



We have a new logo! Be watching for a fresh look on the website coming soon!

OCTOBER 2016

Cancer Quarterly

Staff Updates

Please note the following staff updates:

Lexi Haux was married in August and is now Lexi Pugsley. Please note her new email address: lexi.pugsley@state.sd.us

Sarah Quail has been hired on as the Cancer Programs Coordinator with the SD Department of Health. She will be working half time with the SD Cancer Coalition and half time with the All Women Count! Program. Sarah can be reached at sarah.quail@state.sd.us and 605.367.8375.

CDC Releases Second Annual Report on Skin Cancer Prevention

The 2nd annual Skin Cancer Prevention Progress Report summarizes prevention efforts and the most recent data available. It also highlights new developments and success stories in the field.

Read the report [here](#).



Cancer Programs Coordinator Corner

Thank you to everyone who attended the SD Cancer Coalition Fall Meeting on September 20th in Mitchell. We had an excellent turnout present to hear engaging presentations from Dr. Mary Milroy speaking about HPV Vaccination, a Cancer Survivorship panel, and Sandra Melstad sharing results of implementation grants that were aimed at improving sun safety in outdoor workplaces. Click [here](#) to download the presentations. The Fall Meeting also provided time for the new task forces to begin action planning for 2016-2017. More information on the task forces can be found on page 2. If you are interested in joining one of the groups and were not present, please email the task force/committee chair or Sarah Quail to get signed up.

I am thrilled to come on board with the Cancer Team at the SD Department of Health and begin working with each of you on this important work. During this transition time, please don't hesitate to contact me if you have any questions or suggestions on ways to improve the coalition.

-Sarah Quail, Cancer Programs Coordinator

Survivorship Care Plan White Paper Released

The SD Cancer Survivorship Program is proud to announce the release of a white paper entitled, [Implementation of Survivorship Care Plans \(SCPs\) at Three Health System-Based Cancer Centers in a Rural State](#). The purpose of this project is to describe the development and implementation of cancer SCPs at three health systems' cancer centers in a rural state. Collectively, these centers serve most cancer patients residing in SD, making the partnership across the cancer centers innovative. Each of the three health systems and their affiliated cancer centers is unique in its history, culture and infrastructure. In addition, each cancer center was at a different point in the development and implementation of SCPs at the time of this project.

What the task forces are up to...

New priority areas have been selected by the coalition for 2016-2017. If you are interested in reading about the coalition's accomplishments in 2015-2016, view the [Year in Review presentation](#) from the Fall Meeting.

Priority 4: Reduce ultraviolet radiation exposure. *Chaired by [Sandra Melstad](#)*

The UV Task Force is currently in the planning stages to identify strategies and activities targeted at improving sun-protective behaviors of South Dakota youth and adults with an overall goal of reducing ultraviolet radiation exposure and skin cancer incidence. The strategies will focus on policy, systems and environment changes, as well as educational interventions that promote sun-protective behaviors.

Priority 6: Increase HPV vaccination rates. *Chaired by [Lexi Pugsley](#) & [Sarah Quail](#)*

The HPV Task Force is working to prioritize the top strategies that will be implemented for the upcoming year. Proposed strategies align with the following three focus areas: professional education, evidence-based intervention implementation and community/school outreach.

Priority 7: Increase risk-appropriate screening for breast cancer. *Chaired by [Mary Kolsrud](#)*

The Breast Cancer Task Force will focus on two areas in the upcoming year. First and foremost, the group will disseminate the assets created last year which focus on risk-appropriate screening to providers across the state (see article on page 3). Second, the group will continue to prioritize increased screening, primarily for uninsured women, partnering with new entities outside the health care space which serve the target population.

Priority 9: Increase risk-appropriate screening for colorectal cancer. *Chaired by [Jill Ireland](#)*

The Colorectal Task Force seeks to support health systems & providers to implement evidence-based interventions by sharing best practices. The Task Force will provide FluFIT/FOBT implementation resources and technical assistance. The Task Force will also work to recognize extraordinary screening efforts and success with the creation of a *Blue Star Award*.

Cross Cutting Committee: Coalition Membership and Communication *Chaired by [Sarah Quail](#)*

The Membership and Communication committee met for the first time at the Fall Meeting and decided on an updated logo (see page one) to improve the coalition's branding strategy. Next steps for this group include updating the coalition website and improving coalition member recruitment and retention.

The **Data, Surveillance and Evaluation** and **Policy, Systems and Environmental Change Cross Cutting Committees** will continue to meet in 2017.

All task forces and committees welcome new members. Email the task force/committee chair or [Sarah Quail](#) to join!

Get Involved!

The mission of the SD Cancer Coalition is to reduce the burden of cancer for South Dakotans. We are looking for enthusiastic and dedicated volunteers to join the task forces listed above! Each task force identifies activities to accomplish each year addressing specific issues in cancer prevention and control from the South Dakota Comprehensive Cancer Control Plan. To learn more about this opportunity, please join online at http://www.cancersd.com/join_us.htm or email questions to info@cancersd.com.

New Resources Developed by the Breast Cancer Task Force

As part of the South Dakota Cancer Coalition, the Breast Cancer Task Force convened partners and individuals from across the state to determine how to make a measurable impact within the SD Cancer Plan's priority to increase risk-appropriate screening for breast cancer.

With changing guidelines and differing opinions, the group knew there was confusion about when a woman should get screened for breast cancer. To address the situation, the task force created a targeted campaign to remind providers to have the conversation about risk-appropriate screening guidelines in order to increase the number of women who get screened.

Along with the [infographic](#) shown at right, a short 3 minute video was developed to share with providers. The video can be viewed at www.getscreenedsd.org.

BREAST CANCER SCREENING:
The conversation starts here.

With changing guidelines and varying opinions from expert panels, breast cancer screening recommendations can be confusing for patients and even providers.

You are the expert on the frontline who can inform and arm women with knowledge.

ask.

Patients need to understand that screening is not about a single age, but rather a lifetime of reassessing risk and health from year to year.

- Inform women about risk factors such as weight, alcohol intake, breast density and lack of physical activity.
- Include a discussion about the benefits and limitations of mammography. All women are at risk for breast cancer, but studies have shown most over or underestimate their risk.

inform.

Start by asking questions.

- As a trusted medical professional, you should start the patient conversation that will save lives and arm women with the power to make good health decisions about breast cancer risk and prevention.
- Talk about family and medical history, lifestyle and health care options.

adjust.

Breast cancer assessment is never a one-time conversation.

- Because patient factors and risks change, it is extremely important to adjust your approach accordingly.
- Keep the conversation going with your patients. Adjust screening recommendations based upon any new health changes, family developments or age milestones.
- The conversation with women must start in their 20s and continue through the span of their lives with professional recommendations and adjustments tailored to their history.

With early diagnosis, survival rates increase dramatically.

www.getscreenedsd.org/provider

South Dakota Health | Comprehensive Cancer Control South Dakota

10 Steps to 'End Cancer As We Know It'

A 28-member Blue Ribbon Panel has released a scientific report with 10 sweeping recommendations designed to accelerate progress against cancer under the Cancer Moonshot initiative established by President Obama. The President announced the Cancer Moonshot in January 2016, stating that the goal is to speed advances in diagnosis, treatment, and patient care. Vice President Joe Biden—whose son died of brain cancer—was appointed to head the Cancer Moonshot Task Force. In accepting the charge, Biden stated that “the goal of this initiative is simple: to double the rate of progress. To make a decade’s worth of advances in 5 years.”

**BLUE RIBBON
PANEL REPORT 2016**
PRESS RELEASE

CANCER MOONSHOT
cancer.gov/brp

Read more at Oncology Times or download the complete report presented to the National Cancer Advisory Board on September 7 at cancer.gov/brp.

Community Preventative Services Task Force Releases 2016 Annual Report

The Community Preventative Services Task Force published its annual report to Congress, federal agencies and prevention stakeholders. The report overviews the 17 recommendations made by the task force in FY 2015, evidence gaps filled in by these recommendations, as well as an explanation of the task force’s function and how they make evidence-based recommendations.

Read the annual report [here](#).

2016 Cancer Coalition Awards

Two recognition awards were awarded at the 2016 SD CCCP Fall Meeting that was held on September 20 in Mitchell, SD. Sanford Health was awarded the 2016 SD Cancer Coalition Impact Award, which recognizes an organization that has successfully achieved evidence-based and measurable impact on projects consistent with priorities of the SD Cancer Plan. Sanford Health is an implementation grantee that has taken great strides in reducing the burden of HPV associated cancer in SD by increasing HPV vaccination rates. Some of their successes over the past year at the seven primary care clinics participating in the project include: disseminating over 41,500 client reminders for HPV vaccination, administering nearly 7,000 doses of HPV vaccine, decreasing the percentage of adolescents ages 11-26 with zero doses of HPV vaccine by 12.8%, and increasing adolescents who've completed the series by 6.6%. Tracy Bieber accepted the award on behalf of Sanford Health.

Tracy Bieber received the 2016 SD Cancer Coalition Champion Award, which recognizes a coalition member that goes above and beyond the call of duty to advance projects consistent with priorities of the SD Cancer Plan. Tracy was commended in the nomination letter recognizing that she “not only was instrumental in leading change in her organization, but has also worked to improve the health and wellness of the community through her leadership with the Sioux Falls Immunization Coalition.” Tracy is an active member of the HPV task force, leads the Sanford HPV implementation grant, is the Sioux Falls Immunization Coalition Chair, attended the national HPV workshop as part of the SD team and assisted in the development of the HPV model policy. Tracy Bieber is pictured with Lexi Pugsley (SD CCCP Coordinator) and Dr. Mary Milroy (Coalition Chair).



Cancer Data Released by CDC and National Cancer Institute

The 1999-2013 United States Cancer Statistics (USCS): Incidence and Mortality Web-Based Report includes the official federal statistics on cancer incidence from registries that have high-quality data, and cancer mortality statistics. It is produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI). This year's report features information on invasive cancer cases diagnosed during 2013, the most recent year of incidence data available, among residents of 49 states, six metropolitan areas and the District of Columbia—geographic areas in which about 99% of the U.S. population resides. Read more information [here](#).