September is Ovarian Cancer Awareness Month

In the United States, ovarian cancer is the eighth most common cancer among women and was diagnosed in an estimated 22,440 women in 2017. In 2014 alone, In 2015, Florida had 1,501 new cases and 1,019 deaths from ovarian cancer. The United States Preventive Services Task Force (USPSTF) recommends against routine screening for ovarian cancer unless one is in a high risk group, so education and awareness are the best defense. High risk groups for ovarian cancer include women with BRCA1 and BRCA2 genetic mutations, the Lynch syndrome, or a family history of ovarian cancer. CDC’s Inside Knowledge campaign has resources to help raise awareness of the signs and symptoms of ovarian cancer. For more resources on causes and prevention, screening, treatment, and research, visit the National Cancer Institute (NCI) website.

September is also Prostate Cancer Awareness Month

Prostate cancer is the second most common male cancer in Florida, with over 12,000 annual cases since 2011 (age-adjusted). NCI estimates there will be 164,690 new cases and 29,430 deaths from prostate cancer in the U.S. in 2018. The USPSTF recommendation is in the process of being updated. Draft recommendations no longer recommend against prostate specific antigen-based screening for men between 55-69 years of age. The recommendation states the decision to be screened should be made by the individual and recommends clinicians inform men about potential benefits and harms. The American Cancer Society (ACS) recommends that the discussion about screening take place at age 50 for men who are at average risk. For more information on prostate cancer including considerations for screening, visit the ACS and NCI websites.

October is Breast Cancer Awareness Month

Breast cancer is the most common and second leading cause of cancer deaths among women in Florida. According to the Florida Cancer Data System (FCDS), 15,822 women in the state were diagnosed and 2,856 died in 2015 (the most recent year for which data are available). Since 2000, the overall mortality rate of breast cancer in Florida has been declining and most significantly reduced in those aged 65 and older. Treatment is more effective when the disease is found early. A mammogram is the best screening test used for finding breast cancer in earlier stages (before it grows and spreads) when chances of survival are higher. Breast cancer typically does not show symptoms; however, there are signs that can prompt a mammogram, which may include:

- A new lump in the breast
- A change in the size or shape of the breast
- Pain in the breast or nipple that does not subside
- Flaky, red, or swollen skin anywhere on the breast
- Blood or any other type of fluid coming from the nipple that is not breast milk

Several breast cancer screening resources are available to Florida women.

- Medicare insurance (1-800-633-4277) provides mammograms to women age 65 and older without co-pay.
- The Florida Breast and Cervical Cancer Early Detection Program (contact the local County Health Department) offers free or low cost screenings to uninsured, low-income women who qualify.
- The American Cancer Society National Hotline (1-800-227-2345) can help locate screening resources.
- Susan G. Komen for the Cure (1-877-465-6636) provides mammograms for low-income women under age 50 in some parts of the state.

Health Systems Shoot for Higher HPV Vaccination

In the last year, dozens of health systems across Florida made great strides to improve their ability to identify and support patients in need of HPV vaccination. Through coordination with a network of cancer stakeholders including County and State Health Departments, the American Cancer Society, and Local Health Councils, individual health systems and provider sites began a process of procedural and technical changes that facilitated both patient and provider reminders, shown to be effective at increasing vaccination rates on average by 12 percent. Although changes should be tailored to individual systems, key components include policy change, staff training and automation of reminder systems which prompt clinical staff of patients due for vaccination and facilitate reminder and recall mailings to patients. Policy and staff trainings focus on the clinical interaction between staff and patient, with more recent findings on the use of two dose HPV vaccination included in the educational component. Clinical interaction between patient and provider on HPV vaccination has been shown in numerous studies to be critical to increasing vaccination rates. Sometimes termed the "announce method", providers who treat HPV vaccination as any other vaccine and simply tells the patient which vaccinations they will receive to stay on schedule has been shown to be far more effective at vaccinating compared to providers who discuss the vaccine before administration.
Personalized medicine, also known as precision medicine, is a relatively new approach to cancer treatment and care that utilizes a patient’s genetic information to tailor treatment decisions to that individual. It hopes to fill a gap in treatment knowledge and increase survival rates across many diseases areas including cancer. Generalized treatments can fail to address ailments for a select groups of patients and, for some diseases, alternative treatments can have limited success. Genetics has been postulated as a primary driver in differences in treatment outcomes. By identifying genetic differences in patients, personalized medicine could address these gaps in treatment outcomes by identifying unique treatments by genetic subpopulation. Currently, most personalized medicine is restricted to clinical trials and has not been integrated into routine care for the majority of patients.

Targeted therapies are cancer treatments that utilize concepts from personalized medicine to address genetic differences in tumor cells. Most of these therapies interfere with specific proteins within a tumor to inhibit growth or spread. Unlike chemotherapy, which kills tumor cells, these treatments seek to stop the tumor development by acting on specific molecular targets. Several types of targeted therapies have been developed and many promising therapies have reached clinical trials. To learn more about targeted therapies visit the National Institutes of Health or their clinical trials website to find targeted therapy clinical studies.

October is pregnancy and infant loss awareness month. Pregnancy and infant loss has been an existing problem in the United States throughout history. Healthiest Weight Florida encourages families and parents to understand the preventable causes of stillbirth. The phenomenon when an infant demonstrates no signs of life (breathing, heartbeat or any voluntary muscle movement before or during delivery) is known as a stillbirth. Miscarriage and stillbirth can be categorized as pregnancy and infant loss. The difference lies in the fact that, a miscarriage is considered when the baby dies before the 20th week of pregnancy and stillbirth is when the baby dies at 20 weeks of pregnancy or later. Each year about 24,000 babies are stillborn in the United States and the statistics suggest that is about 1 pregnancy in every 100.

While the causes of stillbirths remain unknown, future mothers are encouraged to exercise, eat well, intake folic acid daily, and avoid tobacco and alcohol. Stillbirth can be caused by birth defects, placental problems, and chronic health conditions in mothers, poor fetal growth, and infections. Women with diabetes and high blood pressure are at higher risk for giving stillbirth. Other risk factors for stillbirth are inadequate prenatal care, smoking, alcohol, and drug abuse, maternal obesity, malnutrition etc. Healthiest Weight Florida brings together agencies and communities to help Florida’s parents and children making choices about healthy eating and active living. Several precautionary steps for preventing stillbirth include, avoid smoking and drinking during pregnancy, maintain a healthy lifestyle and proper nutritional balance, monitor diabetes, and blood pressure, maintain a healthy weight. One needs to be cautious for future pregnancies if she has suffered a previous stillbirth. A daily kick count of the baby is recommended for the prevention of stillbirth.

General Cancer Related Articles
- Novel Agent Dramatically Cuts Oral Mucositis After Radiation - Medscape, August 23, 2018
- Genome-Wide Polygenic Scores Identify Risk for Common Diseases - Medscape, August 24, 2018

Prevention Related Articles
- Genetic Markers for Prostate Cancer – Science Daily, June 11, 2018
- Drug targets metabolic vulnerability and impairs cancer cell growth and survival – Science Daily, June 11, 2018
- Virus could help treat advanced cancers – Science Daily, June 12, 2018
- Top HPV-Associated Cancer Is Now Oropharyngeal – Medscape, August 23, 2018

Access to Care Related Articles
- Cancer cells destroyed with two antipsychotic drugs – Medical News Today, July 26, 2018
- Dual Immunotherapy a Winner for Melanoma Brain Mets – Medscape, August 22, 2018
- Lenvatinib for Liver Cancer Approved in Europe – Medscape, August 23, 2018

Survivorship Related Articles
- Balanced diet may be key to cancer survival – Medical Press, June 13, 2018
- Saying Goodbye to Patients: Closure, but With an Open Door – Medscape, August 9, 2018
National Institutes of Health released funding opportunity announcements (FOAs) for a variety of cancer related research projects:

- Examination of Survivorship Care Planning Efficacy and Impact is a FOA to support research that evaluates survivorship care planning and the effect the planning has on morbidity, follow-up care and self management. For more information visit R01 (PA-18-002) and R21 (PA-18-012). Closing date is January 8, 2019.

- Dissemination and Implementation Research in Health is a FOA to support innovative approaches to disseminate and implement evidence-based practices into public health, clinical practice and community settings. Approaches may include identifying, developing, testing, evaluating and/or refining strategies; or conversely, understanding circumstances for reducing the use of strategies and interventions that are not evidence-based, prematurely adopted, yield sub-optimal benefits for patients or are harmful or wasteful. For more information visit R21 (PAR-18-017). Closing date is May 8, 2019.

The Patient Advocate Foundation hosts patient empowerment webinar series to build patients’ skills and increase access to health care.

- On Demand: Clinical Trials: A Pathway to Cutting Edge Treatments

Cancer and Careers is hosting an educational series for health care professionals that covers practical and legal issues concerning balancing work and cancer. All sessions are free and pre-registration is required. One continuing education credit will be provided free of charge to eligible oncology nurses and social workers upon approval from listed agencies.

- Nov. 7: Managing Long-Term Stress

- Nov. 15: Health Insurance Options

The CDC’s Morbidity and Mortality Weekly Report and Medscape announced a new free continuing education (CE) activity for public health officials, family medicine specialists, gastroenterologists, internists, obstetrician-gynecologists, nurses, pharmacists, and other clinicians. The CE activity describes the incidence of and trends for cancers associated with overweight and obesity.

The National Cancer Institute (NCI), in collaboration with the American Cancer Society, the CDC and the North American Association of Central Cancer Registries released a series of digital resources and materials from their Annual Report to the Nation, which include downloadable graphics and social media messages. NCI also updated data on smoking laws on State Cancer Profiles in the Screening and Risk Factors Table.

The USPSTF released a final research plan for interventions to prevent tobacco and nicotine use and public comment periods were recently open for behavioral counseling to prevent skin cancer and screening for cervical cancer.

The Community Guide released Insufficient Evidence Findings User Guides for public health practitioners, researchers and funders to understand what insufficient evidence means and how it can be used.
Regional Cancer Control Collaboratives exist across Florida and are working to bring public and private partners together to reduce the burden of cancer. For information about what the regional collaborative in your area is doing, please visit their websites listed below:

- Northwest Florida Cancer Control Collaborative
- Northeast Florida Cancer Control Collaborative
  Facebook: NEFCCC
- North Central Florida Cancer Control Collaborative
- East Central Florida Cancer Control Collaborative
- Southeast Florida Cancer Control Collaborative
  Facebook: SoFla Fighting Cancer
- Southwest Florida Cancer Control Collaborative

The Southeast American Indian Council (SEAIC) focuses on needs assessments, preventive education and quality of life for American Indians. Membership is open to anyone of American Indian heritage. Email Dewey Painter or call him at (904) 208-0857 for an application or for more information. To be added to the contact list for any of these collaboratives, please send an email request to Cancer@flhealth.gov.

About the Cancer Stakeholder

The Cancer Stakeholder is an e-newsletter, which includes the Department of Health cancer updates, cancer tools and resources, funding opportunities, events, research, and other information about cancer. The opinions expressed in the Cancer Stakeholder do not necessarily reflect the views of the Department or its staff. Please direct questions, comments, and suggestions to the Comprehensive Cancer Control Program at cancer@flhealth.gov.

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References


