



We Want You to Know About Us!

The North Carolina Cancer Control Plan 2001-2006

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All doctors and everyone else working to prevent and detect cancer, and treat patients living with cancer, have an ally in the North Carolina Advisory Committee on Cancer Coordination and Control (NCACCCC). We are working with you—sometimes silently, but increasingly, we hope, audibly and visibly. We want you to know about us!

John Kernodle, MD, the force behind the formation of this statewide advisory committee, began our work in 1991. By 1993, the Advisory Committee had been established and funded by the North Carolina Legislature; since that time it has functioned as North Carolina's cancer council and coordinating body. It has as members representatives of the NC Medical Society; the Old North State Medical Society; the four University Cancer Centers; the NC Departments of Health and Human Services, Environment and Natural Resources, Public Instruction and Community Colleges; the NC Hospital Association; the NC Nurses Association; the American Cancer Society; the NC Oncology Society; NC Licensed Primary Care Physicians; the American College of Surgeons; the NC Association of Health Plans; the Association of NC Cancer Registrars; cancer survivors; and six members of the NC Legislature. The Advisory Committee works closely with and—through special appropriations—is staffed by the NC Division of Public Health.

Dr. Kernodle understood the need to coordinate the state's many cancer-related activities to give them a greater

collective impact, so that North Carolina would have cancer policies that hit the mark as effective, accepted, and supported by all. In particular, the Advisory Committee, by capturing the attention of the Legislature, has been able to

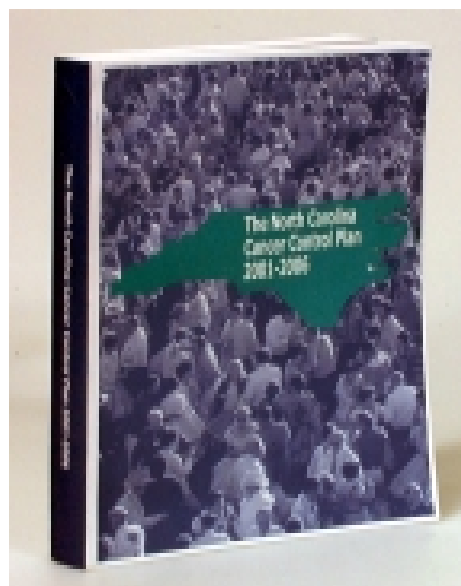
serve as a guiding force behind the NC Central Cancer Registry. The work of the Registry is vital to understanding the dimensions of the cancer problem in North Carolina, and how we lead—or lag—compared to the rest of the country (see the article by Cooper et al on page 246). The Committee promotes cancer research and helps attract grants to North Carolina from private and federal sources.

Our mission is to reduce cancer incidence and mortality in North Carolina and to enhance access to quality treatment and support services. We do this through the work of five subcommittees (Prevention, Early Detection, Care, Legislation and Education, and Evaluation) that educate and advise government of-

ficials, public and private organizations, and the public.

These subcommittees, and their task forces and workgroups, are made up of cancer experts, citizens, and legislators from all over North Carolina. The parent committee meets quarterly. Its meetings and those of the subcommittees and workgroups are informed, purposeful, and often intense, because in the field of cancer goals, means, and recommendations are complex and sometimes controversial.

The first achievement of the Advisory Committee was to develop, publish, and present to the NC General Assem-





The new North Carolina Cancer Control Plan 2001-2006 was presented to the General Assembly on June 19, 2001, by Dr. Joseph S. Pagano and Senator Fountain Odom, Chair of the Legislative/Education Subcommittee of the Advisory Committee. Left: Senator Odom welcoming all to the ceremony introducing the new plan. Right: Dr. Pagano, Lt. Governor Beverly Perdue, and Senator Odom enjoy their part in the ribbon-cutting. Photos courtesy of the NC DHHS Office of Communications.

bly *The North Carolina Cancer Control Plan 1996-2001*. This plan, remarkable for its breadth and the consensus reached by the many constituents interested in cancer in North Carolina, became one of the best comprehensive cancer plans in the United States. The CDC (US Centers for Disease Control and Prevention) recognized its excellence and distributed it to other states as a model for state-level comprehensive cancer control plans. We continue to receive requests for it from other states. The Plan is distinguished not only by its comprehensive goals, but by its realistic commitment to achieving milestones. By the end of its fourth year, 76% of the strategies listed in the Plan had been implemented. The flavor of some of our activities is reflected in this special issue of the Journal.

Our second five-year plan, *The North Carolina Cancer Control Plan 2001-2006*, was completed in May 2001, and presented to the NC General Assembly on June 19. We will join forces with over 80 statewide partners to implement the 309 strategies in the new Plan. We aim to be an ever more effective force for preventing cancer in North Carolina, particularly smoking-related cancers in young people and women. We strongly support those who want to quit smoking and those who want to reduce environmental tobacco smoke (see the articles by Conlisk and Malek on page 256, Martin et al on page 260, and Goldstein on page 266).

North Carolina still has a long way to go in the detection of breast and cervical cancer, especially among underprivileged persons. The growing Hispanic population will make it necessary to revisit North Carolina's existing programs for these cancers. One step in improving the early detection of cervical cancer was the Advisory Committee's support of the

ThinPrep method of Pap smear testing by the NC State Laboratory (see article by Gardner on page 304). This method increases the accuracy of testing and reduces the need for follow-up tests. This is of particular importance for patients of lower socioeconomic status who may have difficulty returning for repeat testing because of problems with transportation, work arrangements, etc.

Colon cancer is another current emphasis (see the articles by Conlisk on page 298 and O'Malley on page 292). Although we do have a long way to go, we have just received a major endorsement of our goals: the NC Legislature in 2001 passed legislation mandating insurance coverage for colorectal cancer screening consistent with guidelines of the American Cancer Society.

PSA testing for detection of prostate cancer remains a vexatious issue, to which we have brought energy but no more clarity than exists elsewhere (see the article by Stark et al on page 286). We have vigorously addressed (but not solved) issues of pain control in cancer, disparities in access to care, and standards of diagnosis and treatment for patients with cancer (see articles by Randall-David and Stark on page 281, Wright et al on page 252, and Porterfield and Stone-Wiggins on page 248). We have championed and gained legislative backing for the importance of clinical trials of new therapeutic agents in a time of increasing abundance and innovation.

Our hope is ultimately to affect how all doctors in North Carolina think about cancer, and how they advise patients; we want to alert all persons at risk about how to protect themselves from the maladies of cancer.

We want you to join us in this great effort.