureable.

No parent wants to hear the doctor say “Your child has cancer.” My parents did have to hear those words. This is my story:



A mole first appeared on my stomach in the summer of 2006. It grew to about ¼” in size in just a few months and was a little darker in the middle with slightly irregular borders.

I have been a track athlete and track coach and remember many times rolling up my sleeves for the perfect tan. I tanned easy, hardly ever burned, young and healthy. I didn’t think I had anything to worry about but my mom wanted me to have the mole examined. I visited two doctors and they did not feel the need to remove the mole.

My mom has always taught me to be my own best advocate so with a persistent request, my third doctor removed the mole. In 2008, at age 27, I was diagnosed with surface spreading melanoma skin cancer.

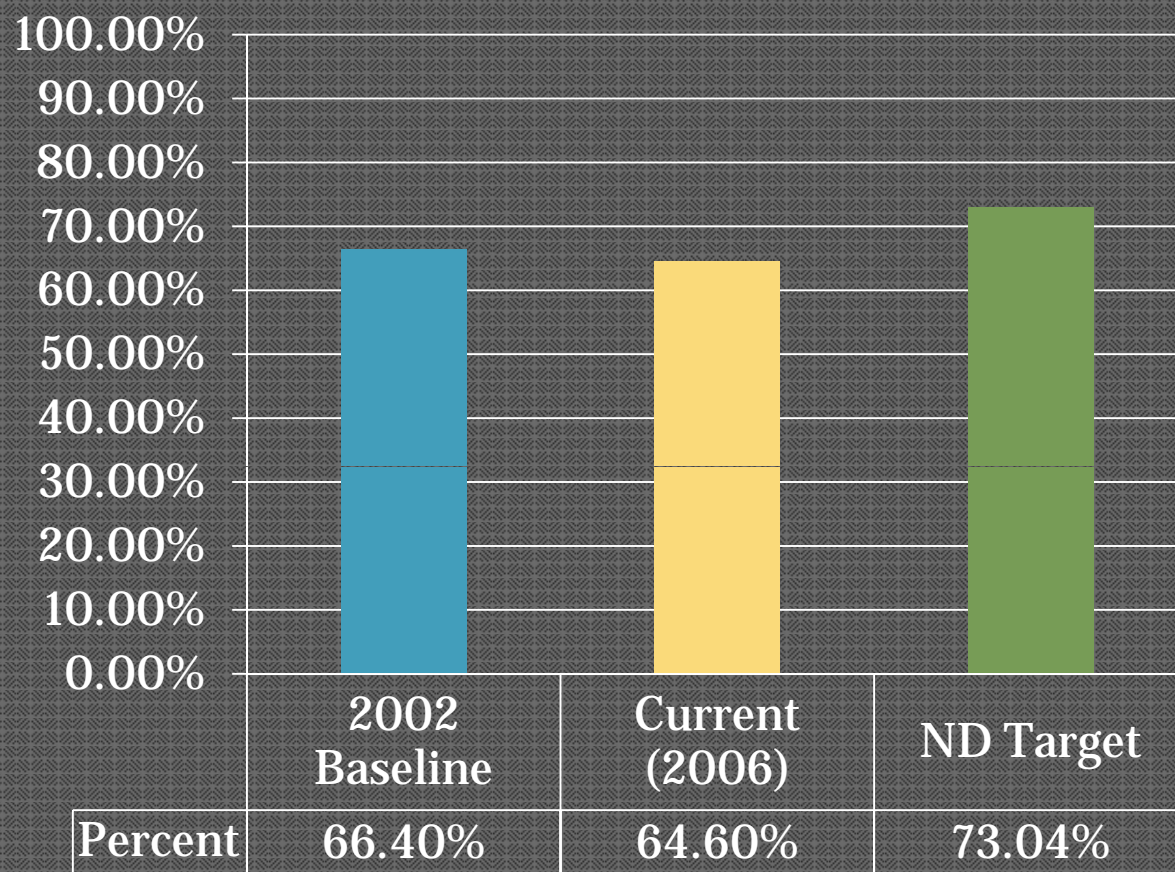
My hope is that as a parent you will never have to hear the doctor say that six letter word that has forever changed my life and the lives of the people I love. Encourage your child to protect themselves from skin cancer.

**WARNING:** Even a few serious sunburns can increase your risk of getting skin cancer.

## Cancer Plan Objective 21



*By 2010, the percentage of age-appropriate women who receive breast cancer screening will increase by 10 percent above 2002 rates.*



**Proportion of women aged 18 years and older who have had a clinical breast exam within the previous 12 months.**



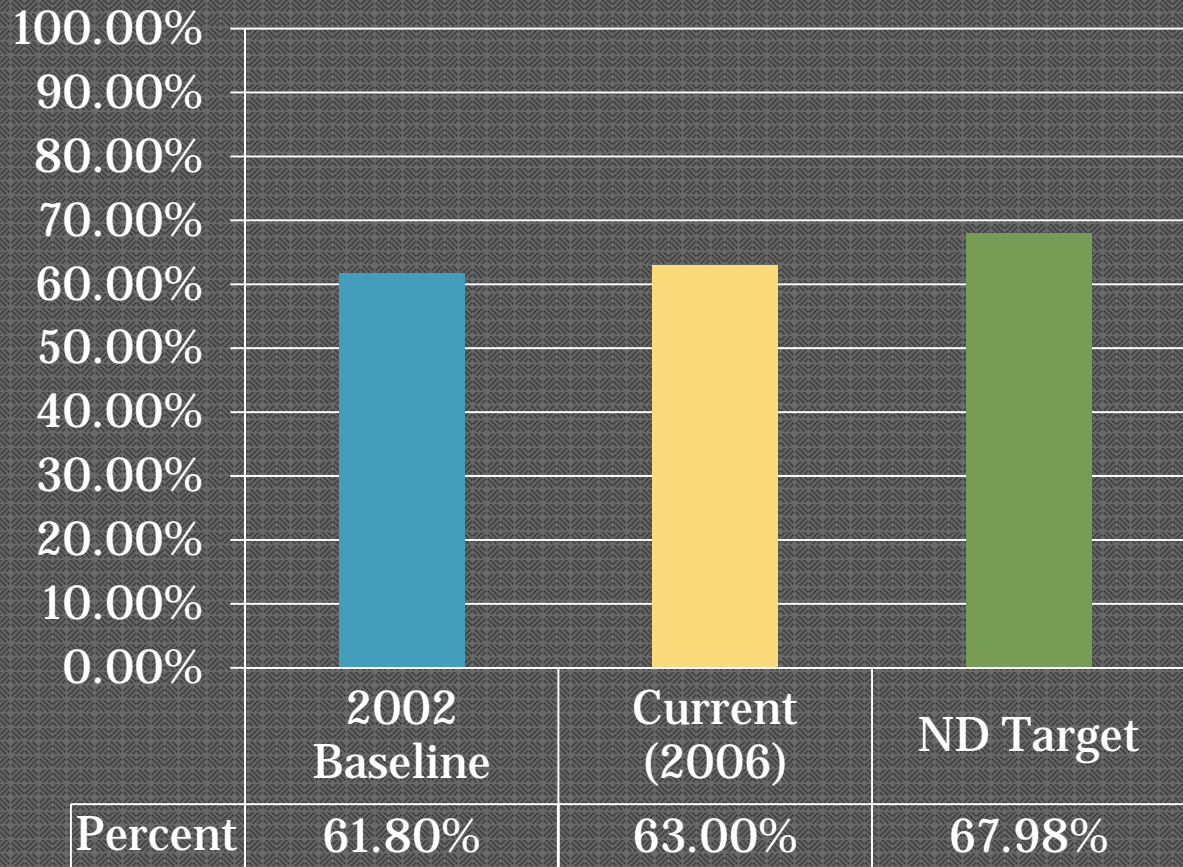


## Cancer Plan Objective 21

*“We want to make cancer a national priority again. We need federal and state funding to keep partnerships going and to address cancer control and prevention in North Dakota.”*

*-Margaret Leas, R.N., Two-time Breast Cancer Survivor, Rolla, ND*

*By 2010, the percentage of age-appropriate women who receive breast cancer screening will increase by 10 percent above 2002 rates.*



**Proportion of women aged 40 years and older who have had a mammogram within the previous 12 months.**

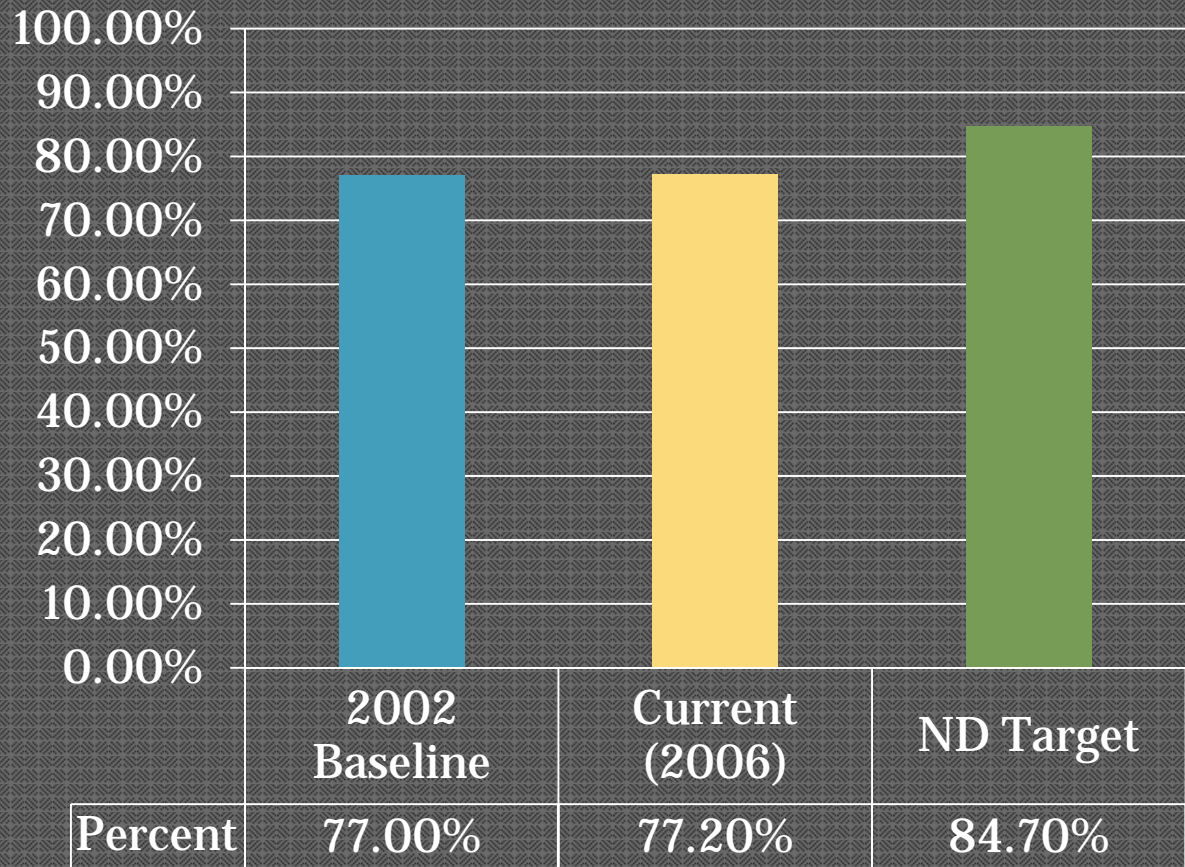


## Cancer Plan Objective 21

*“Every cancer patient has a story. Everyone wants to know they made a difference.”*

*-Jan Bierschbach, Hospice and St. Alexius Medical Center chaplain, Bismarck, ND*

*By 2010, the percentage of age-appropriate women who receive breast cancer screening will increase by 10 percent above 2002 rates.*



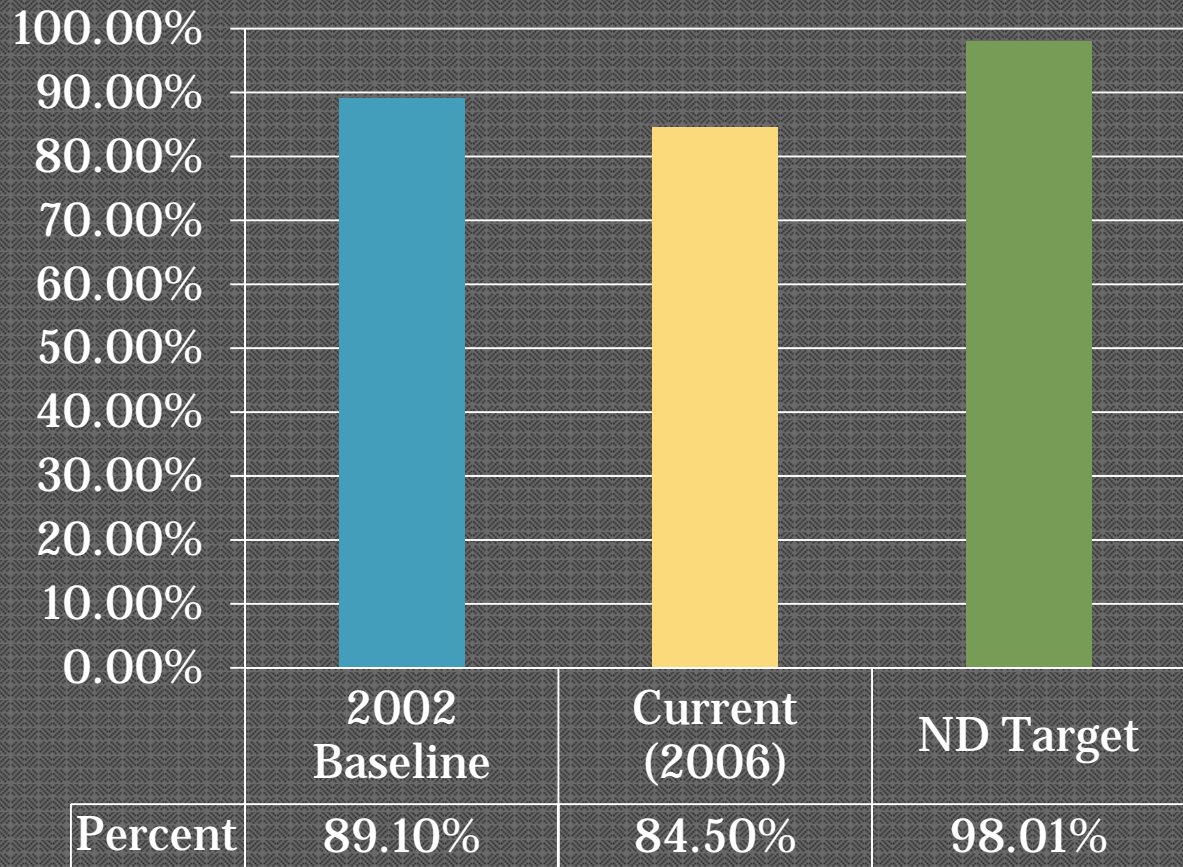
**Proportion of women aged 40 years and older who have had a mammogram within the previous 2 years.**



## Cancer Plan Objective 22

*“If your mind sees it, your body will believe it. See yourself healthy. Believe.”*  
-Gail Grove, Ovarian, Breast and Colon Cancer Survivor, Grand Forks, ND

*By 2010, the percentage of women age 18 years and older who have had a Pap test within the last three years will increase by 7.5 percent above the 2002 rate.*



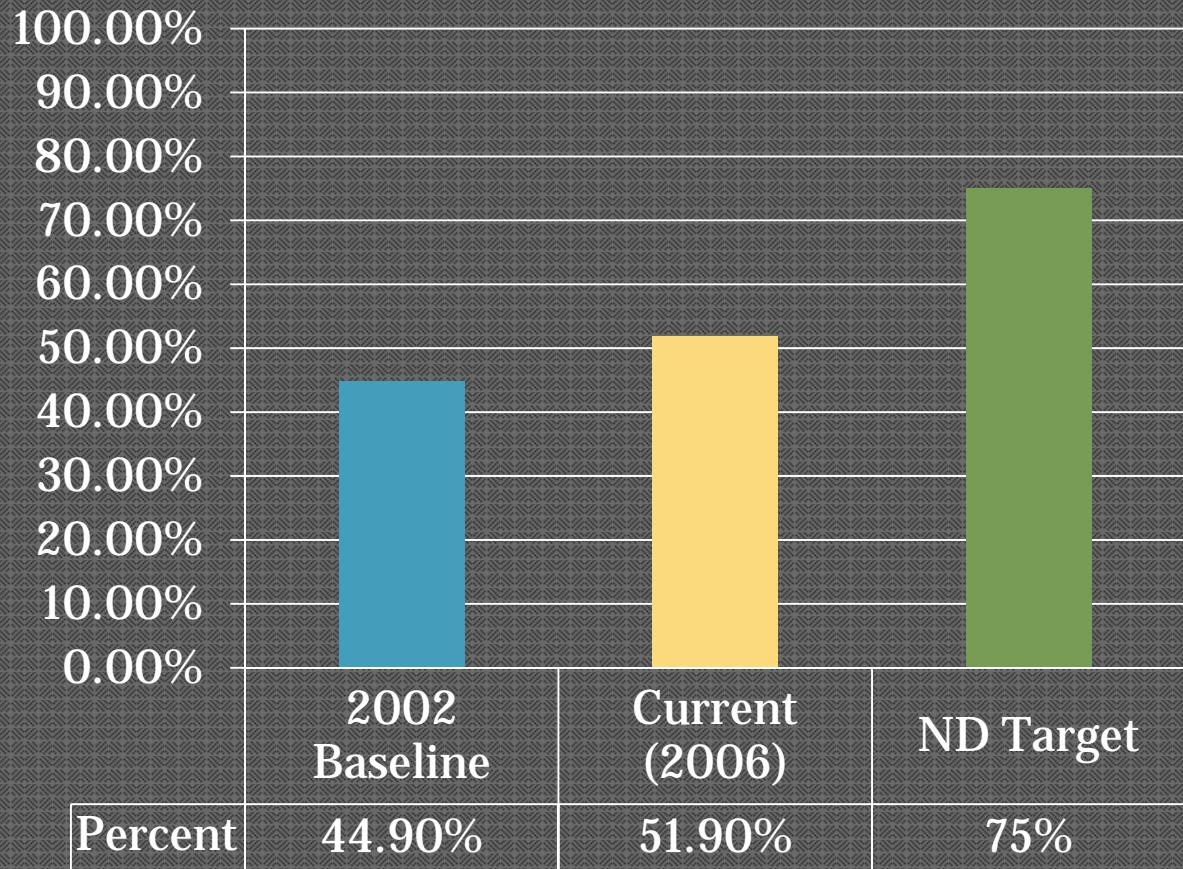
**Proportion of women aged 18 years and older who have had a Pap smear within the previous three years.**



## Cancer Plan Objective 23



*By 2010, the percentage of North Dakotans 50 and older who have been screened for colorectal cancer within the past 10 years will increase to 75 percent.*



**Proportion of adults aged 50 years and older who have had a colonoscopy or sigmoidoscopy within the previous 10 years.**

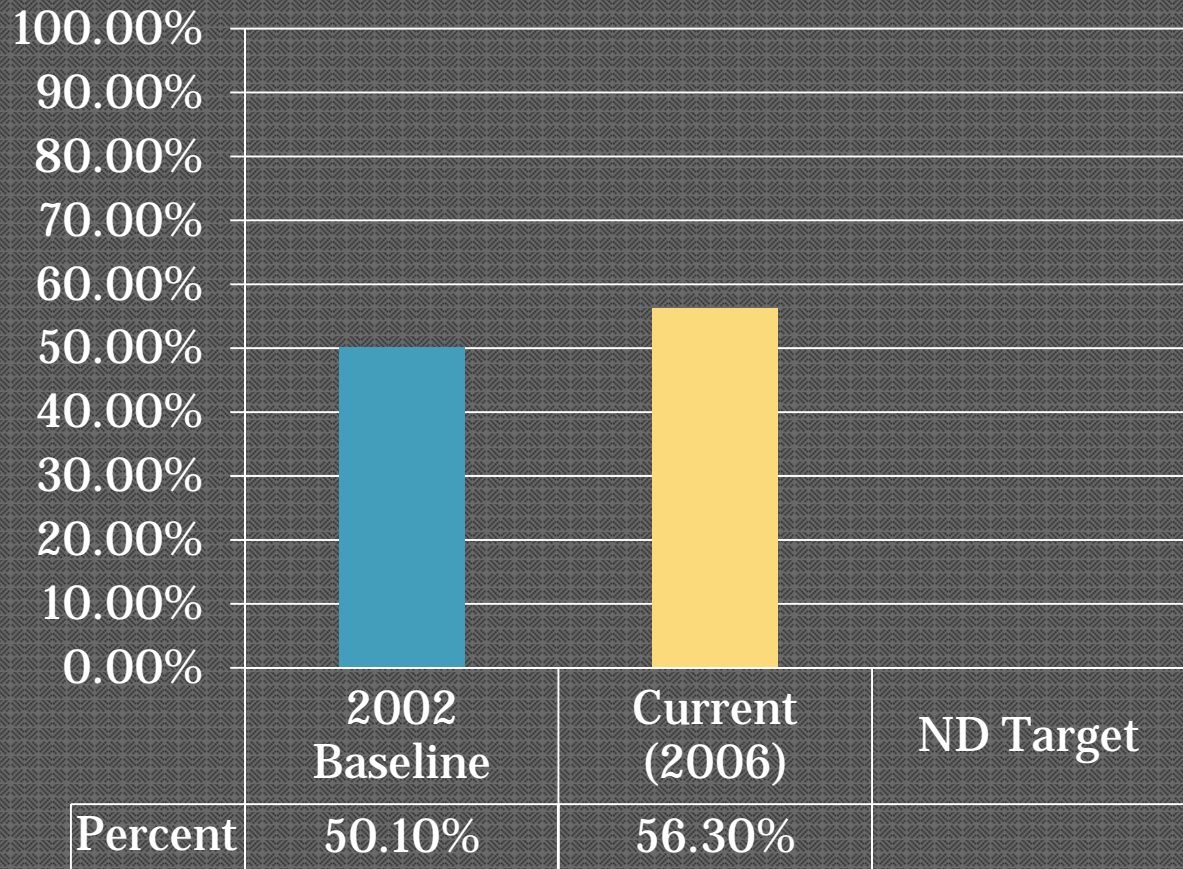




## Cancer Plan Objective 23

*About 2,300 North Dakotans were colorectal cancer survivors in 2000. Each year, 400 new cases are diagnosed. Screening prevents colorectal cancer by finding and removing polyps.*

*By 2010, the percentage of North Dakotans 50 and older who have been screened for colorectal cancer within the past 10 years will increase to 75 percent.*



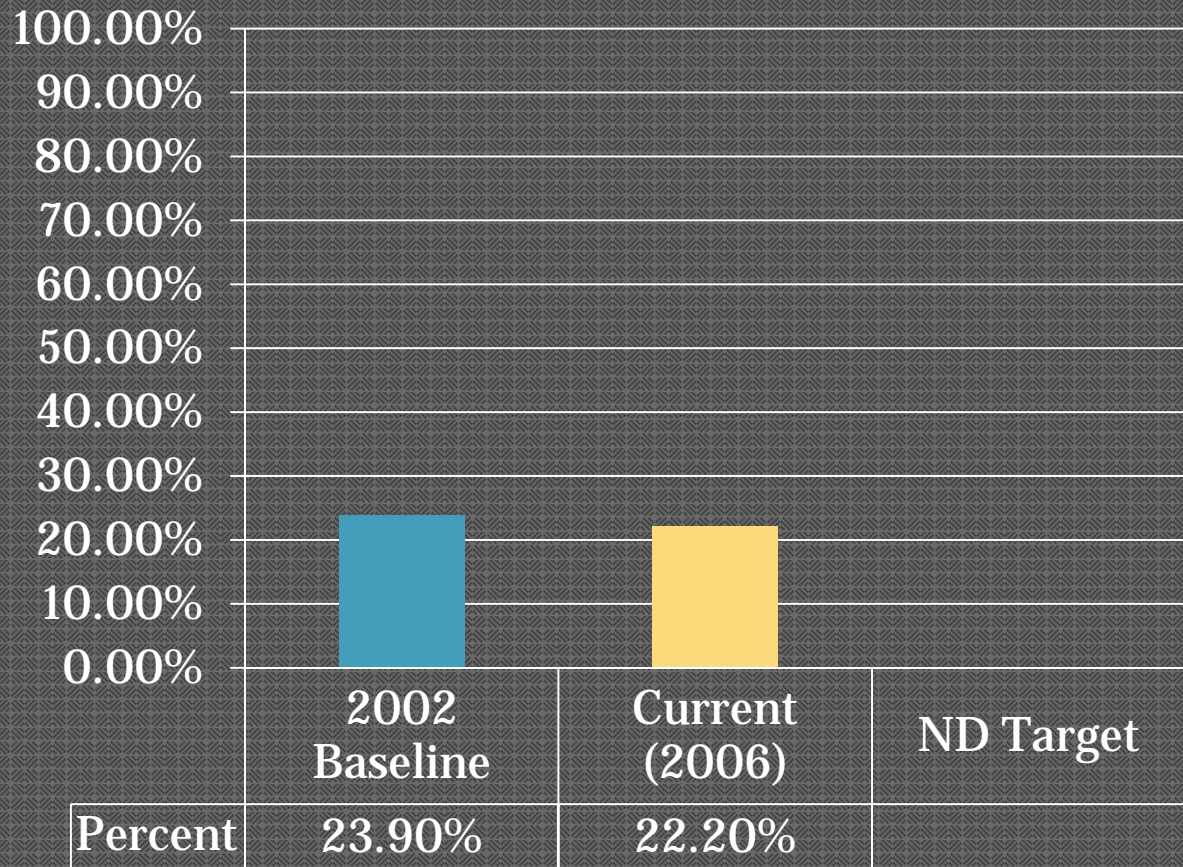
**Proportion of adults aged 50 years and older who have ever had a colonoscopy or sigmoidoscopy.**



## Cancer Plan Objective 23

*People who have been diagnosed with cancer, and the others in their lives, are challenged by many physical, spiritual and emotional issues affecting their quality of life.*

*By 2010, the percentage of North Dakotans 50 and older who have been screened for colorectal cancer within the past 10 years will increase to 75 percent.*



**Proportion of adults aged 50 years and older who have had a fecal occult blood test within the previous 2 years.**

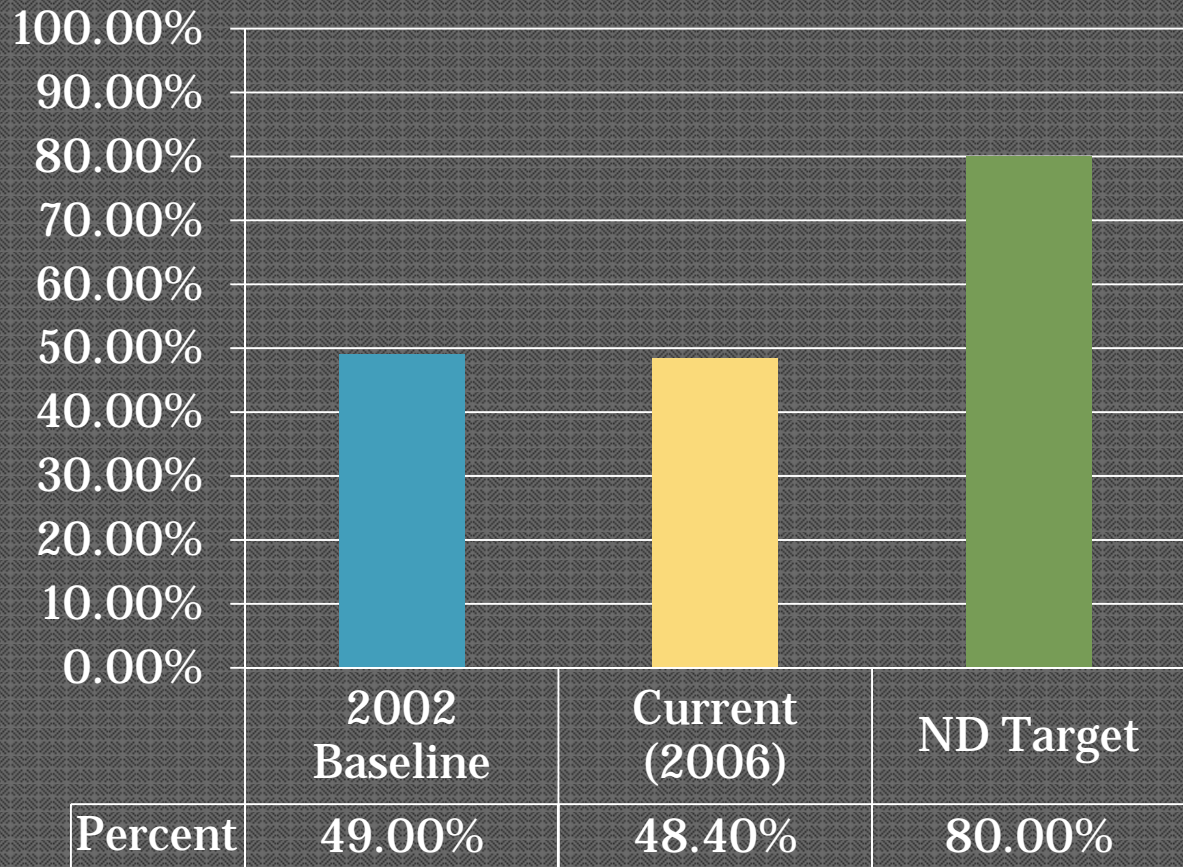


## Cancer Plan Objective 29

*“Not looking for cancer is like not checking oil pressure in a car. You might ignore it for a while, but it will catch up with you. There needs to be a push from the medical and public sectors to look for cancer, face it, and fix it.”*

*-Allen Lund, Prostate Cancer Patient, Stanley, ND*

*By 2010, the percentage of men 50 and older who have annual Prostate Specific Antigen tests (PSA) and Digital Rectal Examinations (DRE) will increase to 80 percent compared to the 2002 rate.*



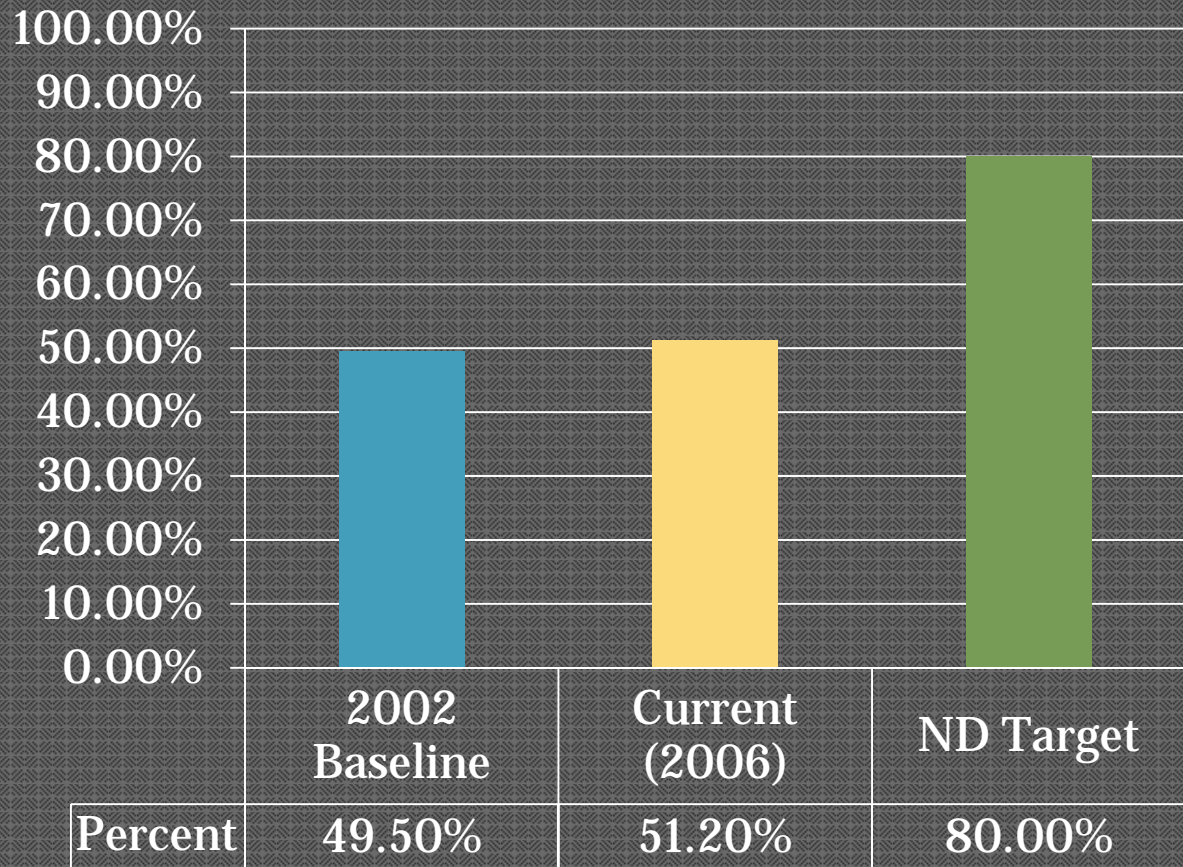
**Proportion of men aged 50 years and older who have had a Digital Rectal Exam (DRE) within the previous 12 months.**



## Cancer Plan Objective 29



*By 2010, the percentage of men 50 and older who have annual Prostate Specific Antigen tests (PSA) and Digital Rectal Examinations (DRE) will increase to 80 percent compared to the 2002 rate.*



**Proportion of men aged 50 years and older who have had a Prostate Specific Antigen (PSA) test within the previous 12 months.**



## Cancer Survivor

*“The earlier you can detect cancer, the better you are. I have to remember where I was and where I am now. I’m a survivor and I always have to be thankful for that.”*

*–Keith Peltier with wife Cathy, Harvey, ND*

## Cancer Plan Objective 44

*By 2010, optimize continuity of care for cancer survivors beyond the initial course of treatment.*





# Risk Factors & Race/Ethnicity



*“Look at our data. We have the highest rates of cancer for all Indian people. We need access to specialty clinics. We need funding, access and leadership representation.”*

*–Penny Wilkie, M.D., New Town, ND*

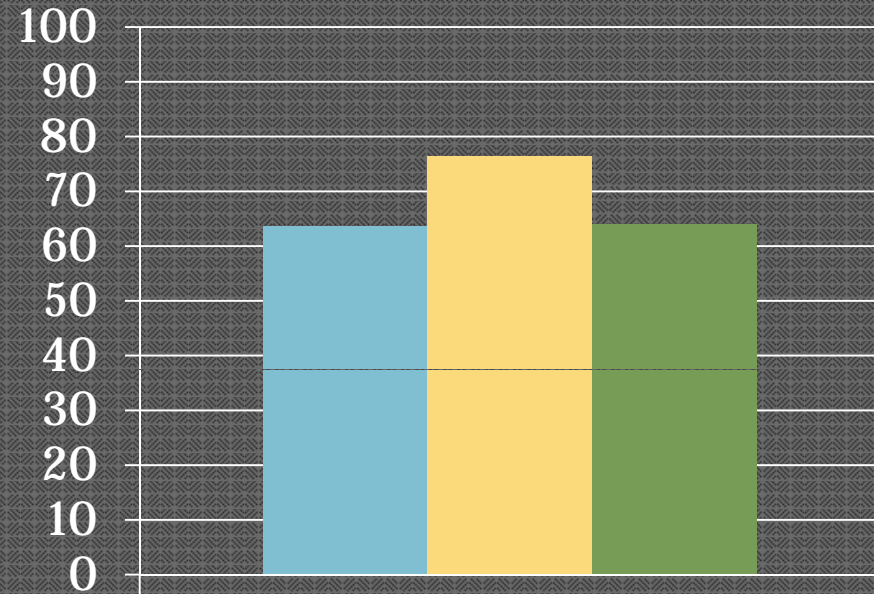


## Brfss 2003-2007



*ND adults with body mass index (weight in kg/height in meters squared)  $\geq 25.0$ .*

## Overweight/Obese



Percent

■ White non-hispanic	63.6
■ American Indian	76.4
■ 5 year total, all races	63.9

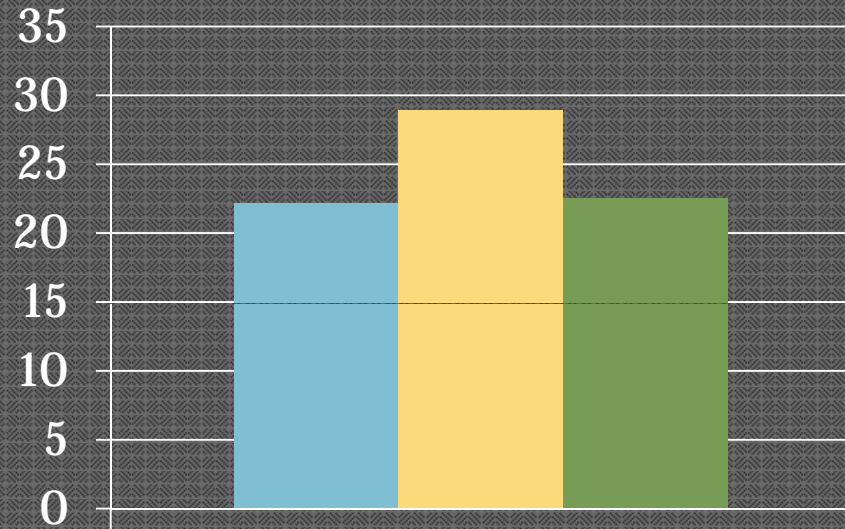


## Brfss 2003-2007



*ND adults who reported not participating in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise other than their regular job during the past month.*

## No Leisure Time Physical Activity



■ White non-hispanic	22.2
■ American Indian	28.9
■ 5 year total, all races	22.5



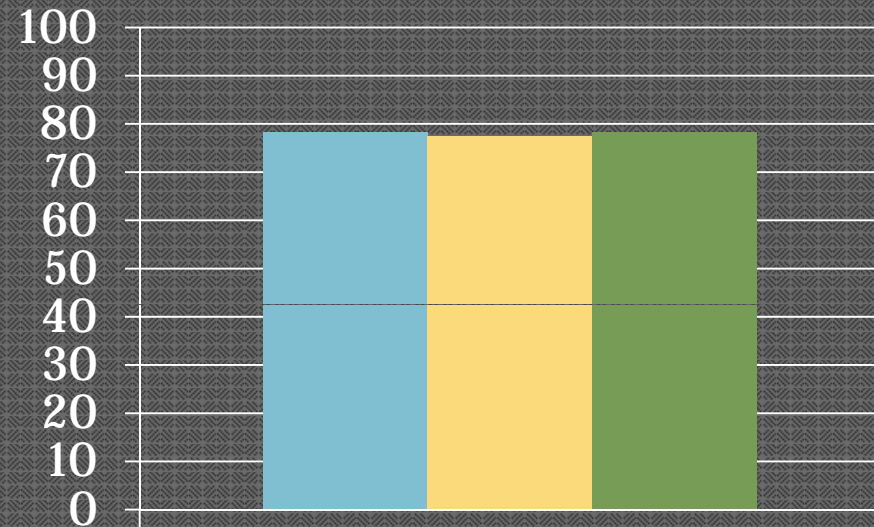
## BRFSS 2000, 2002-2003 2005 & 2007



*ND adults who reported not meeting the recommendation to consume five servings of fruits and vegetables per day.*



## Inadequate Fruit & Vegetable Consumption



■ White non-hispanic	78.3
■ American Indian	77.5
■ 5 year total, all races	78.2

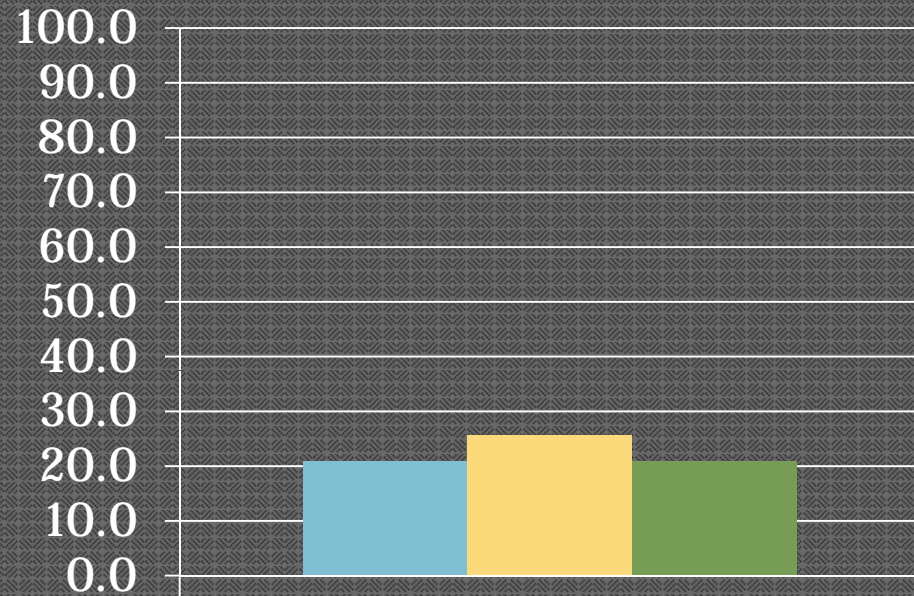


## Brfss 2003-2007



*ND men who reported drinking 5 or more drinks of alcohol on one occasion in the past 30 days or women who reported drinking 4 or more drinks of alcohol on one occasion in the past 30 days.*

## Binge Drinking



Race	Percent
White non-hispanic	21.0
American Indian	25.7
5 year total, all races	21.0



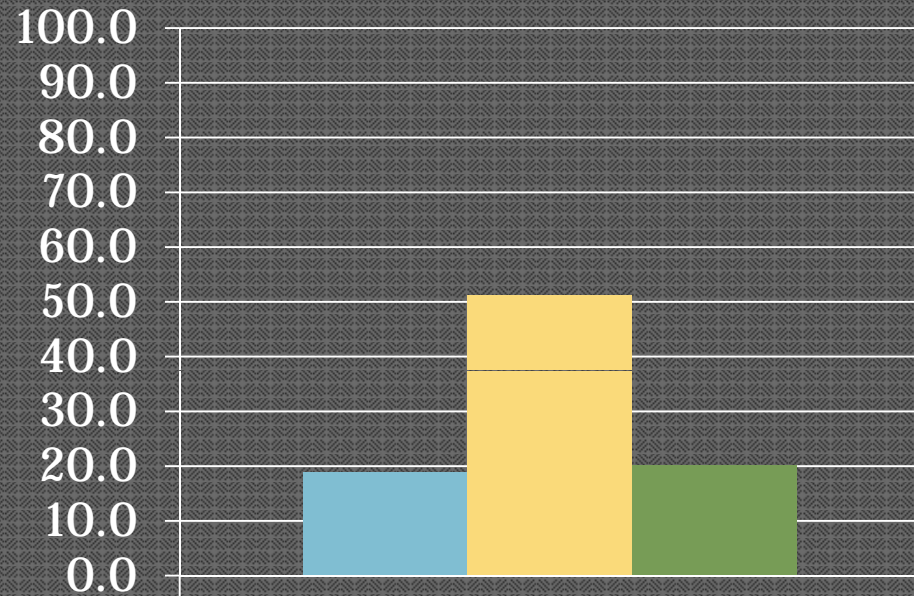


## Brfss 2003-2007



*ND adults who reported having smoked at least 100 cigarettes in their lifetime and are currently smoking everyday or some days.*

## Current Cigarette Smoking



	Percent
■ White non-hispanic	19.0
■ American Indian	51.2
■ 5 year total, all races	20.2

# References

**DATA SOURCE: ND BRFSS 2002 AND 2006 DATA**

**GUIDELINES: AMERICAN CANCER SOCIETY, NATIONAL  
COMPREHENSIVE CANCER NETWORK AND THE CENTERS  
FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL  
SURVEILLANCE BRANCH**

**ADDITIONAL INFORMATION: NORTH DAKOTA'S CANCER  
CONTROL PLAN 2006-2010**

***“You gain strength, courage and confidence by every experience in which you  
really stop to look fear in the face.” –Eleanor Roosevelt***

# QUESTIONS?



**THIS PRESENTATION WAS CREATED IN PARTNERSHIP  
WITH THE NORTH DAKOTA CANCER COALITION.**

**North Dakota  
Cancer Coalition**

*Planning for a cancer-free future.*

# Contact Information



Melissa Parsons  
Program Director, BRFSS  
North Dakota Department of Health  
Division of Chronic Disease  
600 East Boulevard Avenue Dept. 301  
Bismarck, ND 58505-0200  
Phone 701-328-2787  
Fax 701-328-2306  
[mparsons@nd.gov](mailto:mparsons@nd.gov)