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Comprehensive Cancer Control

- The ICC is hosting its annual meeting on Thursday, May 19, from 10 a.m. to 3 p.m. at Joseph E. Walther Hall, IUPUI, in Indianapolis. The focus of this year's meeting is using evidence based public health policy to prevent and control cancer. Members will also be recognized for their contributions to cancer control. Meeting registration is free and open through Friday, May 13. Space is limited. Please go to <http://iccanualmeeting2011.eventbrite.com/> to register.
- The ICC Twitter account already has over 50 followers! Follow @IN_Cancer on Twitter and receive daily cancer control and prevention news, health tips, cancer statistics, cancer-related events happening throughout the state, and much more. Go to Page 3 for more ways to connect with the ICC.
- The ICC is addressing the cancer burden at the local level and expanding implementation of the Indiana Cancer Control Plan through the development of the Public Health District 6 cancer control coalition. Becky Butts, The Cancer Center at IU Ball Memorial Hospital, is leading this effort. The next meeting is Tuesday, June 21, from 10 a.m. to noon at the IU Ball Memorial Hospital in Muncie. If you'd like more information, please contact Keylee Wright at kwright@isdh.in.gov.
- The Indiana Comprehensive Cancer Control Program (ICCCP) partnered with the Office of Primary Care at the Indiana State Department of Health and the Indiana Rural Health Association on a media campaign to increase awareness of colorectal cancer and the importance of screening in the state's area of greatest need: Scott County. Scott County has the highest colorectal cancer incidence and mortality rates in Indiana. Using materials from the Centers for Disease Control and Prevention's (CDC) "Screen for Life: National Colorectal Cancer Awareness Action Campaign," TV, radio, and print public service announcements ran from March 6 through April 2. The partners kicked off the campaign with a media event at Scott Memorial Hospital in Scottsburg on Tuesday, March 8. First Lady Cheri Daniels and State Health Commissioner Gregory Larkin, M.D., as well as local leadership, participated. See Page 5 for more information.
- The ICCCP welcomed its newest team member, Caleb Levell, on Feb. 14. As the Cancer Coalition Coordinator, he oversees ICC communications (specifically social media) and assists with event planning.
- Two members of the ICCCP will present posters at the CDC's National Comprehensive Cancer Control Program's Program Directors' Business Meeting, May 3-5, in Atlanta. Teasa Thompson, Cancer Control Coordinator, will share successes and lessons-learned from the ICC's Quality of Life Action Team's End of Life seminars. Keylee Wright, Program Director, will share information related to the ICCCP's collaborative efforts to increase awareness of colorectal cancer and the importance of screening in Scott County.



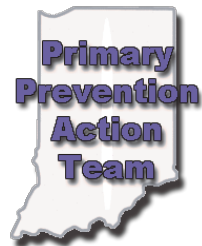


The breast and cervical cancer committee had its first meeting on Jan. 20, 2011. The committee decided to focus its efforts on implementing the following objectives from the Indiana Cancer Control Plan 2010-2014:

- Increase the percentage of women aged 40 and older who receive annual breast cancer screening
- Increase the percentage of women aged 18 and older who have had a Pap smear in the last three years
- Reduce barriers to screenings and diagnostic services for disparate populations
- Minimize barriers and increase access for cancer patients to receive evidence based treatment services and appropriate follow-up in the state of Indiana
- Increase access to resources for cancer survivors

One of the first official projects for the committee will be phase two of a three-phase project funded through an award from Merck. Phase one included researching evidence based intervention strategies. The committee will work on phase two, which is to pilot a cervical cancer screening intervention using at least one of the researched strategies. The target population is minority women.

The committee also chose to support a policy consideration to extend Medicaid coverage of the HPV vaccine to include males and women 21-29. The existing policy only covers females 19-20.



The primary prevention action team completed its project with the Ball State University (BSU) Building Better Communities Fellows. The project included the development, implementation, and evaluation of a communications campaign to increase awareness of the importance of physical activity for health promotion and disease prevention for students.

Campaign materials include:

Newsletter – Six newsletters featuring physical activities and a variety of sports, created to keep the students interested in physical activity and logging their physical activity levels consistently throughout the duration of the campaign. The content is also directed toward the students' at-home supervisors (parents, grandparents, relatives, etc.), ideally for additional support, participation, and accountability.

Posters – Posters were designed and distributed to participating schools. The “Bust-a-Move” posters are themed for sedentary vs. active movements. The promotional materials also emphasize the number of calories each “Bust-a-Move” activity burns.

Table tents – A number of themed table tents feature active words and sport-related or dynamic imagery, designed to be delivered in the “Bust-a-Move” promotional packets. The BSU students hope these materials will serve as a reminder of active lifestyles and healthy nutritional choices during mealtimes at school.

Logbooks – To maintain accountability in the program and to possibly provide incentives for positive student performances (although, the BSU team has stepped away from a purely incentive-based model), the BSU students put together thorough logbooks featuring not only easy data entry charts, but also healthy eating alternatives and at-home exercise solutions.

The focus, goals, and priorities of the primary prevention action team will be revisited at the June 14 meeting. However, a number of ideas were discussed at the March 1 meeting:

- Create a toolkit from the “Bust-A-Move” campaign to be made available via the ICC website
- Review the state’s dietary guidelines and obesity measures
- Support legislation for Farm to School programs
- Start a dialog on healthcare reform promoting educational events (videoconferences, workshops, seminars, etc.) with an added focus on primary prevention and general cancer care
- Provide screening education for breast and colorectal cancer in African-American communities



The quality of life action team hosted its second regional End of Life seminar, on Thursday, April 28, from noon to 4 p.m. at Schneck Medical Center in Seymour.

The free seminar, entitled “Debunking the Hospice Myth: Crucial Conversations,” featured a full-length simulation from Indiana University Health on the topic of End of Life. The seminar also included a presentation led by Hospice of South Central Indiana staff members Ben Ranck, M.D. and Lisa McHone, N.P., and a number of small group discussions. David Dollens, M.D., Dolores Olivarez, M.D., and Donna Butler, M.S.N., A.N.P.-B.C., O.C.N., A.C.H.P.N., F.A.A.P.M., led the small group discussions. CME, CEU, and CEH credits were offered to those who attended the seminar.

Congratulations to the action team on another successful seminar! Special thanks to Bristol-Myers Squibb Oncology for providing lunch and Schneck Medical Center for hosting the event.

The quality of life action team is shifting its focus to preparing a proposal for a mini-grant program to occur next fiscal year, July 1, 2011 through June 30, 2012. Grantees of the program will be awarded up to \$1,000 to implement workshops similar to the End of Life seminar series developed by the action team. A workgroup has been established to complete the proposal prior to the end of the fiscal year.



The data committee is in the process of developing the Indiana Cancer Facts & Figures 2011, a collaborative effort from the American Cancer Society, the Indiana State Department of Health, and the ICC. The report, which will be released in early summer 2011, will focus on the top burden cancers in Indiana. Additionally, the report will address:

- Overall burden of cancer in Indiana
- ICC’s policy efforts to reduce Indiana’s cancer burden
- Common questions about cancer
- Cancer screening information
- Cancer health disparities
- Special sections on breast, cervical prostate, colon and rectum, lung and bronchus, melanoma/skin, and pediatric cancers

The data committee will also continue to provide articles through October 2011 for the Indiana Epidemiology Newsletter. You can find the Indiana Epidemiology Newsletter on the Indiana State Department of Health website at <http://www.in.gov/isdh/>:

- “Cervical Cancer” - November/December 2010
- “Cancer Morality” - September/October 2010
- “Indiana State Cancer Registry: The Data Source” - July/August 2010
- “Indiana State Cancer Registry: For All Your Cancer Data Needs” - May/June 2010



The prostate cancer coordinating committee is planning for the implementation of the BarberShop Initiative, a program that will address objectives outlined in the Indiana Cancer Control Plan 2010 – 2014.

This initiative is a joint effort from The Purdue Center for Cancer Research, ICC, and The Prostate Net. The proposed launch will be June 2011 in Marion County.

The BarberShop Initiative addresses the lack of readily available, understandable and accurate cancer-related information in areas with significant minority populations in a sensitive and culturally acceptable manner. Local barbers from affected service areas with high prostate cancer incidence and mortality will be recruited and trained to function as lay health educators and patient navigators who motivate their constituencies to get screened and treated for prostate cancer utilizing an informed decision-making health care message.



2011 Communication Expansion Plan

In 2011, the ICC is dedicated to increasing our reach as well as our impact. This means you can expect committed outreach, thorough and up-to-date news and committee information, and a new focus on value-oriented content generation from the ICC. Throughout the year, the ICC will utilize a number of technologies that will aid coalition collaboration and communication. In the end, we hope these efforts will create a more connected, transparent, and self-sufficient coalition that can efficiently share information and resources to implement the Indiana Cancer Control Plan 2010-2014.

Are You An ICC Member Yet?

The ICC is always striving to expand the scope of resources, partnerships, and perspective needed to properly implement and evaluate the Indiana Cancer Control Plan 2010-2014. Help the ICC grow by becoming a member and then sharing the ICC vision with your friends, family, and colleagues. Best of all, membership is FREE and only takes a few minutes to complete! Click the box to the left and navigate to the membership form.

Socialize with the ICC

How can you stay connected with the ICC?

Like us on Facebook ([facebook.com/IndianaCancer](https://www.facebook.com/IndianaCancer))

Follow us on Twitter ([@IN_Cancer](https://twitter.com/IN_Cancer))

Follow us on Jumo (jumo.com/IndianaCancerConsortium)

Subscribe to our weekly email list

Visit the ICC Website (indianacancer.org)



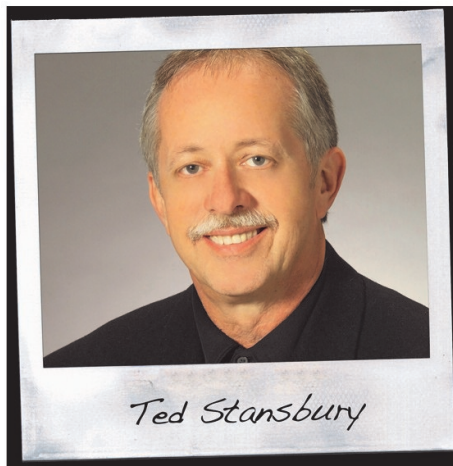
Ted Stansbury

Thymoma (Small Cell Cancer)

In June of 2002, after a routine physical, I received notification that a mass had been discovered in my left lung. These results were confirmed after re-examining the X-ray and undergoing a CT scan. I was referred to a pulmonary doctor for further evaluation. During this appointment, I was told the mass was certainly something to be concerned with, but nothing could be determined without a biopsy.

I agreed the biopsy was necessary, but asked for the doctor's "best guess" as to what the mass might be. The doctor declined to speculate until I asked the fourth time. He proceeded to tell me, 'It's only a guess, but in my opinion, it appears you have stage 4 small cell lung cancer, it's attached to your aorta, and is inoperable.' He added, 'My best guess is you have three to six months to live.'

A few minutes later, my wife and I left his office. I stopped her in the hallway and asked who the doctor was talking about with three months to live. I asked, "It isn't me, is it?" Because she couldn't speak, she took my hands, looked up at me, and with tears in her eyes, just shook her head yes. The news that I actually had cancer threw me into denial almost as soon as I heard it.



Over the next few days, I found I could do nothing to replace the certainty that I was going to die. The idea that the doctor had simply hypothesized completely left my mind. I couldn't eat or sleep. Talking with friends or family didn't eliminate the fear. I was certain my life was going to end and nothing could be done.

Within two weeks of the mass being discovered, I found myself at the IU Simon Cancer Center. The oncologist who first met with me gave me a list of several things the tumor might be. His best guess was that it was a thymoma. Thymoma is a rare tumor of the thymus gland, which is a small organ that lies under the breastbone and is part of the immune system.

He arranged for the biopsy to be performed the next day. After three unsuccessful attempts to identify what was growing in my chest, an operation was scheduled. Ten days later, after the operation was completed, I was told I had a stage 2 thymoma. The thymoma was removed and all outer margins were clear of any cancer cells.

It's now been seven years, and I'm still cancer free!

During the pre-operation days, I found that my life was changing in a dramatic fashion. Things that had been important to me before now held little meaning. Other things I had taken for granted, now became the most important in my life. That continues to be true today.

Finding you have cancer is certainly frightening. It brings us to face the idea that we are mortal. Cancer forces us to make decisions we hope we'll never have to make. A cancer diagnosis changes your life, for better or worse, forever.

Fortunately, for me, I've been blessed by my experience. I believe I'm a better person for it. I know I can now face whatever struggles I may encounter. The most positive effect is I'm now committed to helping find a cure for this most dreaded disease. What's most therapeutic for me is sharing my story with groups of people who are also dedicated to finding a cure. Each time I relate my experience, I heal a little more.

I believe there are many people who help cancer survivors get through the most difficult times of their

lives. For me, my wife was a source of strength every day. She was the one who told me to keep fighting, not to lose hope, and that we would beat this terrible disease together. She was truly an inspiration. Another person who encouraged me so often was my oncologist, Pat Loehrer, M.D. His support during the post-op period was, without question, inspiring. He is also the person who asked me to share my story with others and to become involved in the fight to find a cure. He changed my life in such a positive way - I can never repay him.

As we all are aware, everyone is touched by cancer. It is such a far reaching disease that we cannot find a single person whose life has not been impacted. My advice to all is to get involved. We need each and every person dedicated to finding a cure.

For all who may find themselves being treated for cancer, my best advice is Jim Volvano's statement, "Don't give up; don't ever give up."

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Early Detection

Screening for Colorectal Cancer Saves Lives

News Release from IndianaCancer.org - March 8

In March, National Colorectal Cancer Awareness Month, the Indiana Comprehensive Cancer Control Program and the Office of Primary Care partnered with the Indiana Rural Health Association to launch a statewide effort to encourage adults 50 and older to get screened. As part of this effort, the Indiana State Department of Health ran a media campaign in Scott County with television, radio, and print public service announcements produced by the Centers for Disease Control and Prevention's (CDC) "Screen for Life: National Colorectal Cancer Awareness Action Campaign."



Scott Memorial Hospital President Clifford Nay and First Lady Cheri Daniels

The ICC was well represented at a media event at Scott Memorial Hospital in Scottsburg on March 8. The event focused on educating men and women aged 50 and older on the importance of getting screened for colorectal cancer. First Lady Cheri Daniels and State Health Commissioner Gregory Larkin, M.D., were joined by local leaders in Scott County at the event.

Scott County has the highest incidence rate (73.7) and the highest mortality rate (31.9) of colorectal cancer in the state. About 1,200 Hoosiers die from colorectal cancer each year. According to the CDC, colorectal cancer is one of the most commonly diagnosed cancers in the United States. Between 2004 and 2008, nearly 17,000 people in Indiana were diagnosed with colorectal cancer.

Originally launched in March 1999, the "Screen for Life: National Colorectal Cancer Awareness Action Campaign" educates and informs men and women aged 50 and older about the importance of regular colorectal cancer screenings. TV newscaster and co-founder Katie Couric, as well as actors Morgan Freeman, Terrence Howard, and Diane Keaton have served as celebrity spokespeople for the campaign. Free campaign materials are available at <http://www.cdc.gov/cancer/colorectal/sfl/>.



State and Local Leaders at Colorectal Cancer Awareness Media Event in Scott County

Member Spotlight: Indiana University Melvin and Bren Simon Cancer Center & the Kristen Forbes EVE Foundation

<http://www.kristeneve.org/home/>

In December, Indiana joined a multi-state program focused on cervical cancer prevention thanks to an unrestricted gift from GlaxoSmith-Kline Pharmaceuticals to the Indiana University School of Medicine, in partnership with the Kristen Forbes EVE Foundation.

Cervical Cancer-Free America (CCFA) is an initiative designed to raise awareness, increase screenings for cervical cancer, and increase rates of human papillomavirus (HPV) vaccination with the ultimate goal of eliminating cervical cancer. HPV is the primary cause of cervical cancer. Initial funding for this initiative was through a \$1 million unrestricted educational grant by GlaxoSmith-Kline to the University of North Carolina Gillings School of Global Public Health. The CCFA program has since spread to Alabama, Kentucky, California, and Indiana and will probably be initiated in other states in the future.



Prevention and control of cervical cancer is one of the priorities of Indiana University, IU Simon Cancer Center, and the Kristen Forbes EVE Foundation.

The Cervical Cancer-Free Indiana Initiative focuses on education, prevention, and screening. At the same time, the program will reach out to the disadvantaged, racial, and ethnic communi-

ties which have significantly higher incidence rates of HPV infection and cervical cancer. One of the goals is to educate specific target groups about the importance and efficacy of HPV vaccination and cervical cancer screening.

The initiative is led by Greg Zimet, M.D., Professor of Pediatrics and Clinical Psychology, with the participation by colleagues and collaborators in the Indiana University School of Medicine, Kirk Forbes, Founder of the Kristen Forbes EVE Foundation, the IU Simon Cancer Center, Indiana State Department of Health, National Cervical Cancer Coalition, the Indiana University School of Nursing, and several corporate partners.

The key features of the Cervical Cancer-Free Indiana Initiative include a major educational and social marketing campaign and cervical cancer prevention through increased vaccine uptake and increased Pap screening.

The initiative launched on March 17 at the University Place Conference Center and Hotel.

Moving forward, the initiative will host a HPV conference focused on research updates and healthcare provider education and resources.

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INDIANA UNIVERSITY

MELVIN AND BREN SIMON CANCER CENTER

Treatment

Patient Navigation Ad-hoc Committee

As a result of discussion among ICC Advocacy Committee members, the patient navigation ad-hoc committee was formed. Since its inception, the committee identified a chair, Rivienne Shedd-Steele, and began defining its mission and vision. The committee has focused its discussions on:

- Expanding availability of services
- Following legislation, particularly health care reform
- Eliminating disparities
- Understanding the medical, financial, and psychosocial barriers to care and finding ways to eliminate them
- Networking and evolving as a group

These preliminary priorities align themselves with Treatment objective 1 strategy 5 and Quality of Life objective 1 strategy 7 from the Indiana Cancer Control Plan 2010-2014.

This committee currently meets via conference call. If you would like more information, please contact Deirdre George Davis at 317-234-2883 or deirdredavis@isdh.in.gov.



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Cancer Mortality

Linda Stemnock, B.S.P.H.

Data Analyst, ERC/Data Analysis Team

Cancer is the general name for a group of more than 100 diseases in which certain cells begin to grow out of control. If the growth is not controlled, death can result. According to the American Cancer Society (ACS), half of all men and one-third of all women in the U.S. will develop cancer during their lifetimes and more than 1,500 people die from cancer each day. The ACS estimates that there will be 12,900 deaths from cancer in Indiana in 2010. In the U.S. and Indiana, cancer accounts for nearly one of every four deaths. In Indiana in 2007, cancer was the leading cause of death in the following age groups (years): 45-54, 55-64, and 65-74. The number of cancer deaths peaked in the 75-84 age group, but the age-specific mortality rate continued to increase through the 85 and older age group (Figure 1). Mortality data contained in this article is compiled from death certificate data for calendar year 2007 reported to the Indiana State Department of Health (ISDH).

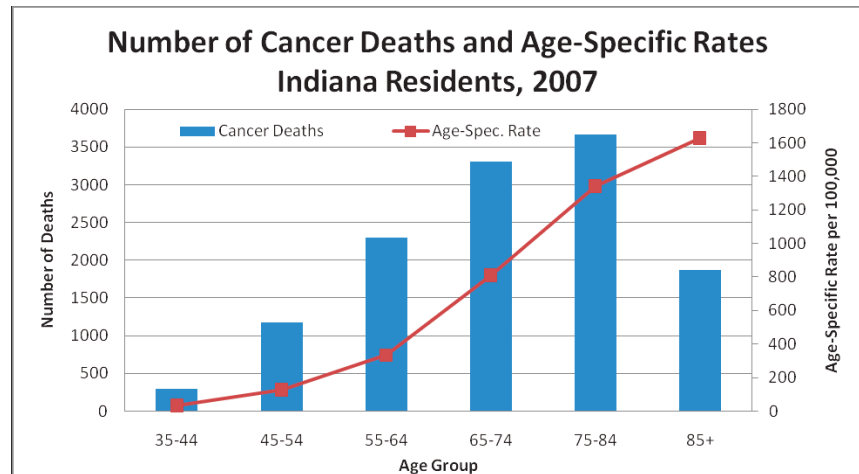


Figure 1

In 2007, the leading cause of cancer death was lung cancer (trachea, lung and bronchus, Figure 2), with males having a significantly higher mortality rate than females (80.7 per 100,000 age-adjusted vs. 46.7, respectively), even without a difference in the smoking prevalence by sex. However, in 2007, males were significantly more likely than females to have been diagnosed with lung cancer in the advanced stage (age-adjusted rate of 49.2 per 100,000 vs. 29.6, respectively) (Indiana State Cancer Registry Statistics Report Generator).

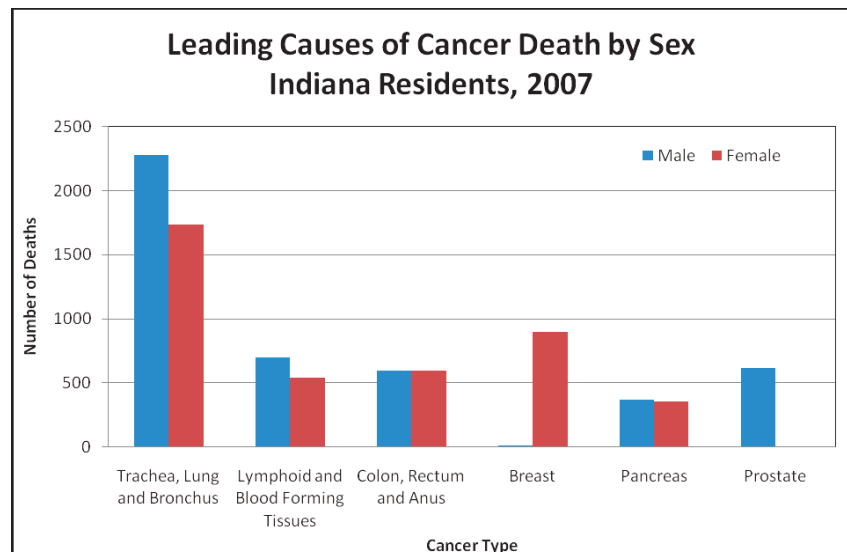


Figure 2

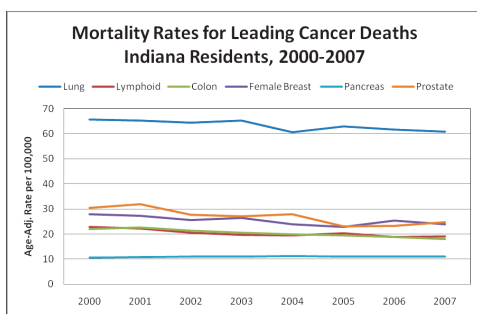


Figure 3

Nationally, the cancer mortality rate has continued a long-term decreasing trend. While the Indiana age-adjusted mortality rate from cancer has decreased significantly from 1999 (217.2 per 100,000) to 2007 (192.8), cancer remains the second leading cause of death behind heart disease for Indiana residents and the nation as a whole. The difference in the age-adjusted mortality rates for 2000 and 2007 were significantly lower for five of the six leading cancer types (Figure 3). There was not a significant difference between 2000 and 2007 mortality rates for cancer of the pancreas.

The average age of death for an underlying cause of cancer was 70.5 years in 2007, while the average age of death for an underlying cause of heart disease was 76.6 years. The average age of death by major cancer type for Indiana residents who died in 2007 ranged from 68.4 years for cervix uteri to 73.1 years for colon, rectum and anus.

Males in Indiana had higher age-adjusted death rates than females for all cancer types (excluding cancers affecting only one sex such as prostate). African-Americans in Indiana had significantly higher mortality rates for several cancers (Figure 4). There were no significant differences between white and black mortality rates for ovarian, pancreas and lymphoid cancers. However, some differences were not able to be calculated due to small numbers (e.g., oral cavity and pharynx). There were several cancers with significantly higher rates for black residents compared to white for finding cancer at the advanced stage, the stage most difficult to treat: colon, rectum and anus; lung; and female breast (2007).

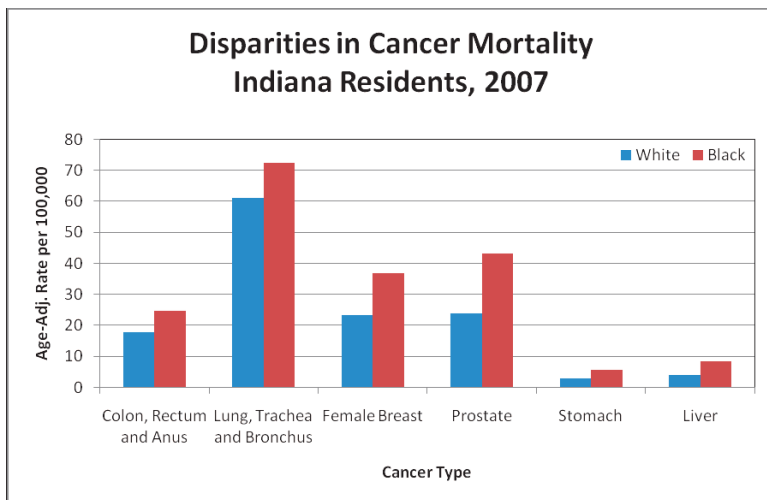


Figure 4

The annual Indiana Mortality Reports have cancer deaths and age-adjusted mortality rates by county available at <http://www.in.gov/isdh/19096.htm> in Table 5. Additional information on cancer incidence and mortality can be found by using the Indiana State Cancer Registry Report Generator available at <http://www.in.gov/isdh/24360.htm>. For information on work being done to reduce the burden of cancer in Indiana, the Indiana Cancer Control Plan is located at <http://indianacancer.org/indiana-cancer-control-plan/>. The next article in this series will include an overview of the Breast and Cervical Cancer Program and highlight the importance of prevention, early detection, and treatment of cervical cancer to gear up for National Cervical Health Awareness month in January.

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Health Care Reform - Affordable Care Act

by Emily Coyle & Brad Burk, American Cancer Society

An overhaul of the nation's health care system such as that accomplished by the enactment of the Patient Protection and Affordable Care Act last year has been sought after for decades by countless lawmakers, medical professionals, health care advocates, and patients. Although the Affordable Care Act has ignited hours of heated political discussion and countless town hall meetings, what is notable about this law is the number of lives that will be saved from cancer and other diseases thanks to its emphasis on prevention and early detection. The simple truth is that because of the Affordable Care Act, Americans will celebrate countless more birthdays that may otherwise have been lost due to a lack of access to critical health care.

While we at the American Cancer Society know that the law is not perfect, it currently accomplishes what we feel is critical to the fight against cancer: making health coverage available, adequate, affordable, and administratively simple. In fact, key provisions of the law that have gone into effect are already improving the health care system for those with cancer or who are at risk for developing the disease. For example, health insurers can no longer deny insurance to children who have had cancer or other diseases. Imagine having to find another job simply because your current employer's health insurance won't cover your child's cancer treatment. In today's economy, that's simply not an option.

Parents can now continue to insure their child until age 26, and for those whose college-age children are tirelessly trying to secure gainful employment, that is a tremendous relief. Further, the insured no longer must face a co-pay for proven preventive services such as Pap tests, mammograms and colonoscopies – all of which are critical to the fight against cancer through early detection and prevention.

More than 46 million people in America are uninsured and more than 25 million are underinsured – numbers that have likely grown during the economic crisis. American Cancer Society research has shown that the uninsured are more likely than those with insurance to be diagnosed with late-stage cancer and to die from the disease. In fact, more than 300,000 people in the U.S. die from cancer each year because they lack access to appropriate care and treatment. It is our belief

that this has to stop – it is simply unacceptable.

To help educate consumers about the changes this complex new law brings about, the American Cancer Society and its advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN) have developed a new consumer-friendly guide, [How the Affordable Care Act Helps Patients and Their Families](#). The guide, which features the stories of real people who have battled cancer or helped loved ones fight the disease, describes how provisions of the law improve the quality of care and make health care more affordable, available and easier for patients to understand.

The new law will ensure that people with cancer will no longer:

- ◆ Be denied coverage due to pre-existing conditions;
- ◆ Be charged more for their coverage because of health status;
- ◆ Be faced with annual or lifetime coverage limits that cause a sudden termination of care; or
- ◆ Have to choose between saving their life or their life savings because they lack access to affordable coverage.

The guide outlines how the new Affordable Care Act will improve the quality and cost of health care in the United States for people with cancer and those at risk for cancer. It divides the information into easy-to-understand sections, including: Providing Quality Care; Making Health Care More Affordable; Making Health Care More Easily Available; and Making Health Care More Simple.

The guide also clarifies some of the myths about the new law that began circulating during the legislative debate. In addition, the guide highlights three real-world stories of people who exemplify how the Affordable Care Act is meaningfully improving the health care system.

For more information about the Affordable Care Act, please visit www.acscan.org/healthcare or www.healthcare.gov.

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Indiana
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Upcoming ICC Events



May

11

Data Committee

Time: 10 to 11:30 a.m.

Location: Indiana State Department of Health

More Information: Contact Teasa Thompson at 317-233-7448 or tthompson@isdh.in.gov

12

Breast & Cervical Cancer Committee

Time: 10:30 a.m. to Noon

Location: Komen Indy Office

More Information: Contact Deirdre George Davis at 317-234-2883 or deirdavis@isdh.in.gov

12

Prostate Cancer Committee

Time: 3 to 4 p.m.

Location: Indiana University School of Nursing

More Information: Contact Teasa Thompson at 317-233-7448 or tthompson@isdh.in.gov

19

ICC Annual Meeting

Time: 10:00 a.m. to 3:00 p.m.

Location: Joseph E. Walther, IUPUI, Indianapolis

More Information: Contact Deirdre George Davis at 317-234-2883 or deirdavis@isdh.in.gov

June

6

Quality of Life Committee

Time: 11 a.m. to Noon

Location: Komen Indy Office

More Information: Contact Teasa Thompson at 317-233-7448 or tthompson@isdh.in.gov

7

Advocacy Committee

Time: 10 to 11:30 a.m.

Location: Indiana Public Health Association

More Information: Contact Nikki Davis at 317-234-2887 or nicdavis@isdh.in.gov

8

Data Committee

Time: 10 to 11:30 a.m.

Location: Indiana State Department of Health

More Information: Contact Teasa Thompson at 317-233-7448 or tthompson@isdh.in.gov

9

Prostate Cancer Committee

Time: 3 to 4 p.m.

Location: Indiana University School of Nursing

More Information: Contact Teasa Thompson at 317-233-7448 or tthompson@isdh.in.gov

14

Primary Prevention Action Team

Time: 3 to 4 p.m.

Location: Indiana Minority Health Coalition office

More Information: Contact Deirdre George Davis at 317-234-2883 or deirdavis@isdh.in.gov

Cancer Connection
Issue 9.2 Spring 2011