

Louisiana Comprehensive Cancer Control Plan Supplement



SPRING 2019

A CONTINUING REPORT

The latest five-year, 2017-2021 plan was completed last fall. But just as the disease doesn't stay still, neither does the information surrounding it. Therefore, LCP is publishing this supplement in the hopes of helping all organizations and people fighting cancer in Louisiana stay abreast of the information that can help them beat this dreaded disease. We hope it helps.



Everything Starts With Data

AND LOUISIANA'S IS SOME OF THE BEST AROUND.

LOUISIANA TUMOR REGISTRY (LTR) FACT SHEET

TRACKING CANCER IN LOUISIANA



MISSION >

SAVING LIVES WITH DATA

You can't fix a problem until you know what and where it is

The award-winning Louisiana Tumor Registry (LTR) is a statewide population-based registry that compiles information to help guide policies for cancer prevention, early detection, diagnosis, treatment, prognosis, and survivorship. LTR data help reduce the state's cancer burden and disparities, and improve the survival and quality of life for cancer patients, past, current and future. LTR data users include:

- Office of Public Health
- Cancer prevention programs
- Cancer researchers
- Physicians, medical practitioners
- Healthcare planning offices
- Public health community
- Cancer patients

LTR participates in the National Cancer Institute's (NCI) Surveillance, Epidemiology and End Results (SEER) program and the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR). Due to LTR's exemplary and award-winning work, the CDC is also funding it to collect data in the following areas:

- Comparative effectiveness research (one of 10 registries doing so)
- Implementing the Caroline Pryce Walker Conquer Childhood Cancer Act (one of seven registries)
- Cancer recurrence and progression (one of five registries)
- Pre-cancerous lesions of the cervix (one of four registries)

LTR's work is critical to the state, as Louisiana has one of the highest cancer death rates in the U.S. - much of it preventable - while also bringing in millions of dollars in federal funding.

| March | 2018

ECONOMIC IMPACT >



LTR BRINGS IN ALMOST \$4M IN DIRECT FUNDING EACH YEAR

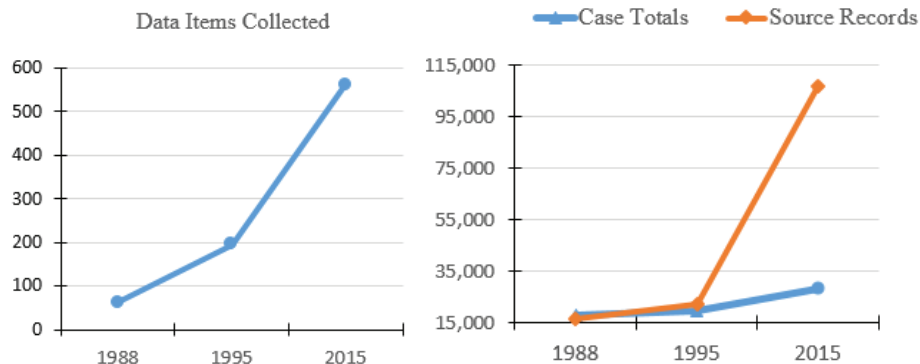
A state budget cut will mean less federal funds for LA

LTR is mainly funded by the CDC and the National Cancer Institute (NCI), which provides a 5-to-1 match to state funds, with the requirement that the state provide the basic infrastructure in a mandated cost-sharing arrangement. Cuts to LTR by the state will not only lessen the \$4 million in direct federal funding Louisiana receives, but will also negatively affect the other organizations that rely on LTR data to help obtain millions in outside funding, with the award-winning LTR having a widespread indirect economic impact across the state.

AWARDS & THREATS >

BUDGET CUTS THREATEN TOP LTR REGISTRY

Data requirements rise 8-fold with no funding increase; state wants more



Despite being one of the top U.S. cancer registries, LTR has not received a state general fund budget increase in 30 years, even as:

- Data items have increased from 63 to 542 standard questions: 1000+ on certain cancers.
- Information collection has grown from less than 200 facilities in 1988 to 500+ (hospitals, treatment centers, doctor's offices, pathology labs, nursing homes, hospices, 45 state cancer registries, and follow-up data from Medicare, Medicaid, LDH, SSA, the National Death Index, etc.), radically increasing the number of source records that must be examined.
- Annual cancer case counts have risen.

In addition, the LA state legislature recently mandated census-tract level cancer incidence data be published, a lengthy process to produce a reliable report that only one other state registry reports. (Why is it so difficult? One example: people who list a P.O. Box as an address must be tracked and linked to their specific residential address.)

Cuts not only threaten the basic data being

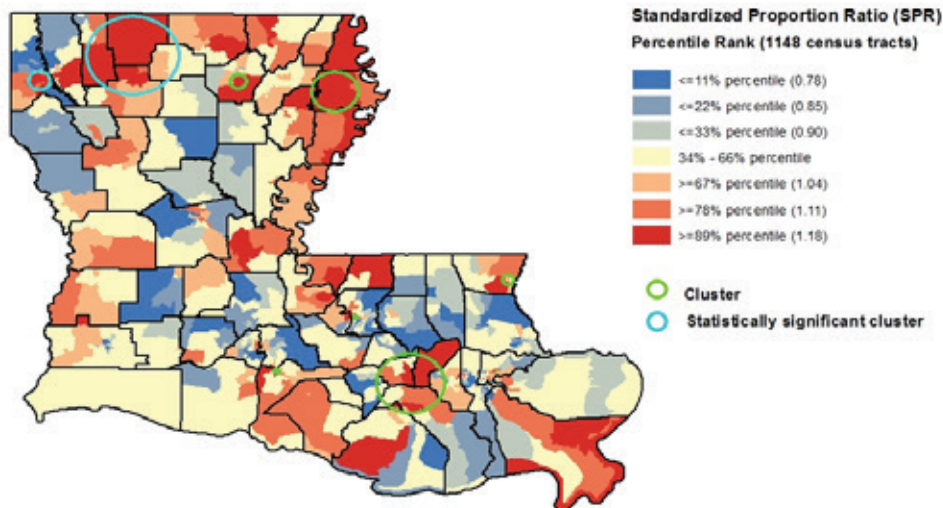
collected now, but would also impact the federal funds that require a match, indirect funding, as well as studies on the HPV vaccine, cervical cancer, prostate cancer, Body Mass Index (BMI), and a comorbidity/hospital study - all of which impact Louisiana disproportionately, due to the state's low health ranking. Staff retention is also becoming an issue, as people can make more money with lower caseloads at other organizations.

LTR is one of the few bright spots in the state's health landscape. Its work is highlighted on a regular basis (published in 200+ peer-reviewed journals in 2015 alone). It is also one of the top registries in the country, winning:

- The Gold Certificate from the North American Association of Central Cancer Registries every year since 1997. In 2012, LTR alone received its 20th Anniversary Research Award.
- 1st place awards for the last 8 years from NCI's SEER program.
- Met all data standards of the CDC-NPCR program every year since 1998.

Louisiana's Breast and Colorectal Cancer "Hot Spots"

Breast Cancer Late-Stage Proportion: Louisiana, 2010-2014
Age 40-74, with SatScan Clusters

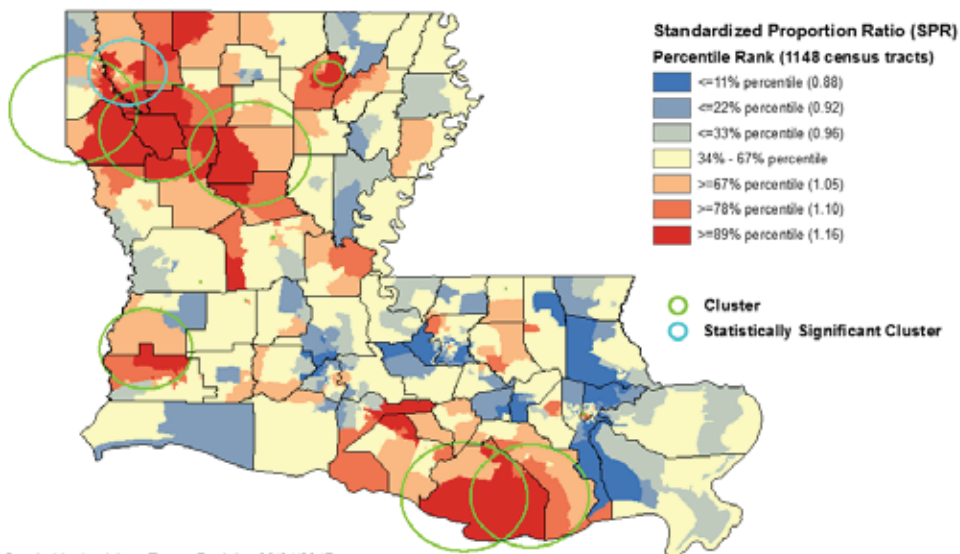


Created by Louisiana Tumor Registry, 05/01/2017.
Late Stage Proportion = (Regional + Distant) / (In Situ + Localized + Regional + Distant + Unstaged)
Standardized Proportion Ratio is calculated as the late-stage proportion among diagnosed patients in the local area relative to the state-wide proportion for a 5-year period. They are age-adjusted according to US standard 2000 population. This map shows the SPRs for 1148 overlapping circular areas centered on the census tract centroids and each area contains around 100 cancer cases and at least 21 late-stage cases. The circles show clusters detected by SaTScan software. Only blue circles are statistically significant at 0.05 level.

One objective in the Louisiana Comprehensive Cancer Control 5-Year Plan is to reduce the number of late-stage cases. This map clearly illustrates good places to start geographically. A few ways to do reduce those numbers include: 1) Work with FQHCs to increase screening; 2) Increase patient navigation services; 3) Get more people enrolled in health insurance/Medicaid; 4) Encourage women to use no-cost mammography, including LBCHP; and more. (See pg. 8 in Plan.)

This map illustrates the colorectal cancer hot spots, with reduction strategies including: 1) Promote screening via media; 2) Get more people enrolled in health insurance/Medicaid; 3) Promote "FIT-First" and Flu-FIT to providers to get patients these annual, low-cost tests; 4) Collaborate with FQHCs to use evidence-based interventions to increase screening rates; 5) Develop open access endoscopy at FQHC medical homes and more. (see pg. 18 in Plan.)

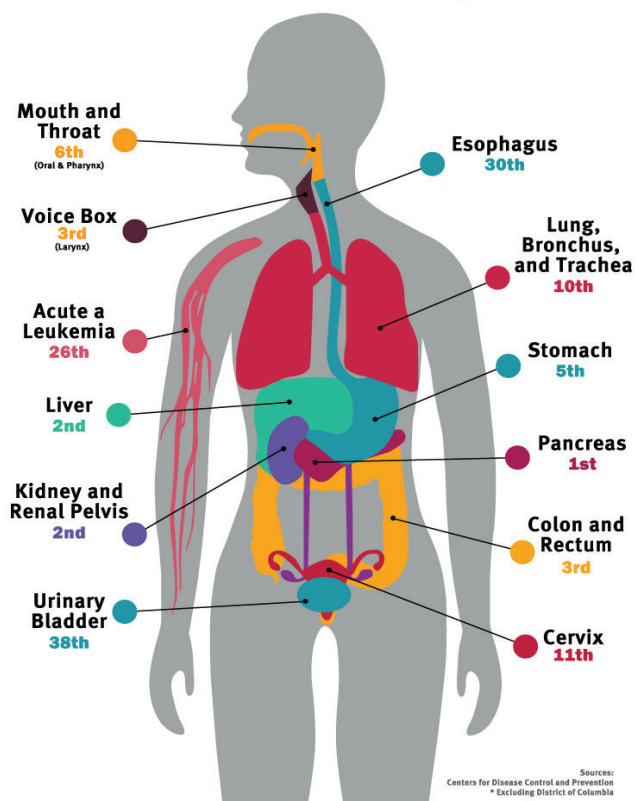
Colorectal Cancer Late-Stage Proportion: Louisiana, 2010-2014
Age 50-74, with SatScan Clusters (n=13)



Created by Louisiana Tumor Registry, 03/01/2017.
Standardized Proportion Ratio is calculated as the late-stage proportion among diagnosed patients in the local area relative to the state-wide proportion for a 5-year period. They are age-adjusted according to US standard 2000 population. This map shows the SPRs for 1148 overlapping circular areas centered on the census tract centroids and each area contains around 100 cancer cases and at least 21 late-stage cases. The circles show clusters detected by SaTScan software. Only blue circles are statistically significant at 0.05 level.

Tobacco and Cancer in Louisiana

Tobacco-Related Cancers & Louisiana Mortality Rates*



Louisiana has the
4th highest
cancer death rate in
the United States.

FIGURE 1. MAP OF TOBACCO-RELATED CANCERS IN THE HUMAN BODY.

Most people know that lung, mouth and throat cancers are related to tobacco. And while tobacco is the most important risk factor for these cancers, specifically lung cancer (which has the highest incidence and mortality rates in the Louisiana and causes about 90% of lung cancer), tobacco also has been shown to raise the risk for a number of other cancers, 12 to be exact, including colon and rectum, liver, and acute myeloid leukemia, a cancer of the blood. Tobacco-related cancers like these create a huge cancer burden for the state, both in terms of death and disease and health care costs. The rate of tobacco-related cancers in Louisiana is 286.1 cases per 100,000, higher than the United States rate of 251.8 per 100,000.

And tobacco use doesn't just affect the individual who smokes, as people exposed to secondhand smoke are vulnerable to death and disease too. One of the best evidence-based tools we have to combat secondhand smoke exposure are comprehensive indoor air quality laws. In Louisiana, the Smokefree Air Act of 2006 protects many employees in their workplaces, but leaves those in bars and casinos behind. Currently, individual municipalities making ordinances are starting to protect these people, but a statewide comprehensive indoor clean air law is the quickest and most effective way to reduce the tobacco-related cancer burden in the state.

Another proven and extremely effective way to reduce tobacco use is an excise tax. According to the Louisiana Tumor Registry, tobacco-related cancers account for 44.6% of all cancers diagnosed in the state. However, despite tobacco-related cancers being significantly higher in the state than the U.S. for the four major race-sex groups, and costing the state approximately \$2.4 billion a year in direct health care costs (that doesn't count the indirect costs, such as higher private health insurance premiums), Louisiana's tobacco excise tax is 34th in the nation at \$1.08 per pack. Before 2016, the tax was \$0.86 per pack.

Tobacco continued ...

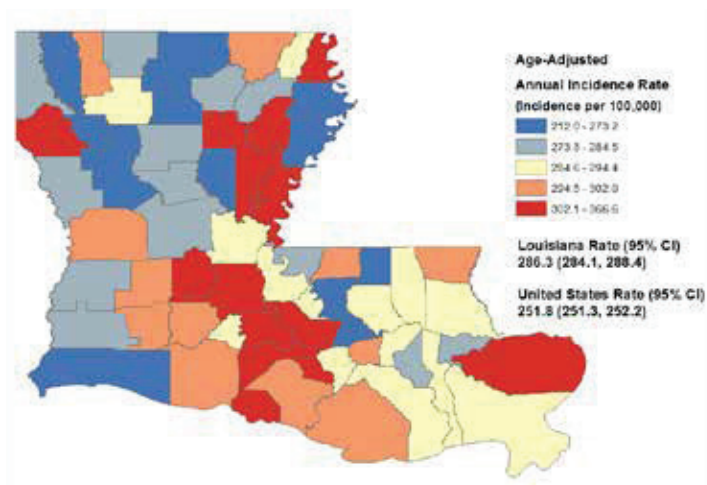


FIGURE 2. MAP OF INCIDENCE RATES OF TOBACCO-RELATED CANCERS BY PARISH IN LOUISIANA FROM 2010-2014, CREATED BY THE LOUISIANA TUMOR REGISTRY ON JANUARY 11TH, 2018.

People also need to be aware of the issues that surround electronic cigarettes, or e-cigarettes. As a new product, the benefits and health costs of the use of e-cigarettes are not yet fully understood, however, the aerosols often still contain cancer-causing chemicals and nicotine, in spite of what the label might say (CDC, 2017a; Goniewicz, et al, 2015; US DHHS, 2016). People also need to know that the use of e-cigarettes by youth has been associated with uptake of traditional cigarettes and other tobacco products, debunking the myth that they help with quitting, at least for that group. The use of flavoring to attract youth, such as blue raspberry and other candy-like tastes, is a similar tactic that resulted in most flavored tobacco products being banned by the FDA to protect youth. No other major US governmental task force or entity to date has recommended or approved of e-cigarettes as a quit smoking aid for any age group (Patnode, 2015). As new information becomes available on this developing topic, the Louisiana Comprehensive Cancer Plan will continue to update this information as needed.

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Obesity and Cancer Risk

As stated by the World Health Organization (WHO), obesity is defined as having abnormal or excessive fat accumulation that may impair health (2018). To determine what is abnormal or excessive, researchers utilize body mass index or BMI. BMIs equal to or greater than 25.0 are considered overweight and those greater than 30.0 are considered obese (Centers for Disease Control and Prevention [CDC], 2016). The disease is further defined by the three-tiered system below:

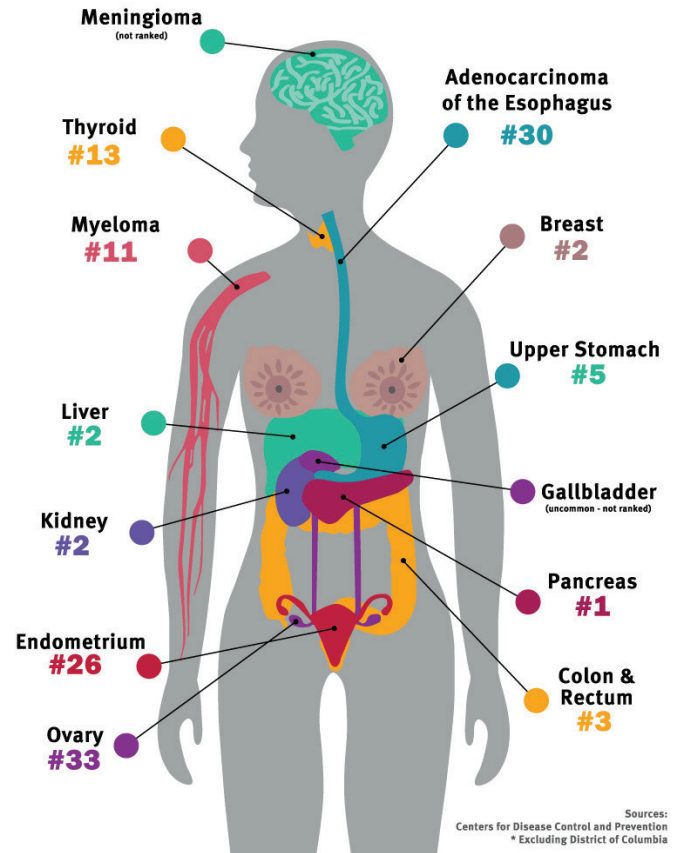
- **Class 1:** BMI of 30 to < 35
- **Class 2:** BMI of 35 to < 40
- **Class 3:** BMI of 40 or higher (CDC, 2016)

Obesity has become an international health concern with presence in both first and third world countries. As recently as 2016, it was estimated that over 1.9 billion adults are overweight and 650 million are obese (WHO).

Beyond growing guts and expanding waistlines, obesity is often accompanied by several comorbidities such as hypertension, type 2 diabetes mellitus, cardiovascular disease, sleep apnea, and even some forms of cancer. Colorectal, endometrial, gallbladder, and post-menopausal breast cancers are some of the most common associated with being overweight or obese (CDC, 2016).

In fiscal terms, obesity has greatly impacted federal, state, and commercial spending over the last decade. From lost productivity to hospitalizations, obesity has cost the United States an estimated \$147 billion per year (Cawley and Meyerhoefer, 2009). Furthermore, healthcare costs for severely or morbidly obese adults (BMI>40) are 81 percent higher than those of healthier adults (Arterburn, Maciejewski & Tsevat, 2005). As one of the largest drivers of preventable chronic disease,

Overweight/Obesity-Related Cancers & Louisiana Mortality Rates*



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FIGURE 1. MAP OF OBESITY-RELATED CANCERS IN THE HUMAN BODY.

it is safe to say that obesity has become a huge problem for Americans.

Focusing on Louisiana, 36.2% of adults and 19.1% of children aged 10-17 are considered obese (The State of Obesity, 2018). Compared to the rest of the country, Louisiana ranks among the heaviest states in the nation—a title it has now held for several years. And while there aren't sizeable differences between its male and female obesity trends, the state's disparities are seen through race, ethnicity, and age.

Obesity continued ...

In 2017, Louisiana reported obesity to be the highest among Non-Hispanic Blacks and Non-Hispanic Whites. These groups were then followed by Hispanics and Asian-Americans. Accounting for age, adults between 45 and 64 had the highest rates of obesity in the state, followed by 26 to 44 year-olds, and finally those aged 18 to 25 (The State of Obesity, 2018). It is also important to recognize adolescent obesity trends as many diseases, such as cancer, develop from lifestyle choices shaped during childhood.

Concerning Louisiana's childhood obesity rankings, we are ranked 4th among 10 to 17 year-olds, 8th among high school students, and 34th among 2-to 4-year-olds participating in the Women, Infants, and Children (WIC) program (The State of Obesity, 2018). With reduced play time, increasingly processed foods, and a lack of available resources to certain demographics, obesity trends are on an upward trajectory among Louisiana's youth.

Thankfully, science has allowed us to better identify the risks and protective factors associated with obesity. As with many other maladies, physical activity and balanced dieting are essential to preventing the disease. Through masterfully crafted policies and programs at the local, state, and federal levels, we have the opportunity to address the epidemic before it grows more dangerous and more costly.

In recent months, the U.S. Department of Health and Human Services (HHS) has updated its guidelines regarding physical activity requirements for children and adults. According to HHS, the recommended amount of physical activity for youth ages 6 to 17 remains 60 minutes each day. For adults, recommended values range from 150 to 300 minutes

per week (Physical Activity Guidelines for Americans, 2018). The guidelines go further into detail defining what is considered moderate to vigorous activity, what types of strength building should supplement cardio and aerobic activities, and what long-term health benefits accompany these actions.

In an effort to follow suit, Louisiana has developed policies at the school, workplace, and community levels to address obesity and its associated risk factors. By assuring that healthy meal options are provided to students, FDA nutritional standards are strictly enforced, and some form of daily physical activity is offered to students, Louisiana has taken the right steps in addressing obesity. Through programs such as the Louisiana Department of Health's Well-Ahead Initiative, organizations are adjusting their daily operations to promote more active and balanced environments for their workers. And finally, through organizations such as the Louisiana Healthy Communities Coalition, focus groups and community members are advocating for causes that promote health and wellness throughout the state such as complete streets with designated biking lanes. These efforts and more are essential to creating the momentum needed to foster the health-conscious policies that produce healthier, more equitable communities.

Ultimately, obesity is a chronic disease that requires much of our attention to prevent and control. Through coordinated efforts between a variety of stakeholders, Louisiana is in the perfect position to foster meaningful and lasting policies that shape the way we live and grow.

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