

Prevention

Goal: Prevent cancer from occurring or recurring

Some risk factors for cancer cannot be avoided, such as genetics, age and gender. However, a person's risk of cancer can be reduced with healthy choices like avoiding tobacco exposure, limiting alcohol use, protecting skin from the sun, avoiding indoor tanning, eating a diet rich in fruits and vegetables and being physically active. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and other HPV-related cancers in both women and men, and the hepatitis B vaccine can lower liver cancer risk.

Fruits & Vegetables

The National Center for Health Statistics estimates that more than 70 percent of adults are overweight or obese in the U.S., resulting in increased risk of heart disease, stroke, type 2 diabetes and cancer – leading causes of preventable death. The known links between being overweight or obese and specific cancers are outlined below:

⁸ Being overweight or obese is clearly linked with an increased risk of many cancers, including:

- Breast (in women past menopause)
- Colon and rectum
- Endometrium (lining of the uterus)
- Esophagus
- Kidney
- Pancreas

Being overweight or obese might also raise the risk of other cancers, such as:

- Gallbladder
- Liver
- Non-Hodgkin lymphoma
- Multiple myeloma
- Cervix
- Ovary
- Aggressive forms of prostate cancer

Objective 6. Fruits & Vegetables - Increase consumption of fruits and vegetables among adults and adolescents.

Performance Measures

Adults (2015 KS BRFSS):

Consumed at least one fruit serving per day
Consumed at least one vegetable serving per day

High School Students (2013 KS YRBS):

Consumed fruit in the past seven days
Consumed vegetables during the past seven days

	Baseline	5 Year Target
Adults (2015 KS BRFSS):		
Consumed at least one fruit serving per day	56%	75%
Consumed at least one vegetable serving per day	78%	85%
High School Students (2013 KS YRBS):		
Consumed fruit in the past seven days	94%	100%
Consumed vegetables during the past seven days	95%	100%

Strategies

1. Collaborate with food policy councils in low income communities to promote policies to increase availability of healthy food and drink in worksites, schools, and childcare and public facilities.
2. Promote community garden initiatives in areas frequented by low income and senior populations.
3. Expand summer nutrition programs for low income school aged children.
4. Work with partners to identify and eliminate food deserts⁹ (areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk and other foods that make up the full range of a healthy diet) in communities with large low income and senior populations.
5. Increase the number of farmers' markets that include implementation of Supplemental Nutrition Assistance Program/Electronic Benefit Transfer, and Senior Farmers Market Nutrition Programs.

⁸ National Cancer Institute, 2015. *Obesity and Cancer Fact sheet*. Accessed through <https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet>

⁹ Centers for Disease Control and Prevention 2016. *A Look Inside Food Deserts*. Accessed through <https://www.cdc.gov/features/FoodDeserts/index.html>

Human Papilloma Virus (HPV)

In both women and men, HPV infection can cause anal cancer, mouth/throat cancer, and genital warts or warts in the throat. HPV infection can cause cervical, vaginal and vulvar cancers in women, and penile cancer in men. HPV vaccines are recommended for all 11- and 12-year-olds to protect against infection with the types of HPV that most commonly cause health problems. Women should get regular Pap tests in addition to receiving HPV vaccine.¹⁰

Objective 7. Human Papilloma Virus (HPV) - Increase HPV immunization rates to prevent HPV-related cancers.

Performance Measures (2015 NIS-Teen)

Adolescents who have received ≥ 1 HPV vaccine

Baseline

52%

5 Year Target

66%

Adolescents who are up to date on HPV vaccinations

36%

45%

Strategies

1. Increase the number of Kansas providers who complete provider assessment and feedback activities to increase clinic-level HPV vaccine rates.
2. Increase the number of providers and payer sources using reminder recall systems.
3. Develop and provide free professional education with CMEs/CNEs that includes the prevention value of HPV vaccination at appropriate ages, safety information and guidance on communication and messaging to parents.
4. Promote use of the Vaccines for Children Program to provide free vaccinations for uninsured adolescents from low income families.
5. Expand data sources for monitoring HPV and other vaccination rates through enhanced KS BRFSS questions.
6. Collaborate with Immunize Kansas Coalition and other partners to coordinate use of consistent messaging to increase public, parent and adolescent awareness about the value of HPV vaccines.

¹⁰ HHS Vaccines.gov 2016. HPV Vaccine. Accessed through <https://www.vaccines.gov/diseases/hpv/index.html>

“I promised him that I would be his voice, for him.”

Dana Montgomery - Hutchinson



On February 20, 2014, Dana lost her husband Kurtis to oropharyngeal cancer. In her personal story she states, “I promised him that I would be his voice, for him. Oral/head and neck cancer caused by the HPV is rapidly becoming more and more common. This is serious. Look it up, learn about it, learn what causes it, and learn what can make it worse. Here is what we have learned: HPV is prevalent in most of us at one point in time or another. Don’t let this happen to your kids. This can be prevented, get vaccinated. Kurtis was adamant that not only girls be vaccinated but boys too. Educate yourself, educate others. Cancer sucks but cancer sucks worse when it can be prevented.”

To read more about Dana and Kurtis’s journey, visit www.KSCancerPartnership.org.

Physical Activity

Researchers at the National Cancer Institute and the American Cancer Society confirm the benefit of physical activity on cancer risk, and support physical activity’s critical role in population-wide cancer prevention and control. Greater levels of leisure-time physical activity are associated with a lower risk of developing at least 13 different types of cancer.¹¹

Environmental and policy approaches to increasing physical activity provide opportunities and support to help people be more active. These approaches may involve:

- Physical environment
- Social networks
- Organizational norms and policies
- Laws

Potential partners for increasing physical activity may include: public health professionals; community organizations; legislators; departments of parks, recreation, transportation and planning; the media; and coalitions such as Chronic Disease Alliance of Kansas, Kansas State Department of Education, Let’s Move Active Kansas Schools, Wellness Policy and the Governor’s Council on Fitness.¹²

Objective 8. Physical Activity - Increase the percentage of adults and adolescents who participate in physical activity.

Performance Measures

Adults who participated in physical activities other than their regular job in the past 30 days (2015 BRFSS)

High school students who participated in physical activity at least 60 minutes per day in the past 5 or more days (2013 KS YRBS)

Baseline

73%

48%

5 Year Target

85%

60%

¹¹ National Institute of Health 2016. *Increased physical activity associated with lower risk of 13 types of cancer*. Accessed through <https://www.nih.gov/news-events/news-releases/increased-physical-activity-associated-lower-risk-13-types-cancer>

¹² The Community Guide. *Chapter 2: Physical Activity*. Accessed through <https://www.thecommunityguide.org/sites/default/files/assets/Physical-Activity.pdf>

Strategies

1. Increase the number of communities implementing master bike/pedestrian plans intended to increase biking and walking.
2. Conduct built environment assessments.*
3. Promote daily physical activity in schools and childcare settings.
4. Collaborate with Healthy Kansas Schools (grantees based on percent of children who qualify for free/reduced lunch) to coordinate activities to increase physical activity.

* Built environment includes homes, schools, businesses, streets/sidewalks, open spaces, and transportation options. The built environment can influence community health and individual behaviors such as physical activity and healthy eating. Assessments measure qualities that affect health (i.e., walking, biking and other types of physical activity).

Radon



Radon is a naturally-occurring, odorless, colorless, invisible radioactive gas that can be a health hazard indoors. Radon is the second-leading cause of lung cancer in the U.S., and the first leading cause of lung cancer in people who have never smoked. More than 40 percent of Kansas homes have elevated radon levels and more than 200 lung cancer deaths per year in Kansas may be linked to indoor radon.

Objective 9. Radon - Increase the percent of Kansas homes tested and mitigated for radon during purchase or construction.

Performance Measures

Homes tested for radon during purchase

Baseline

30%

5 Year Target

40%

Kansas cities that have adopted building codes requiring radon-resistant building techniques

5

15

Strategies

1. Provide radon technical information to building code jurisdictions that are considering adopting radon resistant new construction.
2. Increase the number of real estate professionals trained in radon issues.
3. Coordinate consistent messaging with radon stakeholders about radon in homes, schools and childcare centers.

Tobacco

Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors.¹³ If nobody smoked, one of every three cancer deaths in the United States would not happen.¹⁴ Cigarette smoking accounts for about one-third of all cancers, including 90 percent of lung cancer cases.¹⁵

Smoking can cause cancer almost anywhere in your body:

- Bladder
- Blood (acute myeloid leukemia)
- Cervix
- Colon and rectum (colorectal)
- Esophagus
- Kidney and ureter
- Larynx
- Liver
- Mouth and throat
- Pancreas
- Stomach
- Trachea, bronchus and lung



Kansas Tobacco Quitline services are evidence-based and include client telephone support to increase a person’s success at tobacco use cessation.

“Everybody was very helpful, very informative. They knew exactly what they were talking about, so I was going to an expert, not just anyone off the street. Anytime I needed assistance they were there... just being informative and knowledgeable and being understanding and caring.”

Objective 10. a. Adults – Reduce the percentage of adults who use cigarettes, e-cigarettes and any tobacco products.

Performance Measures

- Kansas adults who currently smoke (2015 KS BRFSS)
- Kansas adults who currently use e-cigarettes (2016 KS BRFSS)
- Kansas adults who smoke cigarettes or use any smokeless tobacco product (2015 KS BRFSS)

	Baseline	5 Year Target
Kansas adults who currently smoke (2015 KS BRFSS)	18%	13%
Kansas adults who currently use e-cigarettes (2016 KS BRFSS)	TBD	TBD
Kansas adults who smoke cigarettes or use any smokeless tobacco product (2015 KS BRFSS)	21%	17%

Strategies

1. Incorporate restrictions on the use of electronic nicotine delivery systems (e.g., e-cigarettes) in all state and local smoke-free and tobacco-free initiatives.
2. Support efforts to adopt and implement evidence-based pricing strategies that discourage tobacco use.

¹³ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

¹⁴ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

¹⁵ National Institute on Drug Abuse 2016. *Cigarettes and Other Tobacco Products*. Accessed through <https://www.drugabuse.gov/publications/drugfacts/cigarettes-other-tobacco-products>

3. Work with partners to place advertisements to encourage lung cancer screening and promote Kansas Tobacco Quitline at locations where tobacco is sold.
4. Collaborate with Tobacco Free Kansas Coalition to develop and implement a large scale counter-marketing communication campaign to promote tobacco use prevention and control.
5. Develop and disseminate model tobacco-free policies that prohibit the use of nicotine delivery systems (e.g., e-cigarettes) and electronic smoking devices in educational campuses, health care facilities, worksites or other places where 18- to 24-year-olds are exposed to tobacco use.
6. Promote adoption of the Kansas Tobacco Guidelines for Behavioral Health Care.
7. Collaborate with Early Detection Works and other entities that work with low income populations to increase referrals to Kansas Tobacco Quitline services to encourage cessation of tobacco use.
8. Partner with Kansas Tobacco Quitline, Federally Qualified Health Centers and KanCare (Kansas' managed care program) to encourage tobacco use assessment and provide free professional education with CME/CNE's such as the Brief Tobacco Intervention online training.

Objective 10. b. High School Students - Reduce the percentage of high school students who use cigarettes, e-cigarettes and any tobacco products.

Performance Measures

Kansas high school students who currently smoke (2013 KS YRBS)

Kansas high school students who used e-cigarettes in the past 30 days (KS YRBS)

Kansas high school students who smoke cigarettes or use some type of other tobacco product every day or some days (2013 KS YRBS)

Baseline	5 Year Target
10%	5%
TBD	TBD
19%	14%

Strategies

1. Support zoning and licensing initiatives to restrict youth access to tobacco products in the retail environment.
2. Develop and disseminate model tobacco-free policies that prohibit electronic nicotine delivery system devices (e.g., e-cigarettes) on K-12 school properties and worksites where youth may be exposed to tobacco use.
3. Support the adoption and implementation of Tobacco 21 policies that prohibit sale of tobacco products to individuals less than 21 years old.

Ultraviolet (UV) Radiation Exposure

Most skin cancers are a direct result of exposure to UV rays in sunlight and/or exposure to artificial sources of UV rays, such as indoor tanning.

Objective 11a. Sunburn – Reduce the percentage of Kansans who report sunburn.

Performance Measure (2015 KS BRFSS)

Kansans reporting sunburn

Baseline

40%

5 Year Target

35%

Strategies

1. Implement Pool Cool program statewide to increase awareness and promote sun protective behaviors for children, their parents and outdoor pool staff.
2. Promote community-wide consistent messaging related to sun protective behaviors.
3. Promote policies and sun/UV safety messages for teachers/caregivers in childcare centers and school-related facilities.
4. Encourage sun-protective policies at daytime outdoor settings, with particular focus on non-Hispanic populations and people living in urban areas.
5. Increase access to sun-protective products at summer outdoor venues.

The “ABCDE” rule describes the features of early melanoma.



Asymmetry - The shape of one half does not match the other half.



Border that is irregular - The edges are often ragged, notched, or blurred in outline. The pigment may spread into the surrounding skin.



Color that is uneven - Shades of black, brown, and tan may be present. Areas of white, gray, red, pink, or blue may also be seen.



Diameter - There is a change in size, usually an increase. Melanomas can be tiny, but most are larger than 6 millimeters wide (about 1/4 inch wide).



Evolving - The mole has changed over the past few weeks or months.

National Cancer Institute

Objective 11b. Indoor Tanning - Reduce the percentage of Kansans who use indoor tanning devices.

Performance Measures (KS BRFSS)

Kansas adults who use indoor tanning devices

Kansas minors who use indoor tanning devices

Baseline

TBD

TBD

5 Year Target

TBD

TBD

Strategies

1. Use consistent messaging to educate the public about legislation restricting minors' access to indoor tanning devices.
2. Promote community-wide consistent messaging related to dangers of UV exposure related to tanning bed use.

Chasing a Tan

Billie Blenden



At age 22, I chased a pretty tan in a tanning bed for a good six months. On New Year's Eve, I noticed what I thought was a pimple on my shoulder, but over the next few months, it grew, cracked and bled, and became a painful, convoluted crusty growth. My doctor took one look and said it looked like skin cancer. *What?! I am 22 years old - how can I have skin cancer?* Having it removed left me with a seven inch scar across my shoulder. It was a squamous cell carcinoma and no further treatment was needed. I knew I needed to stop tanning and keep my skin protected. I didn't know I would worry about every new freckle.

A dozen years later, my dermatologist noticed two large freckles where my first excision had been. One of them turned out to be melanoma, which I also had surgically removed. My mother asked the doctor what would have happened if we hadn't caught it early. He said flatly, "It would kill her."

My new rules included seeing the dermatologist every three months, having my husband help perform monthly skin checks, and telling my hairstylist, gynecologist and dentist that I had melanoma and to watch for any new moles, freckles or changes in my skin.

I am now a young widow raising three children, so ensuring I stay healthy has taken on even more importance. Protect your children's skin in the sun; protect your skin and don't use tanning beds.

Chasing that pretty tan just isn't worth the risk.

To read more about Billie's journey, visit www.KSCancerPartnership.org.