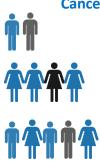
Health Matters in Nevada: Cancer



Cancer in Nevada

Cancer is the second leading cause of death in Nevada. In 2015, the estimated new cases of cancers in Nevada 13,640 with an estimated 4,880 deathsⁱ. In Nevada, prostate, lung, and colorectal cancers are the most commonly diagnosed among men, and breast, colorectal, and lung cancers are the most commonly diagnosed among women.ⁱⁱ Cancer-related mortality rates continue to exceed U.S. rates.ⁱⁱⁱ



Cancer Deaths in Nevada

Lung Cancer: 48.8 per 100,000 Nevadans in 2011

Breast Cancer: (Female Only): 23.2 per 100,000 Nevadans in 2011

Colorectal Cancer: 16.6 per 100,000 Nevadans in 2011

In 2015, the Nevada cancer control community, made up of local private citizens, community not-for-profit organizations and businesses, and local health authorities, came together to create the 2016-2020 Nevada Comprehensive Cancer Control Plan. This plan identifies community identified priorities, goals, and activities designed to alleviate the burden of cancer across Nevada. The goals and objectives of the Plan prioritize five core thematic areas: primary prevention, early detection and screening, diagnosis, treatment, palliation, survivorship and quality of life, and cancer surveillance research.

The Nevada Division of Public & Behavioral Health houses the Comprehensive Cancer

Control Program in the Chronic Disease Prevention and Health Promotion (CDPHP) Section at the Bureau of Child, Family, and Community Wellness. Cancer control efforts in Nevada encompass other programs related to the goals of comprehensive cancer control including tobacco prevention and control; breast, cervical, and colorectal cancer screening and early detection; and school health and obesity prevention.

The Comprehensive Cancer Control Program is 100% federally funded through a grant from the Centers for Disease Control and Prevention (CDC). Half of the dollars are allocated to the Nevada Cancer Coalition to assist in the implementation of the 2016-2020 Nevada Comprehensive Cancer Control. Nevada does not allocate any state funding to cancer control efforts. The Comprehensive Cancer Control Grant funds two FTEs dedicated to cancer control efforts.

How does Nevada compare to other states?

THE STATE OF UTAH (UT) is similar to Nevada in terms of both geography & population. The Utah Comprehensive Cancer Control Program (UCCCP) is located within the Utah Cancer Control Program in the Bureau of Health Promotion, Division of Disease Control and Prevention within the Utah Department of health. The program is staffed by 4.0 FTEs. UCCCP receives a total of \$150,000 from the state's general fund, meaning the state spends 5 cents per citizen on comprehensive cancer



control efforts. These funds amount to 20% of the program budget- the additional 80% is federally funded. The priorities of the UCCCP include decreasing skin cancer, increasing physical activity, increasing cancer screenings, and improving cancer survivorship and quality of life.

THE STATE OF MICHIGAN (MI) Comprehensive Cancer Control Program (MCCCP) is located in the Michigan Department of Health and Human Services Division of Chronic Disease and Injury Control. The program receives \$15 million biannually in state funding and is staffed by 10 FTEs, meaning the state of Michigan spends 75 cents on each citizen in cancer control efforts each year.

The priorities of the MCCCP care currently to increase HPV vaccination rates, increase cancer screening, increase cancer treatment clinical trial enrollment, and increase the number of cancer survivors.

Utah and Michigan may be considered models for Nevada in order to achieve greater strides in lung cancer control efforts. However, the resources and capacity of these programs must be considered. Nevada allocates far fewer resources and spends far less per citizen in attempting to decrease the lung cancer burden than comparative states.

Potential in Nevada

From 2008-2012, the person-years of life lost in Nevada due to all causes of cancer was 168,800.ⁱⁱⁱ

Years of life lost due to cancer, shown in Table 1, contribute to the economic burden of cancer in Nevada as well as through lost work productivity. The 2016-2020 Nevada Comprehensive Cancer Control Plan (Cancer Plan) is supported by the Nevada Comprehensive Cancer Control Program and Nevada Cancer Coalition to prevent and control cancer in the Silver State.

PERSON-YEARS OF LIFE LOST IN NEVADA, DUE TO CANCER, ALL RACES, ALL GENDERS, 2008- 2012	
Type of Cancer	Person-years of
	life lost
Lung and Bronchus	40,438
Breast (Female Only)	16,978
Colorectal	16,212
Pancreas	10,193
Liver and Intrahepatic Bile	7,703
Ducts	
Leukemias	7,687
Brain and Other Nervous	7,384
System Neoplasms	
Esophagus	5,255
Non-Hodgkin Lymphomas	5,118
Ovary (Female Only)	4,380
Kidney and Renal Pelvis	4,275
Melanoma of the Skin	3,810
Prostate (Male Only)	3,242

Limited funding is given to accomplishing the goals of the plan and is largely dependent on the support of the cancer control community. Initiatives in the Cancer Plan are structured in five priority areas:

- 1. Prevention
- 2. Early detection and screening
- 3. Diagnosis, treatment, palliation
- 4. Survivorship and quality of life
- 5. Cancer surveillance and research

In the first year of the Cancer Plan, 2017-2017, Nevada made great strides in the goals and objectives within the primary prevention area. These successes include increasing the number of Nevada children who completed the 3-dose HPV vaccination series, decreasing smoking among children and adults, implementing activities to protect Nevada youth from obesity, increasing awareness of the cancer risk associated with radon exposure, and increasing the number of Nevada school children who practice sun safe strategies. However, the reach



of these activities is largely limited by funding. Additional funding would allow for the continued expansion of these success, protecting more Nevada citizens from the burden of cancer.

Early detection and screening goals and objectives are focused on those cancers with known evidenced-based screening strategies. These include increasing mammograms, clinical breast exams, and Pap tests among Nevada women, colonoscopies and FIT tests for all Nevadans ages 50-75, and low-dose CT scans among Nevadans who smoke. These strategies are known to increase survivability of breast, cervical. colorectal. and lung cancer respectively. However, the scope of Nevada's reach in increasing these screenings has largely been limited by lack of funding.

Under the diagnosis, treatment, and palliation and survivorship and quality of life priority areas, Nevada partners have the increased eligibility into specialized Medicaid programs for the treatment of breast and cervical cancer. However, the goals of increasing education among providers for palliative and survivorship services has lacked momentum due to lack of resources, as well as increasing the number of patients who enroll in clinical trials. Increasing these measures is essential to improving the quality of cancer treatment available in Nevada and decreasing mortality and cost associated with cancer overall. More resources must be allocated to achieving these goals.

Finally, Nevada has long been challenged by poor reporting to the Nevada Central Cancer Registry, severely limiting the State's ability to accurately capture the burden of cancer in Nevada. The ability to accurately capture and represent the burden of disease is of the greatest importance in designing and implementing effective cancer prevention and control programs. Increasing the resources available to increase reporting would greatly assist in designing even better cancer control programs to protect all Nevadans from cancer.

Additional funding would allow Cancer Plan initiatives to be implemented in a timelier manner, with implementation occurring on a larger scale and so reaching more Nevadans. More resources are needed to successfully achieve the priorities of the plan, decrease the burden of cancer statewide, and improve the health of all Nevada citizens.

ⁱⁱ Nevada State Cancer Plan,



ⁱ American Cancer Society. Cancer Facts & Figures 2015. Accessed June 2015.

http://www.cancer.org/acs/groups/content/@editorial/docume nts/document/acspc-044552.pdf

http://dpbh.nv.gov/Programs/CCCP/dta/Publications/Comprehe nsive Cancer - Publications/

ⁱⁱⁱ Nevada Division of Public and Behavioral Health. Office of Public Health Informatics and Epidemiology. *Comprehensive Cancer Report.* (January 2015).