



Cancer Connection

Comprehensive Cancer Control Update

- The ICC Steering Committee is currently reviewing a draft of the Indiana Cancer Control Plan (ICCP) 2009-13. Once the plan is approved by the steering committee, it will be submitted to the Office of Public Affairs at the Indiana State Department of Health (ISDH). The Indiana Comprehensive Cancer Control Program (ICCCP) staff is working with the American Cancer Society to develop a distribution plan for the ICCP. The date of release is yet to be determined.
- Please save the date—the 2009 ICC Fall Meeting is Tuesday, Nov. 3, from 10 a.m. to 3 p.m. at Bloomington Hospital. The theme of the meeting is *Implementing the ICCP 2009-13*. Meeting objectives include; 1. Gain a greater understanding of the six focus areas of the ICCP 2009-13; 2. Become familiar with key objectives relevant to your current work; and 3. Identify strategies in the plan that you are already implementing or could implement in the future. State Health Commissioner Judy A. Monroe, M.D., is the keynote speaker.
- Sara Edgerton and Keylee Wright will attend a Comprehensive Cancer Control (CCC) Workshop in Atlanta, July 21-22. The CCC workshop focuses on determining the purpose and scope of a resource plan, developing a resource plan, and using a resource plan.
- The ISDH and ICCCP received notification from the Centers for Disease Control and Prevention (CDC) regarding Integrating Colorectal Cancer Screening within Chronic Disease Programs, Funding Opportunity Announcement DP09-903, in May. Indiana's application was approved, but not funded.
- The ICCCP has a tentative, two-day site visit scheduled with the CDC in September.



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ICC Action Team Updates

Clinical Trials Action Team

Chairs: Susan Haithcox and Amy Kwas

Congratulations to the clinical trials action team for passing legislation in the 2009 Indiana General Assembly! The clinical trials legislation, HEA 1382, was signed by Gov. Mitch Daniels on May 7 - making it law. The ICC would like to give a special thanks to the entire clinical trials action team for their collaborative efforts and hard work over the past several months! On May 11, the American Society of Clinical Oncology released a news article about this success. To read the entire article or to learn more about the clinical trials legislation, please refer to Page 3.

For more information about the clinical trials action team, please contact Nikki Davis at nicdavis@isdh.in.gov or 317-234-2887. Information regarding the next clinical trials action team meeting can be found on our Web site at www.indianacancer.org.

Primary Prevention Action Team

Chairs: Doug Schwartzenruber and Erin Wyatt

The primary prevention action team is focused on encouraging primary care practitioners to incorporate educational resources in their practices to promote prevention and early detection of cancer. The group recently finished assembling 3,677 resource guides, which identify valuable brochures on various cancers and healthy lifestyles. Clarian representatives began hand-delivering these educational resources to primary care providers statewide in March.

If you are interested in joining in these efforts, please contact Lindsey Bouza at lbouza@isdh.in.gov or 317-233-7448. The next meeting for the primary prevention action team is on Wednesday, Aug. 5, at 4 p.m. (EDT) via conference call.

Advanced Prostate Cancer Deadlier in Young Men

By: Ed Edelson, HealthDay News, May 22, 2009

Younger men diagnosed with advanced prostate cancer don't live as long as older men facing the same diagnosis, a new study finds.

"Overall, young men with prostate cancer do quite well, although the young men that have more advanced prostate cancers did substantially worse than old men with similar forms of the disease," said Daniel W. Lin, M.D., lead author of a report in the July 1 issue of *Cancer*. "Among men with high-grade and high-stage prostate cancers, younger men are approximately three times more likely to die of prostate cancer than all other age groups."

The finding comes from an analysis of outcomes of 318,774 men listed in a national database of prostate cancer whose diagnosis was made between 1988 and 2003. That analysis also showed that over time, more American men are being diagnosed with prostate cancer at an earlier age, likely because of more intensive screening programs.

"The study results add more doubts about the value of such screening programs," said Otis W. Brawley, M.D., chief medical officer of the American Cancer Society (ACS). "Men with high-grade tumors are less likely to benefit from screening."

But the results drew exactly the opposite reaction from Stephen Freedland, M.D., as associate professor of Urology and Pathology at Duke University. "Really young men, those 35 to 44, have worse cancers," Dr. Freedland said. "This is not a group of men where we typically screen for prostate cancer. The percentage of metastatic disease is higher than for any other group. This is a failure of early diagnosis."

According to Dr. Freedland, the finding thus lends support to the recent recommendation by the American Urological Association that men should have a first screening test for prostate-specific antigen (PSA) at age 40.

The lessons Dr. Lin, who is chief of Urologic Oncology at the University of Washington, drew from the study were not primarily about screening. "This might give some insight into prostate cancer in younger men," Dr. Lin said. "We could identify high-risk cases earlier, and thus enroll those men into clinical trials. With current treatment options limited, this is a call in part for considering clinical trials and ongoing studies of new treatments."

So for physicians treating prostate cancer, "our message is that younger men with high-grade cancers do very poorly, and when you find one, be aware that it should be treated aggressively and with experimental methods if necessary," Dr. Lin said.

PSA screening is now a major issue, with a controversy triggered by two recent reports indicating that routine screening is relatively ineffective at reducing prostate cancer deaths.

Screening recommendations by major organizations vary widely, Dr. Brawley noted, with some groups, including the American Association of Family Physicians, flatly against such programs. The ACS guidelines, which are now under review, call for a physician to discuss, but not necessarily offer, a PSA test with men of normal risk at age 50, and high-risk men at 45.

According to Dr. Brawley, men at higher risk are those with a father or brother who has had the disease, and black men, who are more likely to develop prostate cancer for unknown reasons.

The new study supports the recommendation for earlier screening. "These are men that have 30 to 40 years to live, and will have the most benefit from screening," Dr. Freedland said.

Source: U.S. National Cancer Institute

Upcoming Health Awareness Months and Events

July	UV Safety Awareness Month	
September	Prostate Cancer Awareness Month Childhood Cancer Month Leukemia and Lymphoma Awareness Month Ovarian Cancer Awareness Month Health Literacy Awareness Month Gynecologic Cancer Awareness Month Fruit and Veggies—More Matters Month	Prostate Cancer Awareness Week (Sept. 20-26) Take a Loved One to the Doctor Day (Sept. 22)

State of Indiana Adopts Clinical Trials Coverage Law

On May 7, Gov. Mitch Daniels signed into law HB 1382 requiring health insurers to provide coverage for the routine costs associated with clinical trial participation.

The new law applies to insurers who are regulated by the state of Indiana, along with those participating in the state employee health program and the Medicaid program. The law takes effect July 1.

The coverage applies to phase I, II, III, and IV clinical trials examining methods to prevent, diagnose, or treat cancer. The trial must be approved by one of the following:

- National Institutes of Health (NIH)
- Cooperative group or research facility with a peer review program approved by NIH
- U.S. Food and Drug Administration
- Department of Veterans Affairs
- Department of Defense
- Institutional review board of an Indiana-based institution with federal oversight
- Research entity that meets NIH-grant criteria

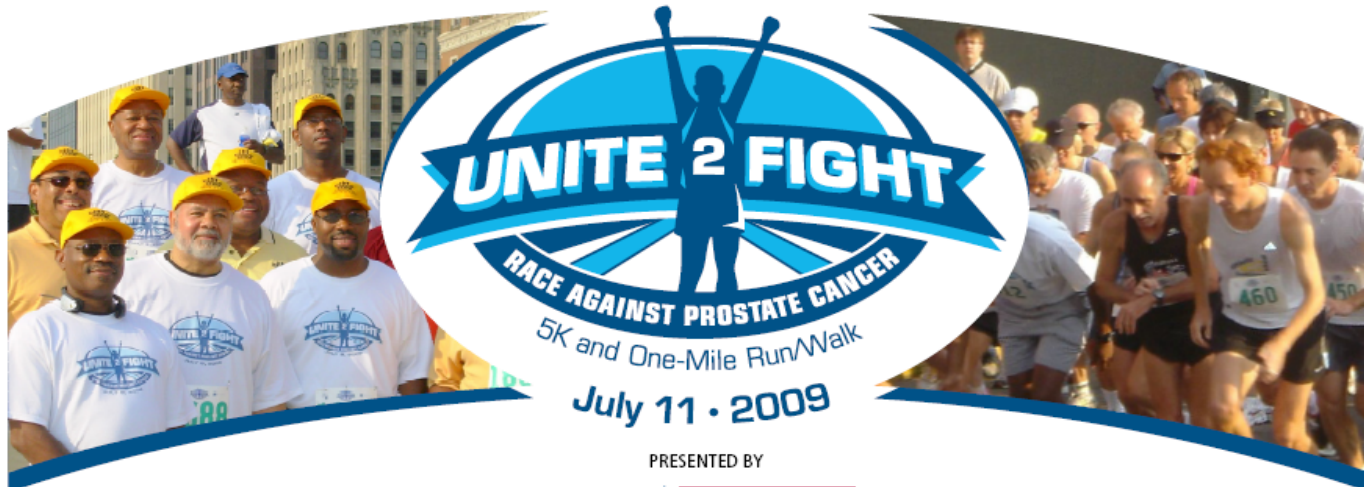
The coverage includes the cost of routine services otherwise provided by the insurer. It does not include research-related costs, such as the drug or device under investigation and items and services provided 1) solely for research purposes; 2) customarily provided free of charge by the trial sponsor; or 3) used solely to determine eligibility for the trial.

The law was adopted due to advocacy efforts of individual researchers and patients, as well as organizations including the Indiana Cancer Consortium, the Northern Indiana Cancer Research Consortium, and the advocacy department and grassroots efforts from the American Cancer Society, Great Lakes Division, Inc.

Indiana becomes the 23rd state to pass a clinical trials coverage requirement. Another three states have cooperative agreements for coverage. Information about the state laws and agreements is on the National Cancer Institute's Web site: www.cancer.gov.

The American Society of Clinical Oncology (ASCO) is working with its state and regional affiliates on legislation under consideration in other states. Additional information is available by contacting ASCO at researchpolicy@asco.org.

Please visit www.indianacancer.org to see this article and other similar articles.



PRESENTED BY



Unite 2 Fight Race Against Prostate Cancer

WHAT: Unite 2 Fight: Race Against Prostate Cancer 5K competitive run, 5K non-competitive run/walk, and Rev. Charles Williams one-mile family-fun walk.

WHEN: Saturday, July 11, 2009

WHERE: Indiana War Memorial
431 North Meridian Street, Indianapolis

Benefits: **Little Red Door Cancer Agency**
www.LittleRedDoor.org

and the **Indiana Cancer Research Foundation**
www.Indianacancer.com

WHY: To make the most of life, and the least of prostate cancer in our Central Indiana community - through education, patient services, screening and detection, and research to find a cure for this deadly disease.

CO-CHAIRS: Bob Moeder, President, Kroger Central Division
David Gadis, President, Veolia Water Indianapolis, LLC

REGISTER: Registration Types

- Individual: \$25
- Team-member: \$20
- Child -\$5 (Age 8 and under)

REGISTRATION METHODS

- Register Online: www.UniteRace.org
- Register by Mail: Download registration form from website, or call 317-925-5595 to have one sent to you.

REGISTRATION CUTOFF DATES:

- Team registrations submitted by June 19
- Individual paper registrations postmarked by July 3
- Individual online registrations completed by July 9
- Registration available on race day for \$30. (T-shirts not guaranteed.)

FOR MORE INFO, PLEASE CONTACT:

Jami Graves
Little Red Door Cancer Agency
317-925-5595 ext. 336
jgraves@littlereddoor.org

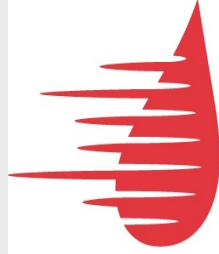
Sarah Andrews
Indiana Cancer Research Foundation
317-915-5648
sarah.andrews@usoncology.com



Member Spotlight

The Leukemia and Lymphoma Society: Positively Impacting Patients' Lives

The Leukemia & Lymphoma Society (LLS) is the world's largest voluntary health organization with 68 chapters in the U.S. and Canada. Since its founding in 1949, LLS has contributed more than \$600 million to blood cancer research. While that research is ongoing, LLS's mission remains the same: to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and improve the quality of life of patients and their families.



**The Leukemia &
Lymphoma Society®**

Fighting Blood Cancers

The latter part of LLS's mission is carried out by the variety of services available to patients and their families. Monthly, professionally-facilitated family support groups are offered in Indianapolis, Ft. Wayne, Munster, and South Bend. For those not interested in a support group, LLS also offers patients (undergoing treatment) and their family members the opportunity to be matched with a trained volunteer with the same diagnosis who is at least one year post-treatment. This program, called First Connection, is designed for the volunteer to call the patient, offer his/her perspective about the treatment process, and answer any of the patient's questions.

In addition to the programs that provide emotional support, LLS offers concrete assistance. The Patient Financial Aid Program provides patients who verify they are in active treatment \$150 per year. Last year, approximately 21,000 patients across the country received assistance through this program. In addition to the local Patient Financial Aid Program, patients and families who meet income and insurance guidelines might qualify for the Co-pay Assistance Program. This program, which pays the patient's healthcare provider directly, is designed to help pay health insurance premiums and treatment-related expenses with a cap of \$5,000 per year.

LLS's ability to offer these services comes from individual donations, as well as a variety of organized fundraising opportunities, the largest of which is Team in Training® (TNT). Participants register for an endurance event from a selection of some of the country's finest events (running or walking a marathon or half-marathon, cycling 100 miles, or completing a triathlon) and fundraise on behalf of LLS. In return, they receive professional coaching, group training sessions, a training schedule, and clinics about nutrition, equipment, and injury prevention. Another popular LLS fundraising opportunity, Pennies for Patients®, gets children involved so they learn the value of helping others at a young age. When a school enrolls in the program, LLS provides program materials to help motivate students to collect and donate spare change. Winning schools are awarded with prizes and the satisfaction of knowing they are making a difference in the lives of patients with blood cancer. Finally, LLS's annual Light The Night® Walk, held nationally and in various locations throughout Indiana, is a perfect way to enjoy the cooler fall temperatures while bringing awareness to blood cancer. Individual participants or teams carry illuminated balloons; white for survivors, red for supporters, and gold for those walking in memory of a loved one throughout the two-mile walk. Complete with activities and food, the evening instills in participants that a cure for blood cancer is attainable and was demonstrated when the walks in Indiana raised over \$850,000 in 2008.

LLS is able to advance its mission through these fundraising efforts. Should you have questions about any of the services LLS offers or wish to become involved in a fundraising campaign, please call 800-846-7764 or visit www.lls.org/in.

Ovarian Cancer Awareness

Ovar'coming Together Helps in the Fight Against Cancer

Facts, Figures, and Symptoms

Ovarian cancer is the deadliest of the gynecological cancers, occurring in one of 67 women. Each year in the U.S., 22,000 women are diagnosed with the disease, and over 15,000 women die from it. Contrary to what many believe, a Pap smear *does not* detect ovarian cancer. In fact, there are no reliable screening tests for ovarian cancer, and the symptoms for the disease are often vague and easily confused with other illnesses. In 2007, the Gynecologic Cancer Foundation, the Society of Gynecologic Oncologists, and the American Cancer Society, with significant support from the Ovarian Cancer National Alliance, formed a consensus statement regarding the symptoms of ovarian cancer. It stands as saying:

Historically ovarian cancer was called the “silent killer” because symptoms were not thought to develop until the chance of cure was poor. However, recent studies have shown this term is untrue and the following symptoms are much more likely to occur in women with ovarian cancer than women in the general population. These symptoms include:

- **Bloating**
- **Pelvic or abdominal pain**
- **Difficulty eating or feeling full quickly**
- **Urinary symptoms (urgency or frequency)**

Women with ovarian cancer report that symptoms are persistent and represent a change from normal for their bodies. The frequency and/or number of such symptoms are key factors in the diagnosis of ovarian cancer. Several studies show that even early stage ovarian cancer can produce these symptoms. Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist. Prompt medical evaluation may lead to detection at the earliest possible stage of the disease. Early stage diagnosis is associated with an improved prognosis.

Several other symptoms have been commonly reported by women with ovarian cancer. These symptoms include fatigue, indigestion, back pain, pain with intercourse, constipation, and menstrual irregularities. However, these other symptoms are not as useful in identifying ovarian cancer because they are also found in equal frequency in women in the general population who do not have ovarian cancer.

Early Detection

While every woman experiences the identified symptoms of ovarian cancer from time to time, it is important that each woman know her own body and know when something is not right. *Early detection can save lives.* If a woman suffers the above-mentioned symptoms for more than two to three weeks and they have no clear cause, she should request the following from her physician:

- **Pelvic / Rectal Exam**
- **Vaginal Ultrasound**
- **CA 125 Blood Test**
- **Referral to a Gynecological Oncologist (a physician who specializes in cancers of the reproductive system)**

Ovar'coming Together's Mission and Vision

Ovar'coming Together's vision is to reduce the number of women who die from ovarian cancer by increasing the occurrence of early detection. The organization accomplishes this via its three-fold mission of:

- Creating awareness among women and the greater community regarding early warning signs that may be indicative of ovarian cancer;
- Providing resources for support, networking, and education for women diagnosed with ovarian cancer and their caregivers; and
- Supporting the advancement of research for early detection and finding cure for ovarian cancer.

Ovar'coming Together carries out its mission through the following activities and programs:

- **Distribution of Educational Literature**
- **Representation at Community Health Fairs**
- **HOPE Packets** (for newly diagnosed ovarian cancer patients)
- **Quarterly Educational Meetings**
- **Research Grant Funding**
- **Speaker's Bureau**
- **“Survivors Teaching Students”**
- **Monthly Survivor Networking/Support Group**
- **Annual Public Awareness Events**
- **Annual Survivors' Luncheon**
- **Monthly Survivor Networking and Fellowship Outings**

Please contact Ovar'coming Together at 317-925-6643 or visit it on the Web at www.ovariancancerIN.org.

Family-Based Interventions (The FOCUS Program) for Men with Prostate Cancer and their Spouses/Partners

A Best Practice Intervention



The need: Prostate cancer is the most common cancer among men, accounting for 33 percent of all cancers diagnosed in American males. Available treatments for this form of cancer often have devastating side effects that can negatively impact the patient's quality of life. Side effects may include erectile dysfunction, urinary incontinence, bowel dysfunction, fatigue, hot flashes, and loss of muscle mass. The quality of life of spouses/partners, who are most likely to be the primary caregiver, is also affected by the illness. Research has shown that spouses of men with prostate cancer report feeling emotionally distressed and have problems with fatigue, tension, and decreases in their own sexual interest. Spouses' emotional distress may be attributed to their feelings of uncertainty, low self-efficacy in managing the effects of the illness, communication problems with their partner, and insufficient support from others. Research also has shown that spouses often display greater levels of distress than their husbands.

The program: The FOCUS Program is a couples-based intervention designed to help improve the quality of life for men with prostate cancer and their spouses/partners during all phases of the illness. This is accomplished by providing the couples with information and support through home visits and telephone counseling sessions conducted by trained nurses. Several core components are covered by the FOCUS Program: family involvement, optimistic attitude, coping effectiveness, uncertainty reduction, and symptom management.

Time required: The FOCUS Program includes 40 hours of training for master's-level nurses who administer the program to prostate cancer patients and their spouses. Nurses were required to view a training video and shadow experienced nurses before taking their own caseload. The intervention itself consists of three structured 90-minute home visits and two 30-minute telephone sessions that occur between home visits. Sessions take place over a 4-month period, and both the patient and spouse/partner are required to attend each of the sessions together.

Intended audience: The primary audience for the FOCUS Program is men with prostate cancer and their spouses/partners.

Suitable settings: The FOCUS Program is designed to be administered in patients' homes and by telephone. Patients may be recruited through medical establishments treating men with prostate cancer, such as surgery, radiation, and medical oncology clinics.

About the study: The sample consisted of 263 dyads, composed of patients with prostate cancer and their spouses, who were recruited from three large cancer centers in the Midwest. Patients were eligible if they were in one of three phases of illness: newly diagnosed, biochemical recurrence, or advanced. In addition, they had to be 30 years of age or older, have a life expectancy of at least 12 months, have a spouse or cohabitating partner, and live within 75 miles of the participating cancer centers. Spouses or partners were eligible if they were 21 years of age or older, were identified by the patients as their primary caregiver, and had not been diagnosed with cancer within the prior year.

Patients were stratified by treatment center, phase of illness, and type of treatment, then randomized into control or experimental treatment groups along with their spouses. A team of master's-level nurses delivered the intervention and another team of nurses, who were blinded to group assignment, were responsible for data collection. Control group couples received standard clinic care, while those in the experimental group received standard clinic care plus the FOCUS Program, which consisted of three 90-minute home visits and two 30-minute telephone sessions with a master's-level nurse.

Results indicated: Effects of the FOCUS Program on Uncertainty

-Among patients, mean scores for uncertainty at 4-month follow-up were 56.9 for the intervention group and 60 for the control group ($p < .05$). The range of scores was 28 to 140 for uncertainty. There were no significant differences between intervention and control group patients at 8 or 12-month follow-up.

Effects of the FOCUS Program on Communication With Patient/Partner

-Among patients, mean scores for communication with spouse/partner at 4-month follow-up were 3.90 for the intervention group and 3.69 for the control group ($p < .05$). Intervention and control group patients' communication scores were not significantly different at the 8 or 12-month follow-up.

For complete program details, please visit the National Cancer Institute Research Tested Interventions Programs. <http://rtips.cancer.gov/rtips/programDetails.do?programId=264649&topicId=102265&cgId=>

UV Safety Awareness Resources

The sun's rays, also called ultraviolet or UV rays, are damaging to the skin. The short-term results of unprotected exposure to UV rays are sunburn and tanning. Long-term exposure is known to possibly cause early wrinkles, loss of skin elasticity, dark patches, and skin cancer. Since July is UV Safety Month, encourage your loved ones and patients to visit the following Web sites to learn more about how to protect the skin from harmful UV radiation and to reduce the risk of skin cancer and other skin problems.

1. Visit www.familydoctor.org to learn what to do to reduce the risk of skin cancer. On this site, one will find [safe-sun guidelines](#) that include simple and effective ways for reducing overexposure to UV rays. Remind your loved ones that when found early, skin cancer may be cured. Read [Saving Your Skin](#) for more information on prevention, skin self-examination, and the "ABCDE" rule, which can help look for signs of skin cancer. Information in Spanish is available on this site.
2. Visit <http://www.epa.gov/sunwise/>: EPA SunWise – Too much exposure to UV radiation may cause many health problems. This Web site offers movies, news releases, UV alerts, and other interactive tools to help teach the public about sun safety.
3. Visit <http://www.nsc.org/ehc/sunSAFE.html>: National Safety Council – One in five Americans develop skin cancer. But this condition may be prevented. The National Safety Council Web site offers resources to help you teach children about sun safety. This site provides fact sheets and educational outreach programs to parents, teachers, and others nationwide.
4. Visit http://www.cancer.org/docroot/lrn/lrn_0.asp: American Cancer Society (ACS) – Melanoma is the most serious form of skin cancer and may be fatal. The ACS estimates that, each year, more than 60,000 people are diagnosed with melanoma. Besides skin cancer, the sun's UV radiation also increases the risk of cataracts and other eye problems, and can suppress the immune system. Visit the ACS Web site to learn more about UV radiation, its effects, and ways to reduce risk of overexposure.
5. Visit http://www.cpc.ncep.noaa.gov/products/stratosphere/uv_index/uv_current.shtml: Climate Prediction Center – This Web site shows the daily UV index to increase awareness of the damaging potential of UV radiation. A color-coded UV index map of the U.S. shows where UV exposure is highest and lowest. This site is updated daily.
6. Visit <http://www.who.int/uv/en/>: World Health Organization – In collaboration with the United Nations, the World Health Organization set up INTERSUN, a Global UV international project that aims “to reduce the burden of disease resulting from overexposure to UV radiation.” This Web site features practical advice for reducing risk of UV overexposure and many links to organizations around the world that are collaborating on the project.

For more information, please visit www.indianacancer.org.

Indiana Prostate Cancer Initiative

The Indiana Prostate Cancer Initiative (IPCI) is happy to announce that it will be a bronze sponsor of the 2009 Unite 2 Fight race. For more information about the race, please see Page 4 or go to www.uniterace.org/raceinfo.htm.

IPCI will be participating in the Indiana Black Expo Minority Health Fair, July 16-19. The theme of this year's health fair is *Health Change Does a Body Good*. This event offers over \$1,000 worth of health screenings (including breast exams and PSAs) and education to assist with important health decisions in day-to-day life.

The IPCI, in conjunction with the American Cancer Society Body & Soul program, will be hosting its first *Men's Fellowship Summit*. This event is tentatively scheduled for Saturday, Sept. 19. The purpose of this event is to educate Indiana men on the correlation between healthy lifestyle and male-specific cancers, as well as the risks and benefits of cancer screenings, specifically prostate cancer screening. The invitation for attendance will be sent to various community-based organizations, churches and health organizations.

For more information, please visit www.indianacancer.org.

Surviving Prostate Cancer by David Caldwell



I was diagnosed with prostate cancer in September of 1999. At the time, I didn't know any men who had survived prostate cancer. My reaction to the news was a sentence of death, until I met the surgeon who consented to do my surgery. He treated my diagnosis as a bump in the road that needed addressed so I could continue on with the rest of my life.

My experience with cancer has been positive, except for the week just after the diagnosis when I shed a lot of tears. Michael O. Koch, M.D., professor and head of Urology at the IU School of Medicine, and a study by the IU School of Nursing were both very instrumental in helping me realize I would become a cancer survivor.

Cancer doesn't automatically mean a terminal diagnosis. You must be vigilant in seeking help from others and taking care of yourself. Taking care of yourself means being screened on a regular basis, being aware of unusual symptoms, and living a healthy lifestyle.

Seek the best expertise you can find in the area of treatment you need. Don't be reluctant to seek a second opinion. As one of my nurses said to me, 'It's your body and you need to take care of it and be responsible to do what makes your life as good as it can be.'

Cancer has increased my awareness of the great possibilities life has to offer and made me much more aware of the things that I am capable of doing. It has also made me intolerant of petty arguments and differences that seem to make so many people thrive.

I now volunteer to help other people and I am much more aware of the needs of others. I also do things like running marathons to show others that cancer is survivable if you are aggressive in taking care of yourself.

Event Calendar



July 11	Unite 2 Fight: Race Against Prostate Cancer - Indianapolis
July 15	Women's Papathon - Saint Joseph Medical Group - South Bend area
July 17-20	Indiana Black Expo Health Fair - Various health screenings available to the general public; participants can also provide a blood sample to help with studies for prostate and breast cancer - Indianapolis
July 23	Building Healthier Communities Tea Party: Help Fight the Battle Against Cancer - Ft. Wayne
August 1-2	ACS Relay for Life—Downtown Indianapolis
August 5	Prostate Cancer Forum - Indianapolis
August 8-29	Certified in Public Health (CPH) Exam - www.publichealthexam.org
August 29	Helping Her Heal Charity Polo Match - Whitestown
September 19	Men's Health Summit - Indianapolis
September 30-October 2	Comprehensive Breast Centers of Excellence - Baltimore, MD

ICC Committees

The ICC action teams and coordinating committees work to enhance the capacity of the ICC, its member organizations, and other concerned individuals and organizations by focusing on specific cancer-related priorities in Indiana. For more information on how to participate in any of the following committees, please contact us at admin@indianacancer.org. ICC meetings for the coordinating committees, as well as the action teams, are now posted on the ICC Web site. Please visit www.indianacancer.org for the most up-to-date calendar information.

Advocacy Committee

Chair: Jerry King

The advocacy committee works to articulate and advocate for ICC priority cancer-related public policy issues.

Prostate Cancer Coordinating Committee

Chair: David Caldwell

The prostate cancer coordinating committee is determined to educate Hoosier men on the importance of regular check-ups and communication with their doctors to determine their need for prostate cancer screening.

Quality of Life Coordinating Committee

Chairs: Jane Berby-Todd and Adrienne May

The quality of life coordinating committee is working to improve the understanding of pain management and breast cancer survivorship.

Data Committee

Chair: Elizabeth Hamilton-Byrd

The data committee supports the action teams and committees within the ICC and focuses on increasing the quantity, quality, and availability of complete and timely cancer-related data.

ICC Membership

The ICC is composed of public, private, and voluntary organizations. ICC membership is open to all organizations interested in cancer prevention, early detection, treatment, promoting quality of life, accessing cancer-related data, or advocating for change regarding cancer issues. The ICC is an action-oriented organization. To meet the goal of reducing the cancer burden in Indiana, member organizations make a commitment to collaborate together to implement specific strategies identified in the Indiana Cancer Control Plan.

Benefits of ICC Membership include:

- networking and collaboration with other organizations committed to cancer control in Indiana,
- participation in statewide efforts to make a difference in cancer care and outcomes, and
- professional education and information.

To become an ICC member, complete a membership application located at www.indianacancer.org. The registration application can be completed online or downloaded in PDF format. Please complete the form and fax or mail to the number or address shown on the application. New members will receive confirmation upon receipt of registration and should begin receiving ICC updates and other news of interest immediately.