

# Table of Contents

Table of Contents .....	i	
Executive Summary .....	ii	
Introduction .....	1	
Burden of Cancer in Kansas .....	7	
Goals and Objectives (Overview) .....	17	
Prevention.....	19	
Early Detection and Diagnosis .....	27	
Treatment.....	33	
Survivorship and Quality of Life.....	37	
State Plan Evaluation .....	41	
Information Resources .....	45	



# EXECUTIVE SUMMARY

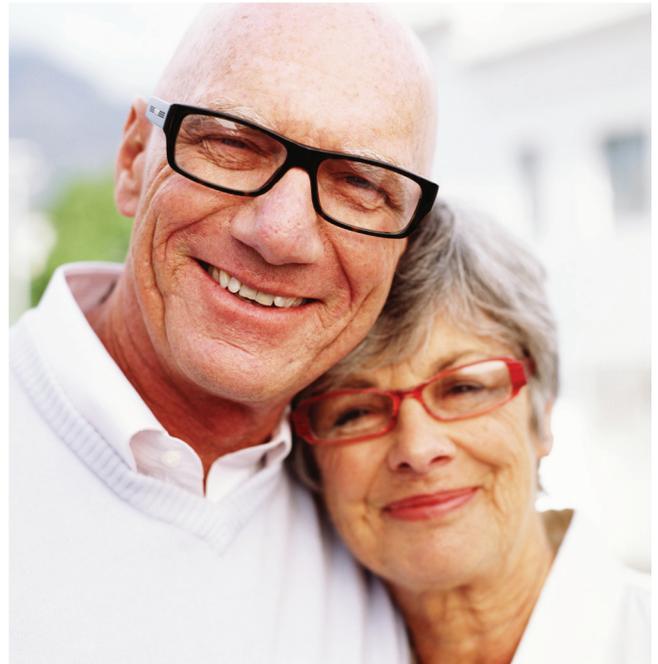
Cancer is a devastating disease that affects thousands of Kansans every year. In 2008, there were more than 13,000 new cases of cancer diagnosed among Kansas residents and an age-adjusted cancer incidence rate of 460.1 cases per 100,000 persons.<sup>1</sup> Cancer is also a very deadly disease. In 2009, there were approximately 5,300 deaths due to cancer in Kansas and an age-adjusted cancer mortality rate of 172.9 deaths per 100,000 persons.<sup>2</sup> Few individuals have escaped personal contact with cancer and most citizens of the state can attest to the hardship it induces.

Furthermore, cancer is a massive financial drain on state resources. Estimates of the costs of cancer to the state of Kansas are approximately \$2 billion annually.<sup>3</sup> It is imperative that action be taken to confront cancer with a focused and systematic plan of attack.

The primary goal of the Kansas Cancer Partnership (KCP) is to reduce the burden and suffering of cancer and to enhance the lives of all Kansas cancer survivors and their families. In pursuit of this goal, the KCP developed the Kansas Cancer Prevention and Control Plan: 2012 - 2016. This plan is a useful road map for assuring a well thought out approach to address cancer issues in Kansas. Effective state plan implementation must ensure that KCP's efforts:

- Leverage KCP's strengths
- Are coordinated and collaborative
- Base action on identified gaps
- Are linked to measurable outcomes
- Use existing and new resources

The Kansas Cancer Plan is a five-year plan, and each year KCP will use criteria such as need, potential impact, and likelihood for success to select new or retain previous priority objectives. To address state plan priority objectives, KCP workgroups will select evidence-based strategies and develop detailed action plans to guide this work. Action plans will outline the role of individual partners and the resources leveraged from collaborative efforts.



## Goals and Objectives

- **Prevention Goal: Prevent cancer from occurring or recurring**
  - Reduce tobacco use among adolescents and adults.
  - Increase HPV immunization rates among adolescents.
  - Increase the proportion of adolescents and adults who meet current federal physical activity guidelines.
  - Increase consumption of fruits and vegetables among adolescents and adults.
  - Reduce the proportion of Kansans who report sunburns.
  - Increase the percent of Kansas homes that have installed radon mitigation systems or were built using radon-resistant construction techniques.
- **Early Detection and Diagnosis Goal: Detect cancer in its earliest stage through screening and a timely, definitive diagnosis**
  - Increase the percent of Kansas adults using one of the screening options recommended for colorectal cancer based on nationally recognized guidelines.
  - Increase the number of cancer centers that offer patient navigator support services from early detection through treatment and survivorship per American College of Surgeons standards.
  - Increase the percent of women who receive breast cancer screening based on nationally recognized guidelines.
  - Increase the percent of women who receive cervical cancer screening based on nationally recognized guidelines .
  - Increase lung cancer screening for high risk populations, based on the most recent published guidelines. Increase the proportion of men who have discussed with their health care provider whether or not to have a prostate-specific antigen (PSA) test to screen for prostate cancer.
  - Increase the percentage of adults with a family history of cancer who have discussed with their health care provider whether or not to receive genetic counseling.
  - Decrease the time between initial visit with a suspicious finding to a definitive diagnosis and treatment to less than 30 days.
- **Treatment Goal: Treat cancer with appropriate, quality care**
  - Increase access to palliative care services during and after treatment.
  - Increase participation in cancer treatment clinical trials.
- **Survivorship and Quality of Life Goal: Assure the highest quality of life possible for cancer survivors throughout their lives**
  - Improve quality of life for cancer survivors, including physical and mental health.
  - Increase the number of cancer centers that work together with patients to develop a comprehensive care summary and follow-up plan to promote physical and mental health after completing treatment.
  - Increase use of hospice services.

## Target populations

Implementation of the state cancer plan will decrease cancer and cancer-related deaths among all Kansans and will improve the quality of life among cancer survivors. There are differences in cancer risks and rates among different groups of Kansans and these groups will be prioritized for state plan implementation. The following is a list of cancer-relevant health disparities:

- **Age:** Cancer risk increases with age.
- **Income:** Lack of health insurance is an important barrier to cancer prevention and early detection. Some patients who are struggling to pay for their cancer treatment could have prevented their cancers altogether or been diagnosed at an earlier stage with better access to health care.<sup>4</sup>
- **Disability:** Kansans with disabilities have a higher prevalence of all chronic conditions including cancer, compared to Kansans without disabilities.<sup>5</sup>
- **Rural-urban location:** The percentage of Kansans who meet cancer screening guidelines is significantly lower among persons living in rural or frontier counties compared to those who live in urban or semi-urban counties.<sup>6</sup>
- **Race/Ethnicity:** Disparities in the cancer burden among racial and ethnic minorities reflect differences in the prevalence of risk factors among different racial/ethnic groups, as well as obstacles to receiving health care services related to early detection and high-quality treatment.

## Evaluation

Existing data sources will be routinely monitored to track progress of long-term outcomes (5-10 years) and intermediate (2-5 years) outcomes of the state plan. Long-term outcomes include changes in cancer incidence and mortality rates and intermediate outcomes include alterations in screening practices and cancer risk protective behaviors. In addition, KCP workgroups will develop more focused evaluation plans to assess short-term outcomes ( $\leq 1$  year) related to activities addressing selected annual priority objectives.

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<sup>1</sup>2000-2008 Kansas Cancer Registry.

<sup>2</sup>2000-2009 Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. [http://kic.kdhe.state.ks.us/kic/death\\_table.html](http://kic.kdhe.state.ks.us/kic/death_table.html) Accessed 10/26/11.

<sup>3</sup>Cancer Facts and Figures 2012, American Cancer Society.

<sup>4</sup>American Cancer Society, Cancer Facts and Figures 2008; 2012.

<sup>5</sup>2008-2010 Kansas Behavioral Risk Factor Surveillance System (BRFSS), Bureau of Health Promotion, Kansas Department of Health and Environment. <http://www.kdheks.gov/brfss/index.html> Accessed 10/26/11.

<sup>6</sup>2010 Kansas Behavioral Risk Factor Surveillance System, Kansas Department of Health and Environment.

