

Executive Summary

Cancer is the leading cause of death in Minnesota. Each year, more than 23,000 Minnesotans are diagnosed with a potentially life-threatening cancer, and more than 9,000 die from the disease. Four types of cancer—lung, breast, colorectal, and prostate—account for more than half of all cancer cases and half of all cancer deaths in Minnesota. More than two-thirds of cancer deaths could be prevented through the adoption of healthier lifestyles and greater use of screening.

In the year 2000, an estimated 156,600 Minnesotans—3.2 percent of the state’s population—were living with a history of cancer. This number is projected to grow dramatically as the population ages and as advances are made in early detection and treatment.

In 2002, with support from the Centers for Disease Control and Prevention (CDC), stakeholders in Minnesota initiated a process to develop the state’s first comprehensive cancer control plan. Addressing the full spectrum of cancer care, from prevention and early detection to treatment and end-of-life care, this process provided the cancer community with an opportunity to build new partnerships, reduce unnecessary duplication, improve coordination of resources, and sow the seeds for the development of innovative strategies. Moreover, it presented an opportunity for public discourse about cancer-related issues facing Minnesotans, an impetus to look long and hard for evidence-based strategies to address those issues, and a challenge to create a plan with measurable outcomes to gauge success.

Cancer Plan Minnesota’s five overarching goals are to:

- 1. Prevent cancer from occurring.**
- 2. Detect cancer at its earliest stages.**
- 3. Treat all cancer patients with the most appropriate and effective therapy.**
- 4. Optimize the quality of life for every person affected by cancer.**
- 5. Eliminate disparities in the burden of cancer**

These goals, which were articulated by the plan’s steering committee, helped to frame the development of the plan’s objectives and to underscore its comprehensive nature.

As a strategic plan, Cancer Plan Minnesota is intended to be a framework for action to effectively reduce the burden of cancer among all Minnesotans. It is a five-year plan, with the majority of its measurable objectives written for 2010. To provide some focus for action over the next one to two years, initial priority will be given to supporting the following efforts:

1. Increasing the tobacco excise tax and expanding clean indoor air policies.

Tobacco use and exposure to tobacco smoke are responsible for more cancer deaths than any other single factor. Smoking rates in Minnesota have not decreased during the last decade. The CDC estimates that each pack of cigarettes costs \$7.18 in medical care costs and lost productivity.

A major tax increase on tobacco will significantly reduce the number of youth who take up smoking and will encourage many adults to quit. Minnesota currently taxes each pack of cigarettes \$0.48, compared to \$0.84 nationally, and ranks 37th lowest in tobacco taxes. Minnesota was the first state to mandate smoke-free areas in restaurants and bars, but now lags behind 16 other states in passing statewide smoking bans to protect patrons and employees from exposure to secondhand smoke.

2. Reducing disparities in cancer screening and treatment.

A critical component of reducing the unequal burden of cancer is to improve the use of cancer screening and access to state-of-the-art treatment among populations that are underserved due to race, ethnicity, socioeconomic status, lack of health insurance, or residence in rural areas. Minnesota is one of two states in the nation with a funded initiative to eliminate health disparities. It can build, therefore, on partnerships already in place and projects already in progress across the state to enhance its efforts for cancer prevention and control.

3. Improving access to information about locally available services for cancer patients and their families.

After receiving a cancer diagnosis, many people find the search for needed services and support to be an overwhelming task and, thus, a barrier to effective treatment and sustained quality of life. A comprehensive online portal to listings of available resources and support services, county by county, is needed to facilitate greater use of these services and to help identify resource gaps. This can build on the work of the American Cancer Society (ACS), the National Cancer Institute (NCI), and other organizations.

4. Increasing colorectal cancer screening.

Colorectal cancer is the second-leading cause of cancer deaths in Minnesota. Screening can identify colorectal cancer in its early stages and, in addition, can identify precancerous lesions when they can be removed easily, without additional treatment. Nonetheless, colorectal cancer screening occurs less frequently than screening for breast and cervical cancer. Increasing colorectal cancer screening has the potential to save the lives of hundreds of Minnesotans each year.

With its plan developed and published, Cancer Plan Minnesota now intends to take action. Its supporting infrastructure, which consists of people from many organizations, will transform itself into a formal partnership. New members will be recruited, and implementation teams will take shape.

By working together, coordinating resources where appropriate, and integrating the cancer prevention and control activities outlined in this plan into existing programs and activities across the state, we can and will reduce the burden of cancer among all Minnesotans.

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