

Scanned
Slides
After lunch
Maura Bear - Paper Bear

Good afternoon. I want to thank you for coming to our session on the UNC Minority Cancer Control Research Program. I also want to congratulate you. Cancer control in minorities does not generate as much publicity as many other issues. But it is a very important concern that deserves our attention. (1st SLIDE).

ACS #1

As you can see from the slide, in the United States as a whole cancer causes over 400,000 deaths per year - about 22% of all deaths. The leading cause is heart disease. (SLIDE) However, whereas death rates from heart disease and stroke have declined dramatically during the past 12 years or so, cancer mortality is actually increasing.

ACS #2

(SLIDE) Moreover, since the mid-1950's, cancer mortality rates for Black Americans rose above those for white Americans, and for Black males the gap continues to rise. In fact, as of 10 years ago, Blacks had the highest cancer mortality rates of all racial/ethnic groups in the U.S. (SLIDE)

ACS

Cancer is actually a large group of diseases that have in common the uncontrolled growth and spread of abnormal cells. Cancers are categorized by the organ or tissue in which they grow. (SLIDE) This graph shows how the death rates for individual cancer sites have changed over the years. The most striking features are the dramatic rise in lung cancer - the leading cause of cancer mortality -- and the rise in prostate cancer, for which African American males have the highest mortality rate in the world. Major targets for cancer control in Black Americans (SLIDE) are cancers of the lung, prostate, colon and rectum, breast, pancreas, esophagus, and cervix.

I would now like to introduce our Program (SLIDE). The UNC Minority Cancer Control Research Program is a program of the Lineberger Comprehensive Cancer Center, in cooperation with the Schools of Public Health and Medicine. Funding for the Program comes from the Comprehensive Minority Biomedical Program of the National Cancer Institute. I am happy to announce that Dr. Lemuel Evans, the director of that program, is in the audience today. Many of you will be happy to know that Dr. Evans is an alumnus of NC Central University.

In addition to a dedicated and well-trained team of investigators, the Program has been fortunate to have the assistance of four expert consultants (SLIDE), Drs. William Darity, Gary King, Tracy Orleans, and Robert Robinson, and the advice and assistance from our distinguished Advisory Board (SLIDE).

The purpose of the Minority Cancer Control Research Program is to develop (SLIDE):

**knowledge
experienced investigators
techniques
materials
collaborations**

for effective, diffusable minority cancer control interventions.

(SLIDE) Specifically, we seek to:

Carry out minority-oriented enhancements to existing cancer control studies, and to conduct pilot studies to prepare the ground for new minority cancer control studies

Develop new research opportunities for minority cancer control research

Conduct seminars and workshops to stimulate interest in this area and to learn from each other

Build infrastructure for research

Ca Prev
There are three modalities for cancer control: prevention, early detection, and treatment. Our Program has concentrated on the first two. (SLIDE) In the area of prevention, the most important single cause of cancer is the use of tobacco. Cigarette smoking accounts for about 30% of cancer deaths. The dramatic rise in lung cancer in Black men and women, and much of the rise in several other cancers, is due to increases in cigarette smoking since World War II.

Nutrition is also important in cancer prevention - alcohol, especially combined with tobacco, causes cancers of the mouth, throat, and esophagus. Fatty diets and obesity also appear to increase cancer risk. On the other hand, fruits, vegetables, and fiber seem to reduce cancer risk.

However, there is a continuing need for research to find preventive opportunities. For example, we know very little about the causes of prostate cancer, and need to learn much more about most other sites as well.

Early Detect
(SLIDE) After prevention, the second line of defense is early detection. Regular breast exams, especially mammograms, and Pap tests for cervical cancer are effective strategies for reducing mortality from those diseases. Screening for colon and rectal cancers is also recommended by the American Cancer Society, though the evidence for widespread screening for these cancers is not yet definitive. Screening for lung or prostate cancer has not been demonstrated to reduce mortality, though new screening technologies may bring new opportunities for prostate cancer detection.

(SLIDE)

Higher Black cancer mortality reflects both higher INCIDENCE of cancer and lower SURVIVAL among persons with cancer.

Black Americans have:

- o Less supportive knowledge and attitudes about cancer, for example, knowing how to reduce their cancer risk and believing it is worthwhile to have regular cancer checkups**
- o Less access to care, especially preventive care such as regular mammograms**
- o Higher rates of smoking, dietary fat, exposure to carcinogenic agents, including in the workplace**
- o Later stage at diagnosis and lower survival at each stage, perhaps because of less access to quality care and to the latest treatments**

(SLIDE)

Our Program has identified the following major opportunities for minority cancer control research:

- o Smoking cessation and prevention - fewer black smokers than white smokers have quit smoking**
- o Breast cancer screening - breast cancer in black women is typically detected later - at a more advanced stage - than in white women**
- o Dietary modification to reduce intake of fat and increase intake of fiber, fruits, and vegetables**
- o Cervical cancer screening**
- o Etiologic research to find additional causes and preventive opportunities, especially for prostate cancer, breast cancer, and colon cancer**

We are currently carrying out studies in four of these areas, and we will hear about them shortly.

We are also working to develop additional studies. (SLIDE) Our strategy for research development is that the Program is investigator-driven - researchers come to us with their ideas for studies, and we try to help them to obtain resources. We try to stimulate and encourage faculty, postdoctoral fellows, and doctoral students to do research in minority cancer control. And we benefit from advice and assistance from our Advisory Board.

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Let me now invite Dr. Paul Godley to present his study on dietary fat and prostate cancer. Dr. Godley is a physician with a masters degree in public policy from Harvard University. He is currently a Research Instructor in the Department of Medicine, in the School of Medicine, and a doctoral student in the Department of Epidemiology, in the School of Public Health. 250

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Our next speaker will be Dr. Russell Harris. Dr. Harris is a physician with a masters of public health in epidemiology from UNC School of Public Health. He is an Assistant Professor in the Department of Medicine. Dr. Harris will present North Carolina data on the racial gap in breast cancer detection. 310

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Our next speaker will be Dr. Eugenia Eng. Dr. Eng has a doctor of public health degree in health education, and is an Assistant Professor in the Department of Health Behavior and Health Education in the School of Public Health. She will speak about a project that she, Dr. Harris and others are conducting to find ways to increase the use of mammography by black women in eastern N.C. 330

330
has a doctoral degree in
Our next speaker will be Dr. Sandra Headen. Dr. Headen is a social psychologist and is a Research Assistant Professor in the Department of Health Behavior and Health Education in the School of Public Health. She will speak on a project that she is carrying out in collaboration with the North Carolina Mutual Life Insurance Company to study ways to disseminate a self-help quit smoking program for Black American smokers. 350

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Our last speaker will be Dr. Victor Strecher. Dr. Strecher has a doctorate in health education, and is an Associate Professor in the Department of Health Behavior and Health Education in the School of Public Health. Dr. Strecher is Co-program Director of the UNC Minority Cancer Control Research Program. 400

**University of North Carolina at Chapel Hill
Lineberger Comprehensive Cancer Center**

MINORITY CANCER CONTROL RESEARCH PROGRAM

Program Director	Victor J. Schoenbach, Ph.D. Department of Epidemiology School of Public Health
Program Co-director	Victor J. Strecher, Ph.D. Health Behavior and Health Education School of Public Health
Program Co-investigator	Sandra W. Headen, Ph.D. Health Behavior and Health Education
Principal Investigator	Joseph S. Pagano, M.D. Lineberger Comprehensive Cancer Center

**Support: Comprehensive Minority Biomedical Program
National Cancer Institute
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PURPOSE: TO DEVELOP

KNOWLEDGE

EXPERIENCED INVESTIGATORS

TECHNIQUES

MATERIALS

COLLABORATIONS

FOR EFFECTIVE, DIFFUSABLE

MINORITY CANCER CONTROL INTERVENTIONS

SPECIFIC AIMS

- **Carry out minority-oriented enhancements and pilot studies**
- **Develop new research opportunities**
- **Conduct seminars and workshops**
- **Build infrastructure**

EXPERT CONSULTANTS

**William Darity, Ph.D., Dean Emeritus
School of Health Sciences, University of Massachusetts**

**Gary King, Ph.D., Assistant Professor
University of Connecticut Health Center**

**C. Tracy Orleans, Ph.D., Senior Behavioral Scientist
Fox Chase Cancer Center**

**Robert Robinson, Dr.P.H., Research Associate
Fox Chase Cancer Center**

ADVISORY BOARD

Karl Bauman, Ph.D., Professor
UNC Department of Health Behavior and Health Education

Howard Fitts, Ed.D., Chairman
Board of Health, Durham County, North Carolina

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NC Department of Environment, Health, and Natural Resources

Charles Watts, M.D., Vice-Chairman of the Board
NC Mutual Life Insurance Company

Charles Wheeler, Associate Vice President - Research
General Administration, The University of North Carolina

UNC Minority Cancer Control Research Program

RESEARCH DEVELOPMENT

- o Program is investigator-driven.**
- o Stimulates and encourages faculty, postdoctoral fellows, doctoral students.**
- o Relationships, seminars, workshops as vehicles for attracting investigators to cancer control.**
- o Advisory board provides expert advice, assists in creating research opportunities and making linkages.**

UNC Minority Cancer Control Research Program

PROGRAM EMPHASES

Activities that:

- **Develop techniques, information, instrumentation, and/or interventions**
- **Build collaborations, infrastructure, experience**
- **Make a major research contribution or reach a large population**
- **Involve minority investigators**
- **Create opportunities for attracting new funds**

UNC Minority Cancer Control Research Program

PROGRAM OVERSIGHT AND DECISION-MAKING

- o Annual joint meeting of advisory board and expert consultants as part of a colloquium.**
- o Peer-review process for funding new proposals**

UNC Minority Cancer Control Research Program

LONG-TERM GOALS

- o New knowledge concerning minority cancer control**
- o Stimulation of minority-oriented health research and training in general**
- o Cadre of committed, knowledgeable, experienced minority investigators in positions of leadership and responsibility**