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The legacy of Watson Clinic's Center for Cancer Care & Research (CCCR) has been built upon our attentiveness to the needs of our patients and our community at large. By listening to our patient's concerns, and studying the overall cancer-related trends in our region, we've captured a clearer portrait of how to best treat and reduce incidences of the disease in our community.

The diversity of information included in this booklet – including incidence rates of various cancers, the demographics represented by each diagnosis, and the various risk factors that are most commonly attributed to those diagnoses - allow us the opportunity to fine tune and reassess our own approach to treating the disease. Armed with the insights contained in this volume, we are better equipped to remain relevant and cutting-edge in the areas of treatment, technology, research and personalized care.

Purpose

The purpose of this assessment is to identify the cancer-related needs of our population, cancer-health disparities and barriers in cancer-related resources within Polk County.

Goal

The goal of this assessment is to:

- Determine incidence rates; identify risks; identify screenings & prevention activities.
- · Identify treatments available in this community.
- Identify the cancer related resources we have available in this community.

Note: This assessment focuses on cancer disease sites that are most prevalent for our cancer program. Watson Clinic's Center for Cancer Care & Research has established priority for the disease sites of breast, lung, colon, prostate and melanoma.

Methods

The cancer program has chosen secondary data analysis as the tool for this assessment. Data gathered for this report includes data from the Polk Health Care Alliance (Mobilizing for Action through Planning & Partnerships Assessment 4), Florida Cancer Data Systems, CCCR Cancer Registry and Florida Department of Health in Polk County.

• Identify the barriers cancer patients face as they navigate the journey of diagnosis, treatment and survivorship.

2000 COUNTY

Polk County is the fourth largest county in the state of Florida with an estimated population of 616,158 in 2012. Tables below show Polk County cancer incidence and mortality rates are similar to state and national rates. Polk County does show a slight increase in incidence and mortality in lung cancer. Multiple factors play a role in the statistics. Specific reports for each cancer site are provided in the respective chapters. The American Cancer Society (ACS) estimated new cancer cases for 2013, 118,320 out of 1,660,290 Florida cases and 42,370 out of 580,350 deaths in Florida.



Sources: Incidence rates (cases per 100,000 population per year) are age-adjusted. Data collected from SEER, National Cancer Institute and Florida Department of Health.

Cancer is the second most common cause of death in the US, exceeded only by heart disease. In 2011, cancer was the leading cause of death for Floridians.



Sources: Death rates are age-adjusted (deaths per 100,000). Data collected from SEER, National Cancer Institute and Florida Department of Health.

The following graphs show the female and male incidence rates for 2006-2010 from the National Cancer Institute (NCI), Surveillance, Epidemiology and End Results (SEER), and NPCR for Polk County, Florida and nationally.



The percentage of Polk County's population aged 65 and older is 18% compared to the National average of 13%. This Population accesses the healthcare system more frequently than other age group and has created greater demand for healthcare services and end of life care.



Data Source 2010 Census Data and Polk County, Florida Community Health Status Report

In the following graphs and cancer site chapters, we can see how the patient volume is higher in the 65 years and older population at Watson Clinic's Center for Cancer Care & Research. We rank higher at national and state levels too.



Data Resourse: Watson Clinic Center for Cancer Care & Research Cancer Registry 2010 to 2012 data years







National Cancer Data Base (NCDB)

CENTER FOR CANCER CARE & RESEARCH

ostate CANCER

According to the American Cancer Society, as published in their Cancer Facts and Figures 2013, there will be an estimated 238,590 new cases of prostate cancer in the United States in 2013, making it the most frequently diagnosed form of cancer among men other than skin cancer. Although prostate cancer death rates have been decreasing since the early 1990s, there is an estimated 29,720 deaths expected in 2013. Prostate cancer remains the second leading cause of death in men. Prostate cancer is twice as high in African Americans as in whites, and there is no clear answer as to why.



Sources: CCCR and Watson Clinic Cancer Registry Data

Signs and Symptoms:

Early prostate cancer usually causes no symptoms, while advanced prostate cancers may cause some symptoms including problems passing urine, slow or weak urinary stream or the need to urinate more, blood in urine, trouble getting an erection, pain in hips, back, chest, or other areas of bone pain, weakness or numbness in the legs or feet, and loss of bladder or bowel control.

Early Detection:

There is not enough data to support or go against routing testing for early prostate cancer detection with the prostate-specific antigen test (PSA) and digital rectal examination (DRE). However, ACS does recommend that men ages 50 and over should make an informed decision with their healthcare provider about whether to be screened for prostate cancer after being informed of the potential benefits, risks and uncertainties associated with prostate screening. Men deemed a high risk (African-Americans or those with a relative

diagnosed prior to age 65) should have the conversation with their healthcare provider at age 45, and those who had close relatives diagnosed with prostate cancer at a young age should have this discussion even earlier.

Risks:

- Family history
- Over 50 years of age
- African-American

Black males experience a much higher rate of prostate cancer than either white or Hispanic males. Polk County shows slightly higher incidence rates than the state of Florida.



Source: State Cancer Profiles, Centers for Disease Control, National Cancer Institute

The following graph shows that prostate cancer patients seen at Watson Clinic and CCCR do not mirror the higher prostate cancer rates experienced by either black or Hispanic males. The graph demonstrates an opportunity for both facilities to reach out to these ethnic groups with prostate cancer education and services.



Sources: CCCR and Watson Clinic Cancer Registry Data

Prostate Cancer First Course Treatment 2010 – 2012



Sources: CCCR and Watson Clinic Cancer Registry Data

Under the guidance of their urologist, patients are making more informed decisions for treating their low risk prostate cancer, including opting for active surveillance. Active surveillance is sometimes called watchful waiting. It involves close monitoring of the PSA blood test and digital rectal exam (DRE) with intermittent biopsies.

Prostate Cancer Goal or Objectives:

Identify and develop prostate cancer detection opportunities through education and screening services.

Strategic Action:

- Establish a screening event with a focus on reaching the African-American population
- Collaborate with community organizations by attending health fairs and providing education materials
- Special educational focus on September as Prostate Cancer Awareness Month
- Reach out to the African-American Community by offering physician speakers for educational purposes

Sources: American Cancer Society internet site



Helanoma

There are an estimated 13.7 million people alive who have been diagnosed with cancer. Approximately seven percent of them are diagnosed with melanoma according to NCI data for January 1, 2012.

In Florida, the incidence of melanoma was 17.8 to 20.3 per 100,000 in 2009, according to adjusted data from the US Department of Health and Human Services, Centers for Disease Control and Prevention and the NCI. It ranked lower than the southern states of Georgia, Alabama, South Carolina, and Tennessee, with 20.4 to 23 per 100,000 and the northwestern states of Washington, Oregon and Idaho, with 23.1 to 32.6 per 100,000.

The figures show the melanoma death rate in Florida for 2009 was 2.7 to 3 per 100,000, which was equal to Tennessee's rate, lower than Alabama's 3.3 to 3.9, and higher than Georgia and South Carolina's 1.5 to 2.6. The rate was the same in Washington state but higher in Oregon and Idaho, which logged 3.3 - 3.9 deaths per 100,000.

Annually at Watson Clinic, we offer a free skin cancer screening in the community during the month of May. This is an opportunity to capture those who have not seen a dermatologist in recent years or ever at all. It also allows us to educate them on wearing sun-protective clothing, in addition to broad brimmed hats and sunglasses particularly those with built-in UPF (Ultraviolet Protection Factor), applying a broad spectrum sunscreen with at least a SPF of 30, or to look for a physical blocker like titanium or zinc oxide, which blocks all wavelengths of light.

The U.S. and Florida have similar melanoma incidence rates. However, Polk County has the third highest melanoma incidence rate in Florida. The Polk County rate is significantly higher than the U.S. and Florida state rates.



Published melanoma rates are for invasive melanoma. Non-invasive melanoma is most frequently diagnosed and treated in physicians' offices and are not reflected in published data, which is collected primarily from hospitals. Usually only advanced melanoma or cases presenting treatment difficulties are referred to hospitals. Similar difficult cases are referred to the CCCR, which sees fewer than 40 melanoma cases a year. However, Watson Clinic dermatologists, who see over 400 cases a year, diagnose and treat early stage melanoma in their offices.





- UVA: Sun exposure, tanning beds
- History of Melanoma
- Family history of Melanoma
- History of sunburn
- Fair skin, freckling and light hair
- Moles

Source: State

Control, NCI internet site.

Cancer Profiles.

Center for Disease

Per the American Cancer Society, 84% of invasive melanomas in the U.S. are localized or stage I. This figure does not include non-invasive melanoma (stage 0).



Source of Florida Data: NCDB Benchmark Reports, NCDB internet site

The stage of a melanoma strongly determines potential survival. Stage 0 is not represented in the following graph, but stage 0 survival is essentially 100% at five years. The following graph uses summary stage. Local is equivalent to stage I & II. Regional stage, equivalent to stage III, means the melanoma has spread to nearby lymph nodes. Distant or stage IV indicates the melanoma has spread even further.



Source: SEER Statistical Factsheets, Surveillance, Epidemiology and End Results Program, NCI internet site Melanomas completely resected while non-invasive do not have opportunity to become invasive and potentially life threatening. The importance of screening to identify melanomas while still non-invasive or localized cannot be emphasized more strongly. High-risk individuals and patients with a history of melanoma should schedule routine screenings by a healthcare professional.

Strategic Action Plan:

- 1. There is a strong need to continue reminding people to have an annual skin cancer screening. This will check by way of the patient portal.
- 2. Offering a free skin cancer screening during Melanoma month in May.
- 3. Educate patients regarding the causes of skin cancer and the need for sun protection, including SPF and proper outer wear recommended by their physician when sun exposure is at the highest.





be accomplished by sending reminder letters of the importance of having an annual dermatology skin





Jolon CANCER

The American Cancer Society Cancer Facts & Figures 2013 publication estimates that in 2013 more than 142,820 people will be diagnosed with colorectal cancer and over 50,000 people will die of the disease in the United States. It is the third most common cancer for both men and women. Men have 40% more likely to develop colorectal cancer than women. The incidence of occurrence and the death rates of colorectal cancer increase with age. The incidence rate is 15 times higher in adults 50 years of age. The incidence of colorectal cancer among African American men and women is 20% higher than among the white population.

Number of New Colorectal Cases in the United States per 100,000 Persons by Race & Gender:



Source: SEER Cancer Statistics Factsheets: Colon & Rectum, NCI

Symptoms of Colorectal Cancer

Early colorectal cancer often has no symptoms; therefore, screening is very important. Most colorectal cancers develop as a polyp, a small growth on the wall of the colon. As a polyp grows, it can bleed or obstruct the intestine.

Early Detection and Warning signs

- bleeding from the rectum
- blood in stool
- dark or black colored stools
- cramping pain in the lower stomach
- discomfort or urge to have bowel movement
- new onset of constipation or diarrhea that lasts more than a few days
- unintentional weight loss

Risk Factors

- previous history of cancer
- family history of cancer
- history of adenomatous polyps
- chronic inflammatory bowel disease
- diabetes
- physical inactivity

The majority of these cancers and deaths could be prevented.

Screening

The guidelines draw a distinction between screening tests that primarily detect cancer and those tests that are more likely to detect cancer and precancerous growths. Exams to detect both early cancer and precancerous polyps should be encouraged if resources are available and patients are willing to undergo an invasive test. The higher likelihood of polyp detection with the use of these tests substantially increases opportunities for polyp removal and colorectal cancer prevention. Screenings can include:

- fecal occult blood stool tests
- flexible sigmoidoscopy
- colonoscopy

Barriers to Screening

In Florida, approximately 63% of adults 50 and older follow screening recommendations.

Current barriers:

- cost of procedure
- lack of access to healthcare
- no health insurance
- inadequate communication by healthcare providers about the importance of screening and differences in patient and provider testing preferences
- adults that have lower educational attainment and lower income levels generally do not seek out screening procedures for colorectal cancer

Colon Cancer Goal or Objective

To determine our community compliance with obtaining the initial screening colonoscopy for 50-60year-olds.

Strategic Actions

- 1) Provide FOBT cards and instructions for patients to use at home.
- 2) One-on-one comprehensive discussions with healthcare provider or health educator. Discuss the benefits of testing options.
- 3) Mail out of letters to patients to initiate screening colonoscopy from health provider to patients who are due for screening.
- 4) Implement the health maintenance protocol in EMR to assist clinicians in counseling and documenting eligible patients about screenings.
- 5) Use patient navigators to help manage referrals and facilitate follow-up screenings.

- overweight/obesity - diet high in red/processed meat, low fruit/vegetables - low blood vitamin D levels - smoking - moderate use of alcohol

- CT colonography
- double-contrast barium enema

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Breast CANCER

The American Cancer Society estimates there will be 232,340 new cases of female breast cancer in 2013 and 2,240 new cases of male breast cancer. Excluding common skin cancers, breast cancer is the most common cancer diagnosed in women while relatively rare in men. Breast cancer accounts for approximately 29% of all cancers diagnosed in women. The breast cancer rate is approximately twice the rate of lung cancer, the second most common cancer among women. Breast cancer is the second leading cause of cancer deaths among women with a mortality rate of 14%.

At Watson Clinic's Center for Cancer Care & Research, breast cancer is the most frequent cancer seen, accounting for 27% of all patients and 47% of cancers among female patients.



As seen in the following tables compiled by the Florida Suncoast Affiliate of Susan G. Komen using Thompson Reuters data from 2009, there are still opportunities to impact breast cancer in Polk County and the surrounding service area. Mammography usage is relatively low. Meanwhile, the rate of breast cancer is significantly higher for white women in Polk County than for either the state of Florida or the United States. Relatively more African-American women are diagnosed with breast cancer at later stage in every geographic area compared to all other ethnic groups.

Community Profile: Polk County Data

Overview of Polk population by race/ethnicity

	Population (2009)	White %	Black%	American Indian %	Asian/Pac Islander %	Hispanic or Latino %
United States	307,006,550	79.8	12.8	1.0	4.7	15.4
Florida	18,537,969	79.8	15.9	0.5	2.4	21.0
Polk	605,379	66.2	13.5	0.3	1.6	17.0

Mammography Utilization

County	Female Population 40+ (2009)	No Mammo Last 12 Months %	Chose Not To %	Didn't Have Time %	Didn't Need %	Have One Scheduled %	Other Reasons %
Service Area	1,085,573	36.4	5.7	9.8	2.8	3.6	14.0
Polk	149,313	37.9	6.2	9.6	3.2	4.0	14.5

Breast Cancer Incidence in Polk County by Race and Age

Ethnicity	Geographic Area	2009 Female Breast Cancer (Rate Per 100K)	Stage I %	Stage II %	Stage III %	Stage IV %
White						
	Polk County	147.15	66.3	26.1	3.3	4.3
	FL	126.91	66.2	26.2	3.3	4.3
	US	133.83	65.5	27.1	3.3	4.2
Other						
	Polk County	49.71	62.0	30.4	3.4	4.2
	FL	51.89	63.1	29.4	3.3	4.2
	US	64.69	63.1	29.4	3.3	4.2
Black			I			
	Polk County	79.03	54.6	31.5	5.9	8.0
	FL	66.88	54.4	31.7	5.9	8.0
	US	90.20	54.6	31.5	5.8	8.1

Additional Facts Concerning Polk County

- In the service area, 25.9 percent of females ages 18-64 are uninsured (Thomson Reuters ©2009), which is significantly higher than the rates for women of all ages in Florida (20 percent) and in the US (estimated at 13-18 percent) (United States Census Bureau). Polk and Hillsborough Counties have the highest rates of uninsured females at 29 percent and 27.8 percent, respectively, followed closely by Pinellas County with 26.1 percent of women being uninsured (Thomson Reuters ©2009). Further, according to the National Women Law Group, the disparities in coverage vary by race and ethnicity with black females in Florida at 32 percent, topped only by Hispanic females at 37 percent.
- **Zip Code 33815, Polk County**: Polk County is the third largest county in the service area (where 14.6 percent of women in the service area reside). It has the second largest Black and Hispanic populations in the service area and the largest population designated as a HRSA Medically Underserved Area. Zip code 33815 is located in Lakeland, the largest city in Polk County and has an uninsured rate of 57.9 percent and a stage IV diagnosis rate of five percent (Thomson Reuters ©2009).

Key Informant Interviews

According to key-informant interviews, which included discussions with We Care Of Polk County's Project Think Pink, women in all of the target communities share similar experiences and barriers when moving through the continuum of care:

- Insured women have full access to the continuum of care in each target community but often are unaware of what access means. Many insured patients fall out of the continuum of care even though they have the ability to remain in at all touch points. These women tend to fall out of the continuum of care due to lack of knowledge on the next steps of breast health. They lack information on diagnostic care and treatment and giving these women the information required to continue with their breast care.
- Uninsured women and women eligible for Florida's Breast & Cervical Cancer Early Detection Program (FBCCEDP) report similar experiences as well. These women have access to the full continuum of care only if they are entering the screening stage at the correct program and only if that program still has funding available. If a woman who is uninsured is screened outside of these programs, they easily lose access to diagnostic procedures and necessary treatment.
- Undocumented women report the same experiences as uninsured women but have an added fear of deportation if they show up in the healthcare system. This fear keeps many undocumented patients out of the continuum of care for their entire lifetime.

Focus Group Findings

In Polk County, six women participated in a focus group. All six women represented the rural community. A local FBCCEDP participant recruited the women for the focus group and hosted the group at her house.

Among all respondents, the top three perceived barriers that keep women from getting routine breast healthcare (including mammograms and clinical breast exams) and from being diagnosed and treated are:

First: Lack of financial resources and/or insurance was the most cited barrier in all focus groups. In addition, the majority of focus group participants were not aware of the screening programs serving uninsured women in their communities.

Second: Fear of the unknown and fear of being diagnosed with cancer. Women were informed about the need to get a mammogram but fear of death associated with breast cancer prevented women from utilizing mammography.

Third: Lack of basic breast health knowledge. Although cited separately as a significant barrier to screening, lack of knowledge of the survival rate when breast cancer is detected early and how regular mammograms can save lives may be part of the fear of being diagnosed.

Participants believed that good breast health education has to be taught to low income women and young women in order to make it part of their routine healthcare as adults. The most credible people to provide breast health information in the target communities are:

First: Church leaders and community centers are the most trusted sources of information generally, including health ministries within churches.

Second: Medical doctors and clinic staff providing services within the community are who women turn to for breast health information.

Third: All focus groups reported media as being a trusted source of health information; however, the specific media outlet cited in each community differed. Consequently, delivery of messaging must be carefully targeted in each community.

Signs & Symptoms

Breast cancer is most treatable when caught early before there are symptoms. Symptoms such as a firm lump in the breast should be brought to the attention of a physician as soon as possible. Breast cancer lumps typically are painless, but any lump should be evaluated. Symptoms of more advanced breast cancer include persistent thickening, swelling, redness, ulceration, and nipple discharge or retraction. Any of these should be evaluated by a physician.

Early Detection

Routine screening by mammography is currently the best method of finding breast cancer early. Other scanning methods such as ultrasound and MRI are sometimes also used to more definitively diagnose breast cancer lesions. The American Cancer Society recommends annual clinical breast exams and mammograms beginning at age 40. Women in their 20s and 30s are recommended to have clinical breast exams at least every three years as part of a routine healthcare checkup. Breast self-exams can be done but are not substitutes for routine clinical and radiographic screening.

Per the SEER Program of the NCI, 61% of breast cancer is diagnosed when it is still localized to the breast. Finding cancer this early is extremely important for good survival results. Regional cancer, which accounts

for 32% of breast cancer is cancer that has spread to nearby lymph nodes. Potential survival decreases significantly if the cancer has progressed beyond the regional lymph nodes and has become distant. Fortunately, only 5% of breast cancer is diagnosed at this late stage. Another 2% of breast cancer could not be staged. The following graph demonstrated the importance of stage on survival.







Source: SEER Statistical Factsheets, Surveillance, Epidemiology and End Results Program, NCI SEER internet site

Risk Factors

- Being female
- Getting older
- Obesity
- Inactivity
- Excessive alcohol consumption
- · Active menstrual activity that starts early and/or ends late in life
- Previous hormone therapy such as for menopausal symptoms
- Previous radiation to the chest
- Never having children or having first child after age 30
- Family history of breast cancer in more than one first degree relative

Goal

Increase breast cancer awareness in the community in order to motivate women to schedule annual screenings and to seek care whenever they have a breast health issue.

Strategic Actions:

- Sponsor breast cancer awareness events either on-site or in collaboration with other community organizations.
- Provide speakers on breast cancer issues to on-site and off-site events when requested.
- Provide information on community breast cancer screening and treatment resources at health fairs and other breast cancer awareness events.
- Utilize our clinical navigators and social workers to help breast cancer patients understand their diagnosis and overcome personal barriers to guality care.

According to the American Cancer Society (ACS), an estimated 228,190 new cases of lung cancer are expected in 2013. This number represents 14% of all cancer diagnoses; 17,960 of those cases are predicted in Florida alone. Lung cancer accounts for more deaths than any other cancer in both men and women. An estimated 159,480 deaths from lung cancer were expected in 2013 with 12,070 cases predicted in Florida. Polk County has a higher incidence and mortality rate for lung cancer than either the state or country. The following table compares incidence and mortality rates for Polk County, Florida and the U.S. The rates represent average numbers of lung cancer cases per 100,000 persons over years 2006-2010. None of the three met the Healthy People 2020 Objective for a 45.5 mortality rate.

Comparison of Incidence & Mortality Rates

	U.S.	Florida	Polk County		
Incidence Rates	65.0	66.8	80.0		
Mortality Rates	49.5	48.8	56.7		
Source: State Cancer Prefiles Centers for Disease Central NCL					

Source: State Cancer Profiles, Centers for Disease Control, NC

Per the NCI SEER statistical factsheet on lung cancer, the average age at diagnosis is 70 with highest incidence rates occurring in people age 65-75. This pattern is also seen at the CCCR as shown in the following graph. Average age at diagnosis was 70 for all lung cancer patients. Average age at diagnosis was slightly younger for female patients (67 years) than male patients (72 years).



Age at Diagnosis

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Symptoms of Lung Cancer

Lung cancer typically does not cause signs and symptoms in its earliest stages. Signs and symptoms of lung cancer typically occur only when the disease is advanced.

Signs and Symptoms of lung cancer may include:

- A new cough that doesn't go away
- Changes in a chronic cough or "smoker's cough"
- Coughing up blood, even a small amount
- Shortness of breath
- Chest pain
- Wheezing
- Hoarseness
- Losing weight without trying
- Bone pain
- Headache

Risk Factors for developing lung cancer include:

- Cigarette smoking. This is the most important risk factor. The risk increases with the quantity and duration of smoking. Cigar and pipe smoking also increase risk.
- Exposure to radon gas released from soil and building materials is estimated to be the second leading cause of lung cancer in Europe and North America.
- Occupational or environmental exposure to secondhand smoke, asbestos, certain metals, radiation, air pollution, diesel exhaust and paint.
- Additional occupational exposure includes, rubber manufacturing, paving, roofing and chimney sweeping.
- · Genetic susceptibility plays a role in those who develop the disease at a young age

Tobacco Use

Each year, approximately 443,000 Americans die from tobacco-related illnesses. According to the Florida Youth Tobacco Survey (FYTS), Polk continues to show percentages higher than the state in the number of current tobacco users in all forms of tobacco and from secondhand smoke.

TABLE 27 Adults Who Smoke

	2007 Polk %	2007 State %	2010 Polk %	2010 State %
% of adults who are current smokers	19.0	19.3	21.2	17.1
% of adults; current smokers who tried to quit smoking at least once in the past year.	56.7	53.2	59.4	60.1

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) *www.uspreventiveservicestaskforce.org

High School tobacco use appears to be increasing in Polk County.

	2008 Polk %	2008 Florida%	2010 Polk %	2010 Florida%		
Current Tobacco Users						
Middle	11.7	9	10.5	8.7		
High	24.5	22.4	27.8	22.2		
Current Cigarette Users						
Middle	6.3	5	6.0	4.9		
High	16.3	14.5	16.5	13.1		
Current Cigar Users						
Middle	6.2	5.3	6.4	5.1		
High	15.2	13.5	17.9	14.5		
Smokeless Tobacco Users	-	-	-			
Middle	5.6	3	3.8	3.0		
High	9.2	6	10.0	6.4		
Students Exposed to Secondh	hand Smoke	-	-			
Middle	54.4	50.3	49.3	47.0		
High	61.3	58.8	58.4	54.0		
Students Never Smoked a Cigarette and Will Definitely Not Smoke a Cigarette in the Future.						
Middle	65.6	68.9	69.4	68.6		
High	53.1	54.6	52.2	55.4		

Data Source: 2010 Florida Youth Tobacco Survey

Early Detection

In an era of patient-centered care, it is critical to assess whether people understand and remember the information they receive about cancer screening. Research shows that a recommendation from a healthcare provider is the most important reason patients cite for having cancer screening tests.

For cancers with evidence-based screening tools, early detection must include the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

According to the U.S. Preventive Services Task Force, screening with low dose computerized tomography, chest x-rays, or sputum cytology can detect lung cancer at earlier stages.

The New England Journal of Medicine reported in their July 18, 2013 edition that according to the National Lung Screening Trial (NLST), screening with low-dose computed tomography (CT) resulted in a 20% reduction in lung-cancer mortality among participants between the ages of 55 and 74 years. The risk factors included a minimum of 30 pack-years of smoking and no more than 15 years since quitting. It is not known whether the benefits and potential harms of such screening vary according to lung-cancer risk. This study concluded that screening with low-dose CT prevented the greatest number of deaths from lung cancer among participants who were at highest risk and prevented very few deaths among those at lowest risk. These findings provide empirical support for risk-based targeting of smokers for such screening. This study was funded by the NCI.

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Goal

- To decrease tobacco use in our county in adults and young people through education as well as providing smoking cessation classes to our community.
- To educate the lay community and the medical community about early detection methods for those at high risk for developing lung cancer.

Strategic Action to reduce smoking in Polk County

People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but guitting tobacco use is beneficial at any age.

Source: Healthy People 2020

The Tobacco Free Partnership (TFP) of Polk County is working diligently to reduce the use of tobacco in our county. Some of the agenda items for this year are:

- Enacting comprehensive smoke-free policies. Our entire medical campus at Watson Clinic is a smoke-free environment. The TFP is also trying to meet with Lakeland Housing Authority and local property managers to implement smoke-free policies in multi-housing units. This will help reduce exposure to second-hand smoke in the workplace and the environment as a whole.
- Encouraging and assisting tobacco users to quit. Our cancer center is hosting a two hour smoking cessation introductory class this year. The class is designed to bridge the gap between knowing you need to guit smoking and how to go about doing it. In January 2014, CCCR began hosting a full smoking cessation six-week class for those committed to guitting.
- Health System Changes: Adopting policies and strategies to increase access, affordability and use of smoking cessation services and treatments.
- Creating policies to restrict the sale of flavored tobacco products not covered by the FDA to reduce the lure of these products to our youth.
- Collaborating with the school board to create tobacco free policies.

Strategic Action plan for early detection methods.

- 1. Collaborate with our pulmonary specialty providers within our medical home to provide education to our medical community. This education will focus on identifying the high risk patient and the current methods of early detection.
- 2. Disseminate this information to our local community through health fairs and other educational endeavors provided by our Watson Clinic Foundation.





Obesity is an abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. To measure obestiy, researchers commonly use a scale known as BMI. The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI= Weight (Kg)/ [Height (cm) 2]). A BMI \geq =30 is considered obese.

What are the causes and risk factors of obesity?

- Genetics
- Environment
- Diet
- Lifestyle/Activity
- Psychological
- Medical condition

In 2010, Polk County held the highest obesity rate of the Bay area counties at 37.6%. Polk County started a new program to reduce the obesity rate. Building a Healthier Polk is a group of community partners, brought together by Polk Vision, who developed a strategic goal to reduce the obesity rate in Polk County to less than the state average. The program will span over a three-year time frame.

Additional Community Goals:

- Educating the community
- Employers offer programs at work

Excessive weight can result in serious illness including cancer. According to the NCI, obesity is associated with increased risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder and possibly other cancer types.

Nutrition plays a key role during cancer treatment.

Cancer and cancer treatments may affect taste, smell, appetite and the ability to eat enough food or absorb the nutrients from food. This can cause malnutrition which can cause the patient to be weak, tired and unable to fight infections or get through cancer treatment.

When it comes to treating cancer patients, nutrition is of the upmost importance. Nutrition therapy can help patients deal with the effects of cancer, its treatment and quality of life during treatment.

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Key points from the NCI

- Screening and assessment are done before cancer treatment begins and assessment continues during treatment
- Finding and treating nutrition problems early may improve the patient's prognosis
- · Healthcare team of nutrition specialists will continue to watch for nutrition problems
- The goal of nutrition therapy for patients who have advanced cancer is to help with their quality of life

Some cancer patients may not be able to take oral nutrition due to the types of cancer or cancer treatments. Nutritional support for these patients may be tube feeding or parenteral nutrition which is direct nutrients into the blood stream through a catheter.

Patients with advanced cancer have different nutritional needs. They want less food or prefer softer foods or clear liquids which make it easier for them to swallow. Most foods are allowed, so eating can be focused on pleasure rather than getting enough nutrients.

Healthy eating habits and exercise are important for everyone, but cancer survivors have special health needs, especially because of the risks of later effects and the cancer coming back. Surveys have shown that many cancer survivors do not follow cancer prevention guidelines. Education programs can help cancer survivors make the right lifestyle changes for a healthier life after cancer.

Sources: Florida Department of Health in Polk County internet site, Healthy Tampa Bay internet site, NCI





American Cancer Society

Road to Recovery – Limited transportation assistance Gas Cards - Limited amount and availability VVigs/Head Coverings **Educational Material**

Co-payment Assistance

Patient must be insured and insurance must cover the chemotherapy/medication for which patients seeks assistance. Cancer Care Co-Payment Assistance Foundation 866-552-6729 www.cancercarecopay.org Chronic Disease Fund www.cdfund.org 877-968-7233 The Healthwell Foundation www.healthwellfoundation.org 800-675-8416 Leukemia & Lymphoma Society 877-557-2672 www.lls.org Patient Access Network Foundation www.panfoundation.org 866-316-7263 Patient Advocate Foundation www.copays.org 866-512-3861 Patient Services Incorporated www.uneedpsi.org 800-366-7741 National Organization for Rare Disorders www.rarediseases.org 800-999-6673

Dream Foundation

National wish granting organization for adults with a terminal illness www.dreamfoundation.org 805-564-2131

Fertility

Fertile Hope www.fertilehope.org 855-220-7777 Verna's Purse (Repro Tech) www.reprotech.com/financial-assistance.html?fagitem=fag31



Ommunity cancer **RESOURCES**



Hospice

Compassionate Care Hospice	877-494-3219
Cornerstone Hospice	866-742-6655
Good Shepherd Hospice	800-544-3280
Good Shepherd Hospice	800-544-3280

Mammogram Assistance

Think Pink program (We Care – Polk County) Assist women ages 40-49 with getting mammograms. Income guidelines do apply.

Breast Cancer and Cervical Cancer Prevention Program Assist women ages 50-64. Must call to for pre-screening qualifications. Income guidelines do apply.

Support Groups

Cancer	Care Online/Telephone Support Groups	
	www.cancercare.org/support_groups	

Grief Support Groups Good Shepherd Hospice Cornerstone Hospice Pillars4life

Ten-session online coping skills course

Transportation

Polk County Transportation You must have Medicaid (gold card) to use this program	863-534-5500
Polk County Disadvantaged Transportation Based on age, disability or poverty	863-534-5500
Handy Bus Call for an application. Process can take up to two weeks to approve. Cost is \$2 each way.	863-688-5438
VISTE (Volunteers in Service to the Elderly) You must be 70 years or older	863-284-0828
Elder Point Ministries	863-682-7249
American Cancer Society Road to Recovery	800-227-2345

United Way

Refers patients to available resources for assistance with utilities, shelter and food

863-646-3436

863-968-1739

888-728-6234

863-648-1515

863-687-1100 ext. 1744

813-307-8015 ext: 3502



Subcommittee Members:

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MOFFITT ONCOLOGY NETWORK MEMBER



Center for Cancer Care & Research

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