

INTRODUCTION



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Cancer touches all of our lives. One out of every two men and one out of every three women will develop cancer during their lifetime. There is probably not a person in South Carolina who has not watched a friend, a family member, a colleague, or a neighbor face this disease. We are all connected in the fight against cancer.

Cancer is the second leading cause of death in South Carolina. This year alone, over 21,000 people in our state will be told that they have been diagnosed with cancer (ACS, 2005a). Yet even in light of these grim statistics, there is cause for hope. Over the past three decades, the number of cancer survivors in the United States has more than tripled, from three million survivors in 1971 to almost ten million survivors in 2001. Today, more than half of all people diagnosed with cancer are expected to live at least five years after diagnosis. Yet despite these advances, there are still thousands of people every year who fall through the gaps in cancer prevention, detection and care.

The South Carolina Cancer Alliance (SCCA) is a non-profit organization committed to decreasing the impact of cancer on all South Carolinians. Today, the Alliance exceeds 800 members, most of whom volunteer their time. This grass-roots support illustrates the extraordinary potential and resources that the SCCA and the state of South Carolina can draw upon in the struggle against this devastating disease.

As a first step, the SCCA worked with its partners to develop the first South Carolina Cancer Report Card in 2004. That report provided a baseline on the state of cancer in South Carolina including new cancer cases, death rates, early detection measures, and health disparities. Key findings from the SCCA Cancer Report Card, along with new research, guided the development of this plan and include the following:

- The estimated annual cost of cancer in South Carolina is \$2.6 billion, yet only a fraction of health care dollars are allocated to prevention.
- South Carolina has one of the highest youth smoking rates in the nation. Each year at least 11,000 South Carolina kids become daily smokers.
- South Carolinians have higher rates of tobacco use and obesity than the nation at large, putting them at higher risk for cancer.
- Almost half of all cancer deaths are caused by three cancers: lung, colorectal, and breast. These are all cancers that can either be prevented or can be detected at early stages when chances for survival are greatest.
- There are glaring racial disparities in South Carolina cancer rates. African-Americans have higher death rates for most cancers, including breast, cervical, esophageal, oral/pharynx, and prostate cancers.

South Carolina can do better. The South Carolina Cancer Alliance is committed to finding workable solutions to reduce the terrible cost of cancer, in both economic terms and in human lives. SCCA members are united in understanding that every life counts.

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The SCCA seeks to provide a forum for those touched by cancer in South Carolina and to advocate for resources for cancer prevention, detection, care, and research. This alliance represents the best of South Carolina: people reaching across every imaginable boundary to work together to save lives and reduce the suffering carried by this disease.

The intent of the alliance is to serve as a network to bring these diverse groups together with a common purpose, and there are many issues that we can agree upon. We all want to prevent our kids from becoming addicted to tobacco before they even graduate from high school. We all want to find ways to connect South Carolinians with life-saving cancer detection and care. We all want to close the staggering gap in health disparities between African American and whites in our state. In order to accomplish these goals and achieve lasting change, the communities most at risk must be involved at every stage of this process. One of the critical roles of the SCCA is to act as a catalyst for community action: to work through the community — at all levels — to bring about change.

“Cancer is devastating for so many families in South Carolina. It is important that we develop community-wide partnerships – bringing together experts with a passion to fight this disease. We have the baseline data. We can now begin to implement programs across the state and track the success of our efforts“

South Carolina First Lady Jenny Sanford

Common sense tells us that in order to truly win the fight against cancer, we need resources. Political experience tells us that to garner funding, we must speak in a clear, consistent and unified voice.

Yet resources go beyond dollars and spreadsheets. The greatest asset South Carolina can draw upon is the power of collaboration. One illustration of unique collaboration is in cancer research: in July 2005, a special issue of the e-Journal of the South Carolina Medical Association was released, which highlighted cancer disparities in South Carolina. This was major step forward in the commitment of research groups at state and local levels to work collectively. Another example of collaboration is the combination of groundwork, grass-roots advocacy, and legislative support that led to increased funding for breast and cervical cancer care in 2005. This remarkable achievement could not have been accomplished without community involvement and support.

The South Carolina Comprehensive Cancer Plan is the next step forward. This plan is designed to be a dynamic document rather than a static finished report. To facilitate this process, the plan is published in loose-leaf format. The plan can be easily updated as new partners are engaged, the knowledge base changes, and new strategies are designed.

The most current version of the plan will be posted on the SCCA web site so that the plan is always accessible and all SCCA members are encouraged to participate in this process. In order to obtain the latest version, please go to the SC Cancer Alliance Website at <http://www.sccanceralliance.org/>.

SCCA Background

South Carolina has a long history of collaboration on cancer treatment and care. This collaboration began in the late 1930's with the first days of the State Aid Cancer Program, which provided funding for poor people with cancer in South Carolina. However, until recently, cancer prevention and control strategies and resources have not been well coordinated among partners, and have not always involved the communities most affected by this disease.

This changed in 2001 when, under the direction of the South Carolina Department of Health and Environmental Control (DHEC) Cancer Control Advisory Committee, plans were initiated to forge a statewide cancer coalition. A steering committee consisting of twenty representatives from DHEC, the American Cancer Society, the two state medical schools, Medical University of South Carolina and the University of South Carolina, the state universities, and the state's major cancer treatment and research centers met to discuss the need for collaboration and coordination of resources to address cancer in South Carolina.

As a result of these meetings, two statewide cancer summits were held in January and May 2002 to energize cancer stakeholders and to introduce the need for a dedicated organization to coordinate and collaborate on all aspects of cancer prevention and control. Over 150 participants attended these sessions, including health professionals, consumers, cancer survivors, government officials, and business/industry representatives. At these sessions, the purpose and structure of a statewide cancer coalition were proposed and strategies were adopted on membership, operational structure, and goals.

Strategies were to be comprehensive and based on the Centers for Disease Control and Prevention's cancer control program. These strategies would address all major cancers, all population groups, and all geographic areas. Participants also agreed to develop a statewide comprehensive cancer control plan to provide a roadmap for addressing cancer throughout the state. The name "South Carolina Cancer Alliance" (SCCA) was proposed and accepted by participants.

Between May 2002 and February 2003, the steering committee continued to identify new members and to develop a structure for the South Carolina Cancer Alliance. During that time, five task forces were organized to address specific areas of comprehensive cancer control: Advocacy and Policy, Early Detection, Patient Care, Prevention, and Research. Each task force began to develop short- and long-term objectives to address cancer from a public health perspective.

Concurrently, staff from DHEC and the American Cancer Society (ACS) organized regional recruitment meetings to ensure broad participation in the SCCA from across the state. The DHEC Division of Cancer Prevention and Control also applied for a planning grant from CDC to facilitate the development of the SCCA and to support the completion of a comprehensive cancer plan. Effective June 2003, DHEC was awarded a CDC comprehensive cancer control program planning cooperative agreement.

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SCCA Background

The South Carolina Cancer Alliance held its first official meeting in March 2003. Since this initial meeting, the SCCA has continued to grow and refine its structure. The SC Women's Cancer Coalition became part of the SCCA, increasing consumer input into the organization. Today, there is an active mix of members, including representatives from the public health and medical communities, grass roots organizations, state and local government, and cancer survivors and family members. The South Carolina Cancer Alliance now exceeds 800 members.

“We must work together to reduce the number of people who get cancer, save lives by detecting cancer early, and engage every South Carolinian in efforts to reduce his or her own cancer risks“.
Terry Day, MD, SC Cancer Alliance Chair

In May 2003, five SCCA task forces (Advocacy/Policy, Early Detection, Patient Care, Prevention, and Research) began to organize planning committees to work on sections of the comprehensive cancer plan. At the same time, the SCCA and DHEC organized a Core Planning Team (CPT) to oversee the completion of the cancer plan. Early in the process, consumer representatives were invited to ensure additional community input. Three special work groups were also created to address overarching and emerging issues – Survivor/Family Issues, Health Disparities, and Genetics. In 2005, the Survivor and Family work group was designated as a task force.

The SCCA task force subcommittees and workgroups (Health Disparities and Genetics) worked throughout the rest of 2003 and 2004 to draft objectives and strategies for the plan. These objectives were based on the most current research available, including data from the SC Central Cancer Registry and the SC Behavioral Risk Factor Surveillance System. Strategies were reviewed in light of best and promising practices and those adopted ensured that diverse populations are addressed.

By December 2004, work on the mission, goals, objectives, and strategies for the SC Cancer Plan was completed. At that time, six regional meetings were held to review the plan with community leaders and citizens. Additional input was obtained and the final draft sections were shared with the SCCA at their quarterly meeting in January 2005.

With full commitment from the SCCA, DHEC applied for and received implementation funding through CDC, which along with other lines of funding, will support the goals set forth in the plan. This cancer plan will be directed and implemented through the work of the SCCA Task Forces, working together in collaboration.

This collaboration is already in progress: a special issue of the e-Journal of the South Carolina Medical Association, which highlights South Carolina's most significant cancer disparities, was recently released. This work represents a major step forward in the commitment of groups across the state to work collectively and is a triumph for community-based participatory research in our state. Along with the South Carolina Cancer Alliance (SCCA) and its affiliates and members, this places South Carolina in the vanguard of cancer research in the United States.

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Report Organization

The SC Comprehensive Cancer Control Plan is organized into two main sections: Overarching Issues and Core Public Health Issues.

Overarching Issues include Health Disparities, Advocacy and Policy, Research, and Genetics. These areas will be integrated into every aspect of comprehensive cancer planning and set the course for achieving the priorities in this plan.

Core Public Health Issues encompass Prevention, Detection, and Patient Care, which are all fundamental to the implementation and success of this plan. Survivor and Family Issues are also highlighted, in recognition of the multi-faceted issues that face cancer survivors and their families.

If you are reading this as a hardcopy version, it may not be the most current iteration available. In order to obtain the latest version please go to the SC Cancer Alliance Website (<http://www.sccanceralliance.org/>).