



American Indian  
Cancer Foundation®

# American Indian Cancer Burden

Kris Rhodes, MPH

*Bad River Band of Lake Superior Chippewa*

*Fond du Lac Band of Lake Superior Chippewa*





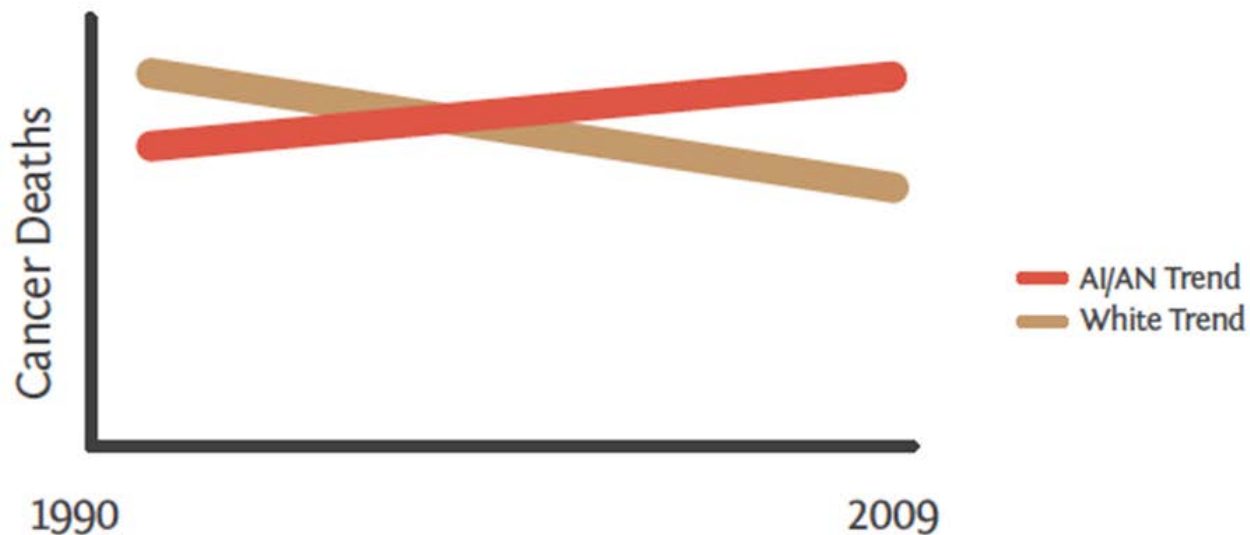
2000 — 2014

# CANCER DEATH RATES DECLINED

FOR MEN, WOMEN, & CHILDREN

[seer.cancer.gov](http://seer.cancer.gov)

**Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.**



# The AICAF Story

American Indian Cancer Foundation (AICAF) is a national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.



## **Mission:**



To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.





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## Cancer is the...

**#1 Cause of Death  
for Women**

-  #2 Heart Disease
-  #3 Unintentional Injury

**#2 Cause of Death  
for Men**

-  #1 Heart Disease
-  #3 Unintentional Injury

## The most commonly diagnosed cancers are...



**Lung cancer is the leading  
cause of cancer death for  
men and women.**

Other leading causes of cancer death are...



Prostate

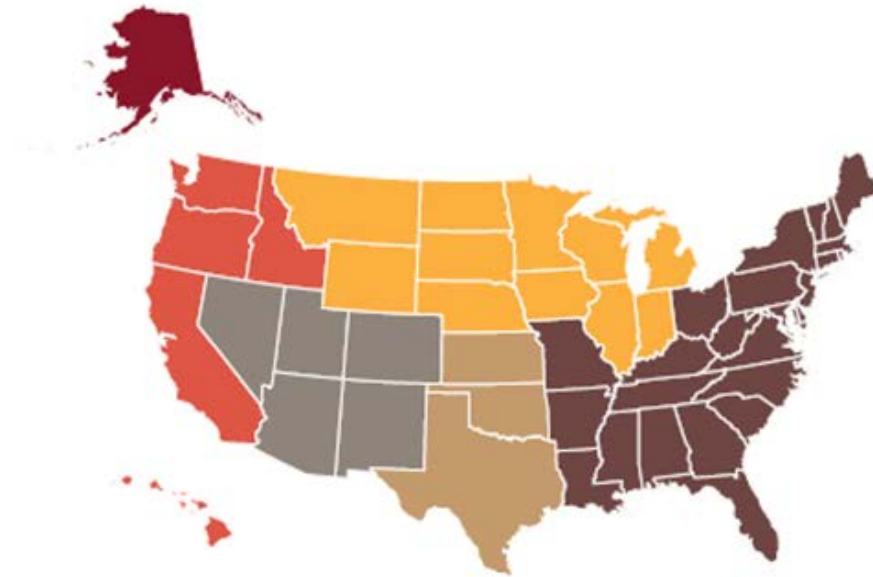


Colorectal



Breast

**Distinct patterns in AI/AN cancer rates are observed across six geographic regions defined by the Indian Health Service.**





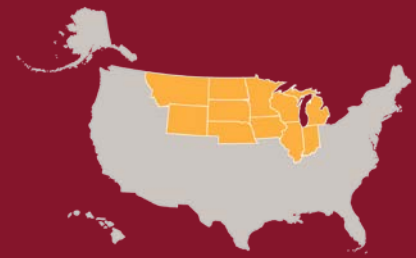
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*American Indian Cancer Burden: Cancer Facts for American Indians and Alaska Natives* resource copy available at:

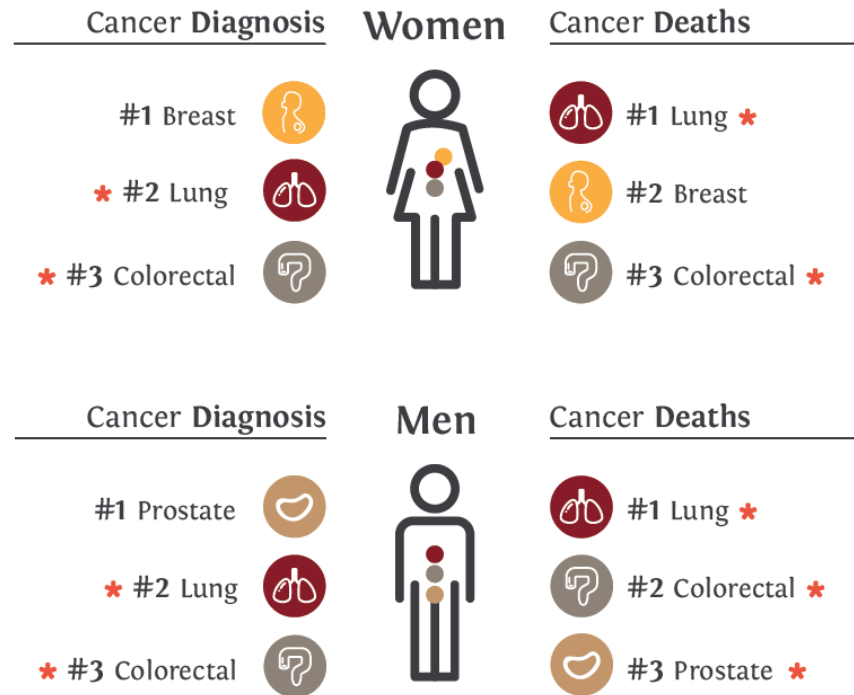
[AICAF.org/American-Indian-Cancer-Facts](http://AICAF.org/American-Indian-Cancer-Facts)

Source Data: White MC, Espey DK, Swan J, Wiggins CL, Ehemann C, Kaur J. *Disparities in Cancer Mortality and Incidence Among American Indians and Alaska Natives in the United States*. AJPH: June 2014, Vol. 104, No. S3: S377-S387.

# Northern Plains



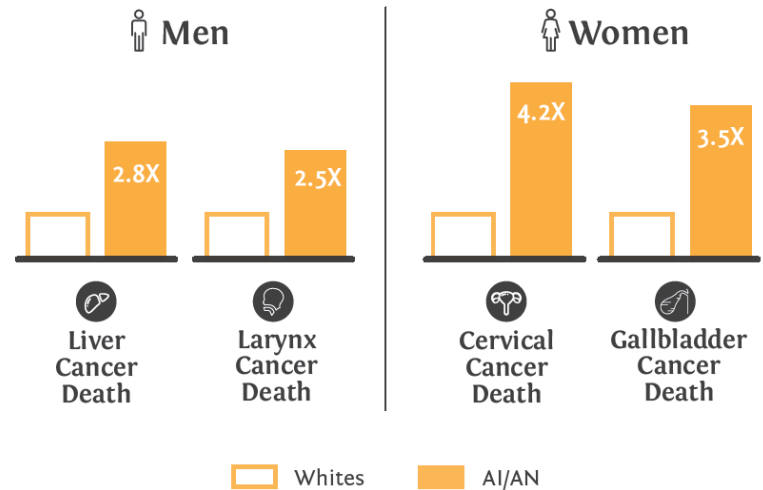
## Most Common Cancers: Northern Plains



\* Indicates higher rates for AI/AN than Whites

AI/AN in the Northern Plains experience some of the highest cancer diagnoses and death rates in the United States.

## Cancer Disparities for AI/AN vs. Whites: Northern Plains

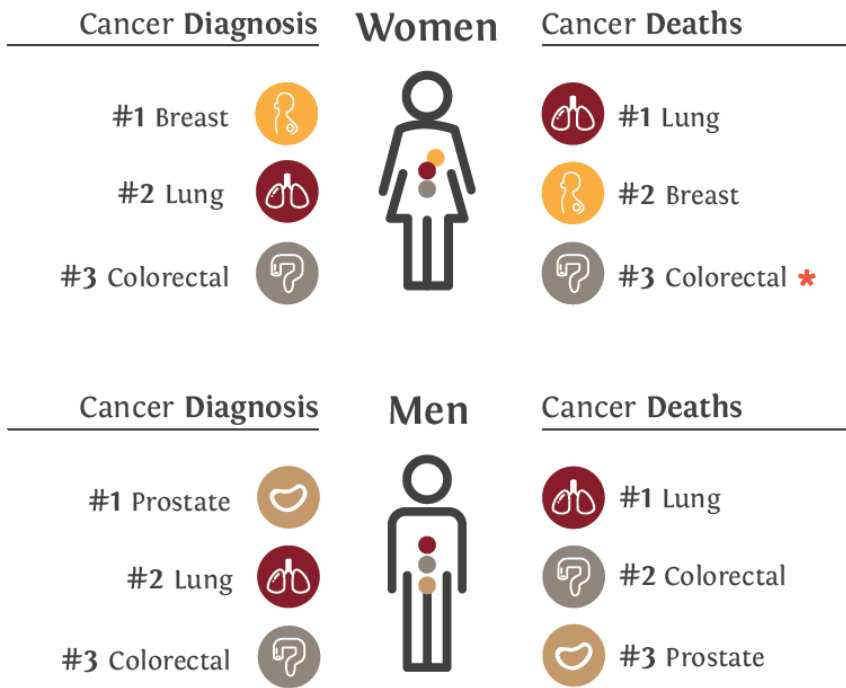




# East



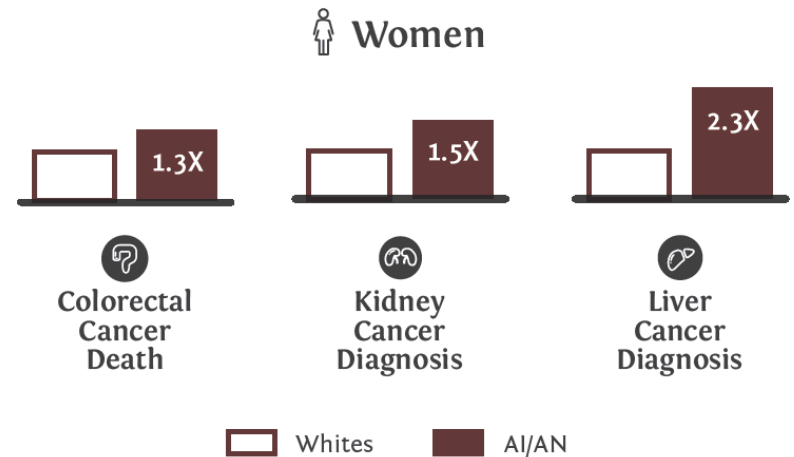
## Most Common Cancers: East



\* Indicates higher rates for AI/AN than Whites

AI/AN in the East have lower cancer diagnosis rates for the top three cancers compared to both Whites and other regions.

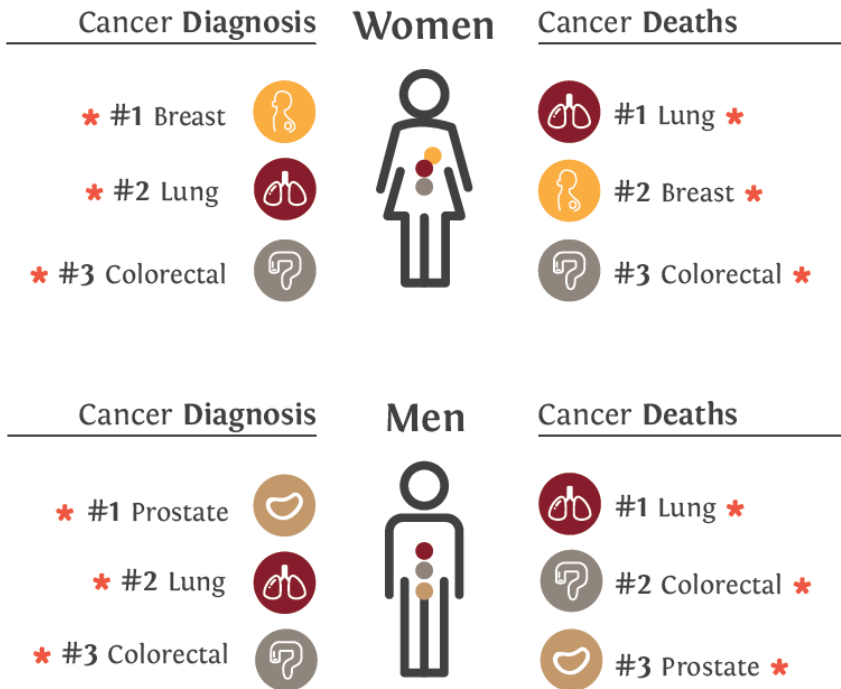
## Cancer Disparities for AI/AN vs. Whites: East



# Southern Plains



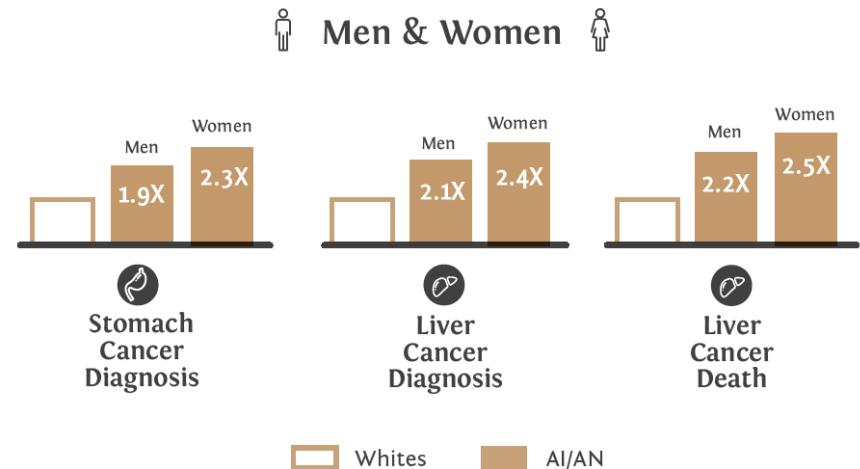
## Most Common Cancers: Southern Plains



\* Indicates higher rates for AI/AN than Whites

AI/AN in the Southern Plains have **higher cancer diagnoses and death rates** for the top three cancers compared to Whites.

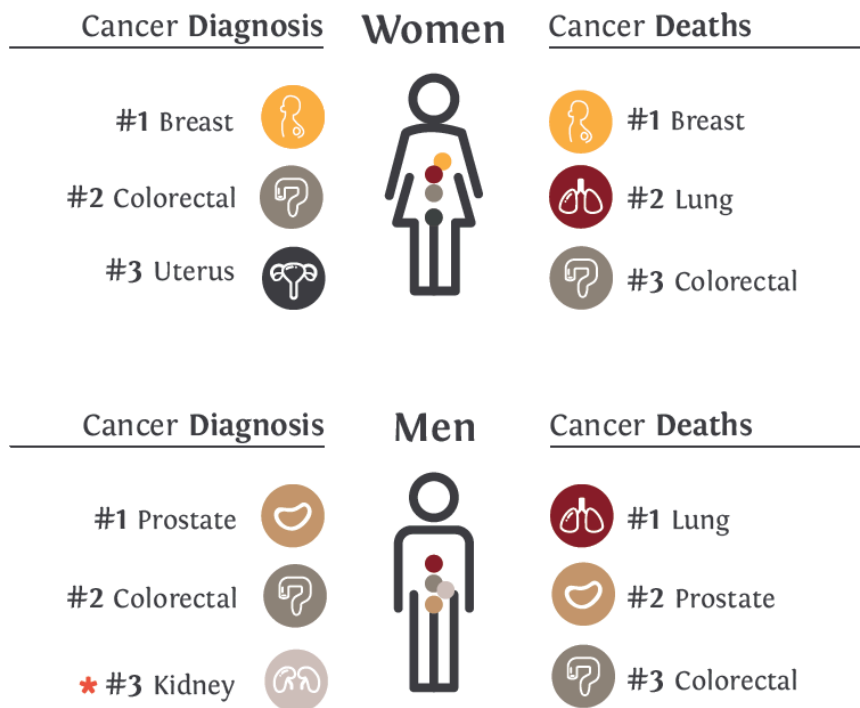
## Cancer Disparities for AI/AN vs. Whites: Southern Plains



# Southwest



## Most Common Cancers: Southwest



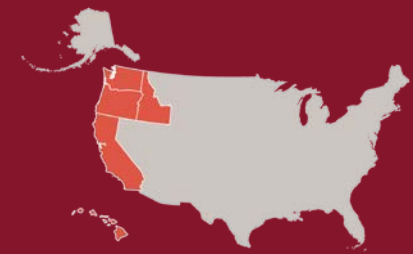
AI/AN in the Southwest have lower cancer diagnoses and death rates for many of the most common cancers compared to Whites.

## Cancer Disparities for AI/AN vs. Whites: Southwest

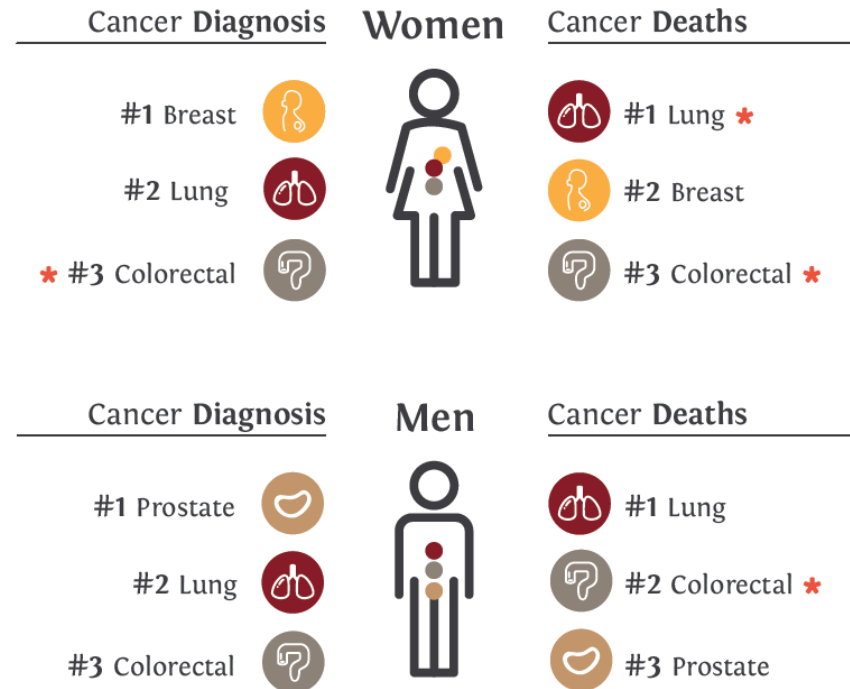


\* Indicates higher rates for AI/AN than Whites

# Pacific Coast



## Most Common Cancers: Pacific Coast



\* Indicates higher rates for AI/AN than Whites

AI/AN in the Pacific Coast have fewer cancer disparities than in other regions, but show similar or worse rates for some of the top cancers when compared to Whites.

## Cancer Disparities for AI/AN vs. Whites: Pacific Coast



# Alaska



## Most Common Cancers: Alaska

### Cancer Diagnosis

### Women

- #1 Breast 
- \* #2 Colorectal 
- \* #3 Lung 






### Cancer Deaths

- #1 Lung \* 
- \* #2 Breast \* 
- \* #3 Colorectal \* 

### Cancer Diagnosis

### Men

- \* #1 Lung 
- \* #2 Colorectal 
- #3 Prostate 



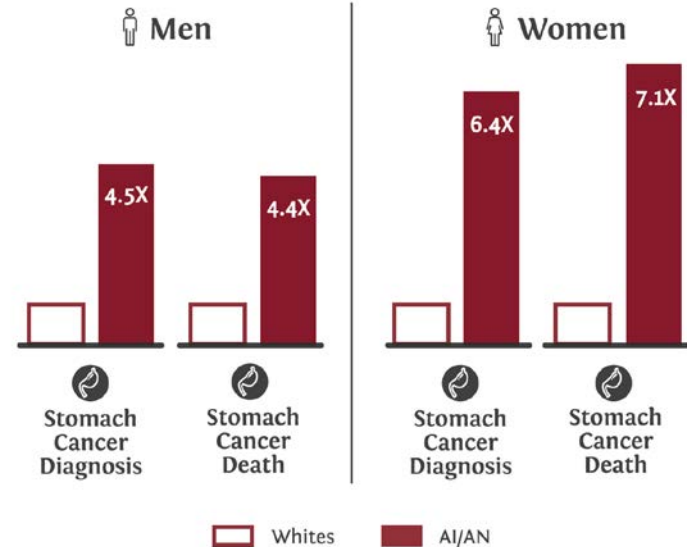
### Cancer Deaths

- #1 Lung \* 
- \* #2 Colorectal \* 
- \* #3 Stomach \* 

\* Indicates higher rates for AI/AN than Whites

AI/AN in Alaska have **higher cancer diagnoses and death rates** for many cancers compared to Whites.

## Cancer Disparities for AI/AN vs. Whites: Alaska



# Cancer prevention interventions available today include:



7 drugs and 3 vaccines proven to reduce risk for cancer



Treatments for 5 infections that are known to increase cancer risk



Proven cancer screening tests for breast, cervical, colorectal, and lung cancer



Behavioral choices: no tobacco, limit alcohol, more activity, avoid obesity

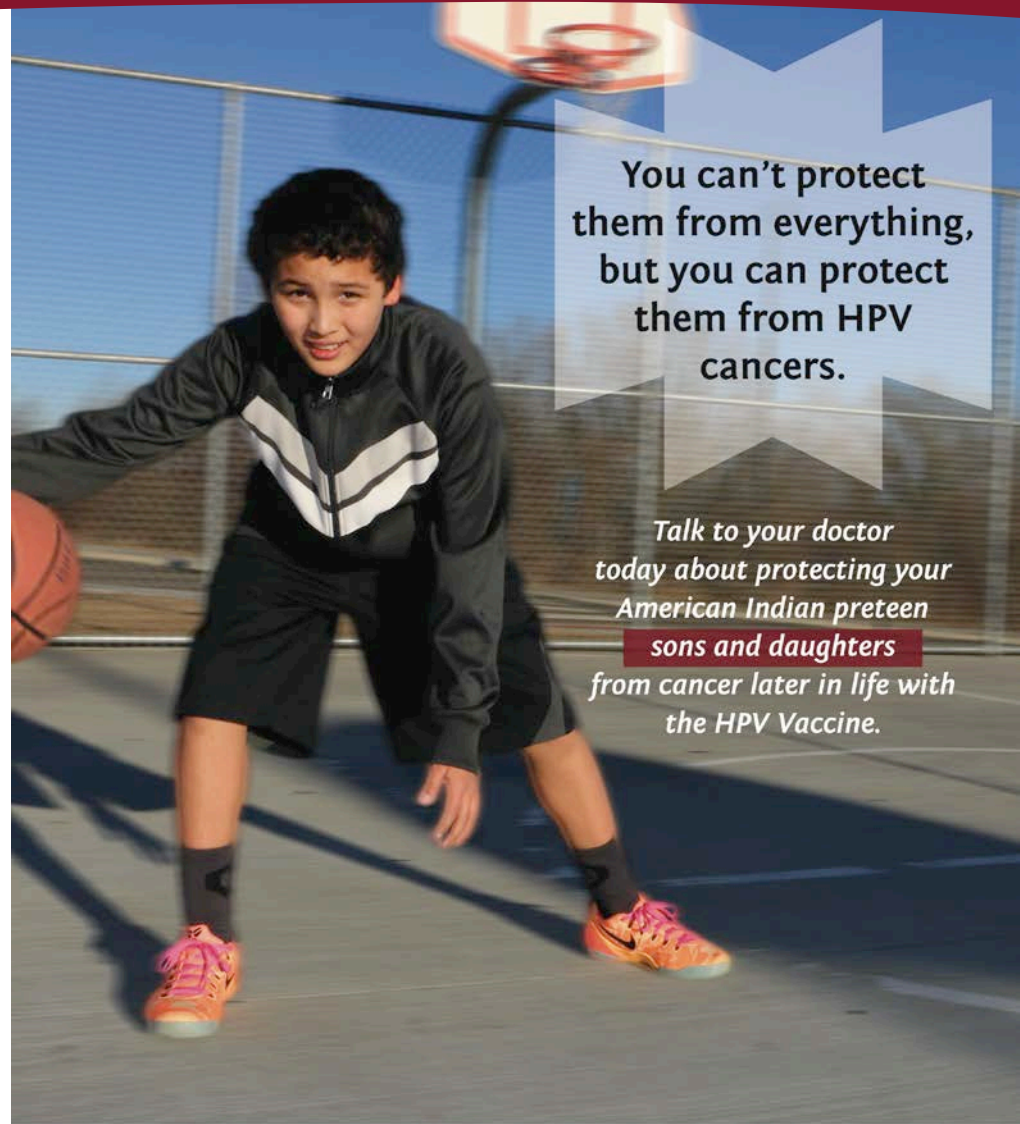
*Transforming cancer prevention research*

# A Shot Can Prevent Cancer?

HPV Vaccine is most effective with preteen boys and girls.

This vaccine protects from HPV cancers later in life:

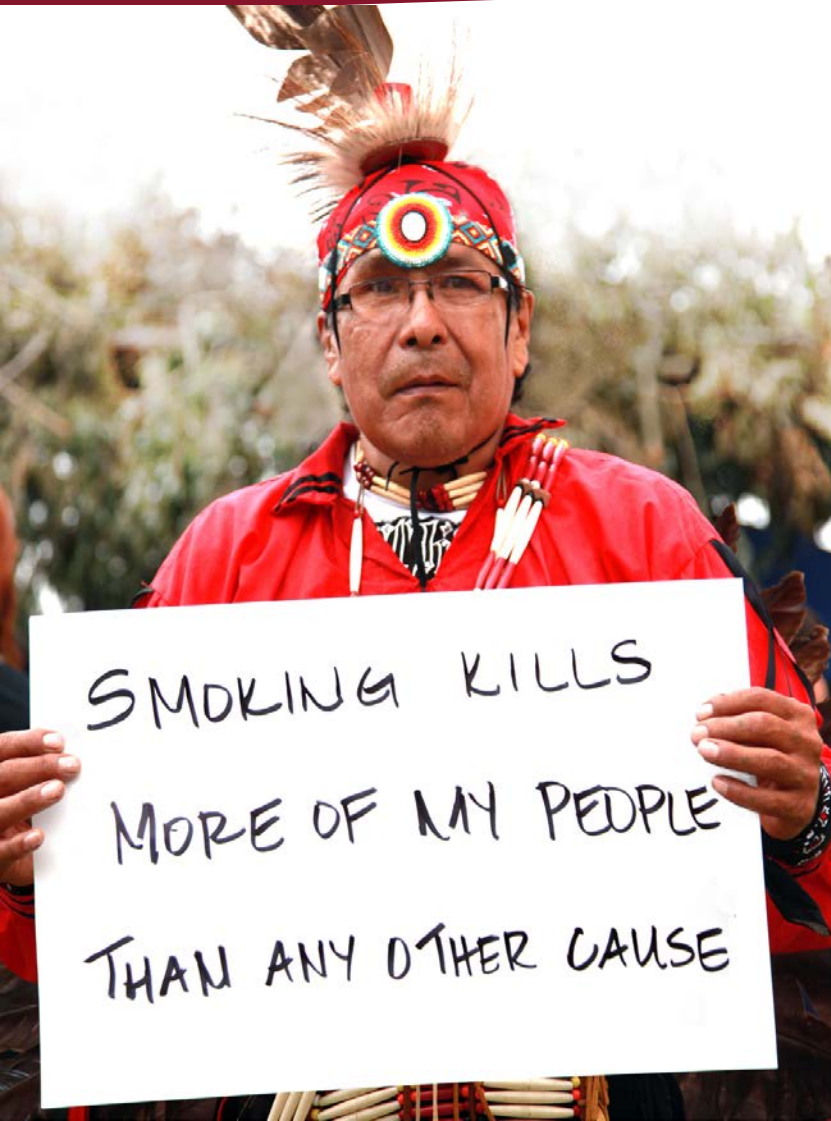
- Cervical
- Oral
- Penile
- Vaginal
- Vulvar
- Throat



You can't protect them from everything, but you can protect them from HPV cancers.

*Talk to your doctor today about protecting your American Indian preteen **sons and daughters** from cancer later in life with the HPV Vaccine.*

# What Are The Leading Causes?



## Health Behaviors

- Cigarette smoking and chewing tobacco
- Cigarette smoke exposure
- Alcohol abuse
- Lack of regular physical activity
- Diets high in animal fats, low in fiber with not enough fresh fruit and vegetables
- Low screening rates



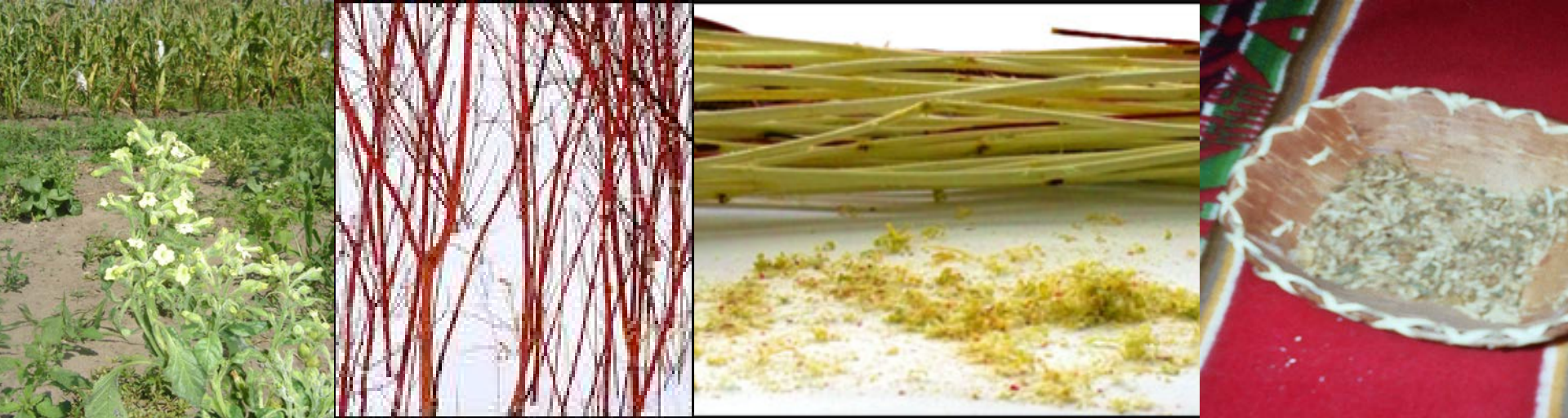
# Harmful Tobacco



Causes cancer of the lung AND

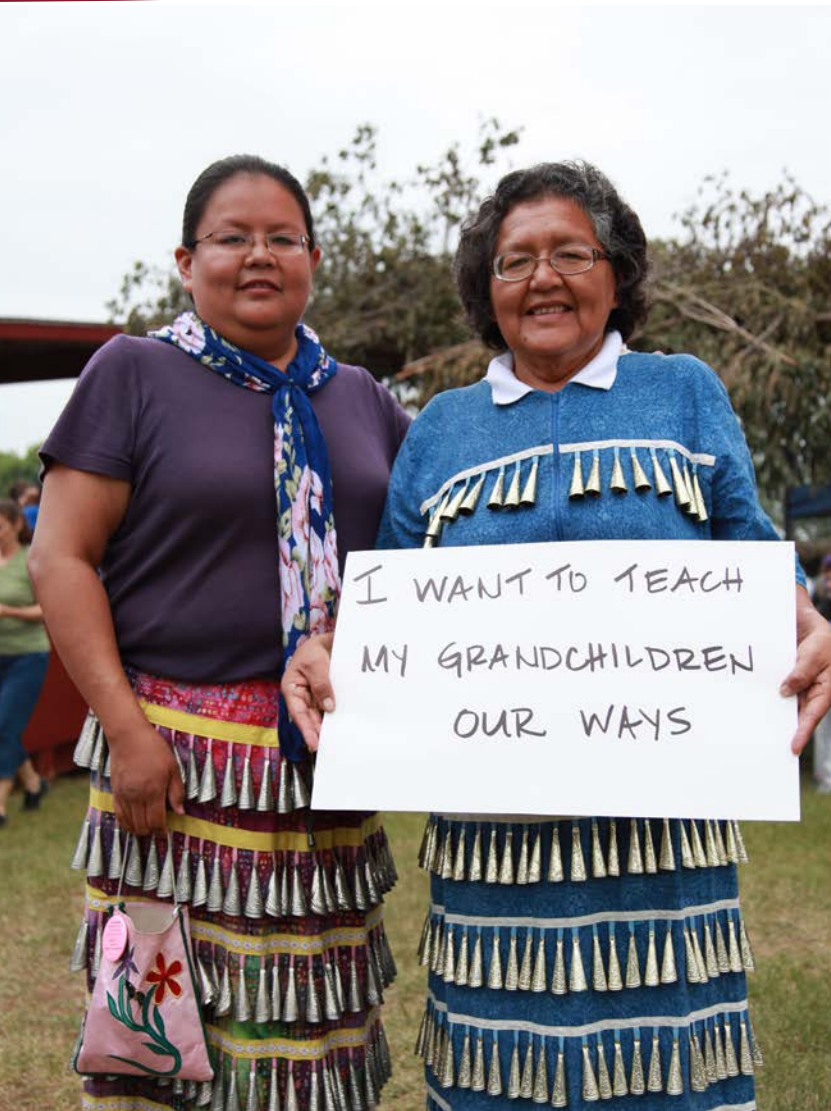
- *larynx (voice box),*
- *esophagus,*
- *throat,*
- *bladder,*
- *kidney,*
- *liver,*
- *stomach,*
- *pancreas,*
- *colon and rectum,*
- *cervix, and*
- *acute myeloid leukemia*

# Tobacco Teachings



*“When it is used correctly, it has the power to bring good things and, like other medicines, if it is not used correctly, it has the power to bring harm.”* Anishinaabe Elder

# Alcohol



Increases your risk of cancer of the *mouth, throat, esophagus, larynx (voice box), liver, and breast*

- FDA Guidelines :
  - 1 drink/day for women
  - 2 drinks/day for men
- Risks increase with
  - Amount of alcohol
  - Drinking + smoking
- Red wine does not reduce risk of cancer

# Obesity



Increased risk of cancer of the *breast (postmenopausal), colon, rectum, endometrium, esophagus, kidney, pancreas, and gallbladder*

- Eating a healthy diet with fresh, local foods, being physically active, and keeping a healthy weight may help reduce risk of some cancers

# Ultraviolet light



Exposure to ultraviolet (UV) radiation causes skin damage that may lead to *skin cancer*

- Avoid sun, sunlamps, and tanning booths.
- Limit mid-day exposure to sun
- Wear a hat, long sleeves, sunglasses and 15+ SPF sunscreen

# Cancer Screening

- Colorectal
- Lung

- Breast
- Cervical





## Who should be screened?

Anyone who can say "yes" to all three of these questions

1. Are you 55-80 years old?

NO

YES

2. Have you smoked 30 pack years?  
(a pack a day for 30 years or two packs a day for 15 years)

NO

YES

3. Do you still smoke or have quit within the last 15 years?

NO

YES

Not Eligible

Eligible



Talk with your doctor about whether screening is right for you.  
Your conversation should start with: *How do I stop smoking?*

# Colon Cancer

## What is Colon Cancer?

Cancer is a disease in which cells in the body grow out of control.

Colon cancer can happen in the lower part of your digestive system: large intestine (colon) and rectum.



THERE ARE OFTEN NO SYMPTOMS IN ITS EARLY STAGES

## How Does Colon Cancer Start?

Most colon cancer starts as small, noncancerous (benign) clumps of cells called polyps.

Over time some of these polyps may become colon cancer.

Health care providers suggest regular screenings to find polyps or to find cancers early.

## Screening Saves Lives

IF FOUND EARLY, 9 OUT OF 10 SURVIVE.



IF FOUND LATE, 1 OUT OF 10 SURVIVE.



## Who is at Risk for Colon Cancer?

Everyone ages 50-75, especially American Indians.

People who:

- Have a family history of colon cancer
- Smoke cigarettes
- Are not physically active
- Eat fatty foods
- Are very overweight or obese

## How Can Colon Cancer Impact Northern Plains American Indians?

COLON CANCER IS 53% HIGHER IN NORTHERN PLAINS AMERICAN INDIANS



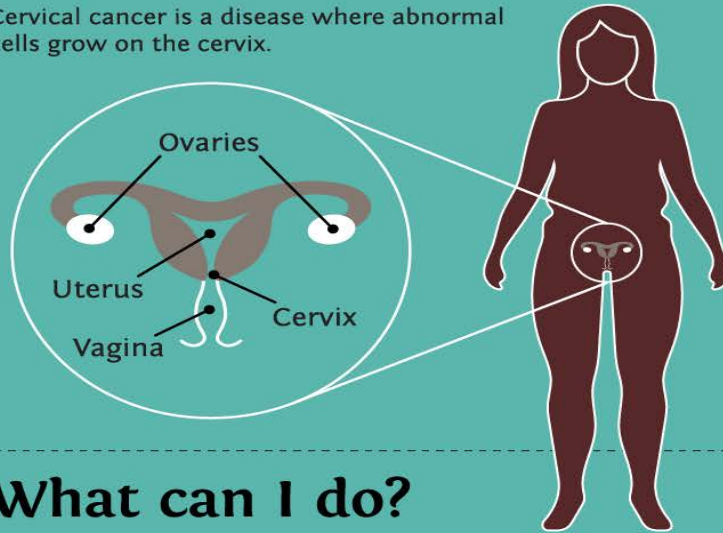
# End Cervical Cancer ▶▶▶▶ in Indian Country



American Indian women are nearly **2X** more likely to develop cervical cancer than white women.

## What is cervical cancer?

Cervical cancer is a disease where abnormal cells grow on the cervix.



## What can I do?



### GET VACCINATED

The human papillomavirus (HPV) vaccine is recommended for everyone **ages 9-26** to protect against HPV cases that lead to 9 out of 10 cervical cancers. *Learn more at: [AICAF.org/hpv](http://AICAF.org/hpv)*



### PRACTICE SMART SEX

Use protection and talk with your sexual partners: anyone who has ever had anal, vaginal or oral sex can get HPV.



### QUIT SMOKING

Smoking weakens the immune system, making it harder for the body to fight HPV infection. *Learn more at: [AICAF.org/quit](http://AICAF.org/quit)*



### GET SCREENED

Cervical cancer is highly curable when detected and treated early.

## Screening Tests

- ▶ **PAP TESTS** look for cell changes on the cervix during a pelvic exam. Regular Pap tests are the **ONLY** effective way to find cancer early
- ▶ **HPV TESTS** look for HPV that can cause cell changes that may lead to cervical cancer

## When should I get screened?

**21-29**  
Pap test every **3** years

**30-65**  
Two options:  
1) Continue Pap test every **3** years OR  
2) Pap test AND HPV test every **5** years

**65+**  
Talk to your health care provider

THESE ARE SCREENING GUIDELINES FOR AVERAGE-RISK WOMEN WITH NORMAL TEST RESULTS. TALK TO YOUR HEALTH CARE PROVIDER ABOUT GUIDELINES WITH ABNORMAL TEST RESULTS.

## Abnormal Pap? Don't panic!

An abnormal Pap test is not a diagnosis of cervical cancer. Follow up with your health care provider to discuss your screening results and recommendations.



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AmericanIndianCancer.org

# Indigenous Pink

## ▶▶▶▶▶▶▶▶ Breast Health

1 in 8



women will get breast cancer in their lifetime

### Increased Risks



**GENETICS**  
Inherited DNA changes in genes

**GENDER**  
Being female



**FAMILY HISTORY**  
Mother, sister, daughter has had breast cancer

**BREAST DENSITY**  
High density breasts



**AGE**  
Getting older

CONTACT YOUR HEALTH CARE PROVIDER IF YOU HAVE ONE OR MORE OF THESE RISKS

Breast cancer usually has no symptoms when the tumor is small and most treatable.

### Screening Guidelines/Recommendations



Talk to your health care provider about when screening is best for you.



Breast cancer is the 2nd leading cause of cancer death for American Indian women. A mammogram may save your life.

### What can I do?

**BREASTFEED**  
Breastfeeding reduces estrogen exposure that helps prevent breast cancer



**WEIGHT CONTROL**  
Overweight or obese women are at a higher risk

**REGULAR MAMMOGRAMS**  
Women 40+ should have the option to have a mammogram once a year



**EXERCISE**  
Exercising 3 days/week may lower your risk

**REGULAR BREAST EXAMS**  
Speak to your health care provider for options



**LIMIT ALCOHOL USE**  
Alcohol can increase estrogen which can increase risk

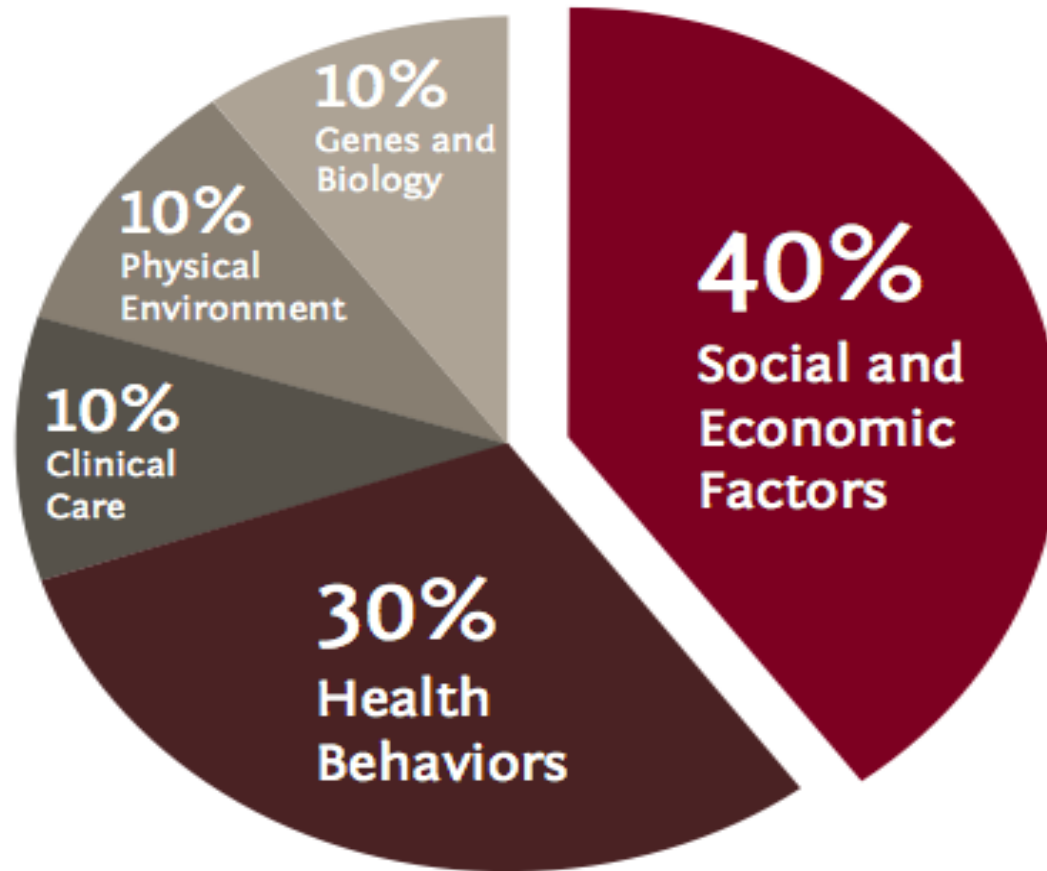


American Indian Cancer Foundation.

# Community & System Level Barriers

- Underfunded urban and tribal health care systems
- Lack of accurate population specific data
- High rates of poverty
- Poor access to health care
- Lack of culturally competent health care providers
- Limited availability of prevention programs, cancer screening and specialist care, especially in rural areas

# What impacts our health?



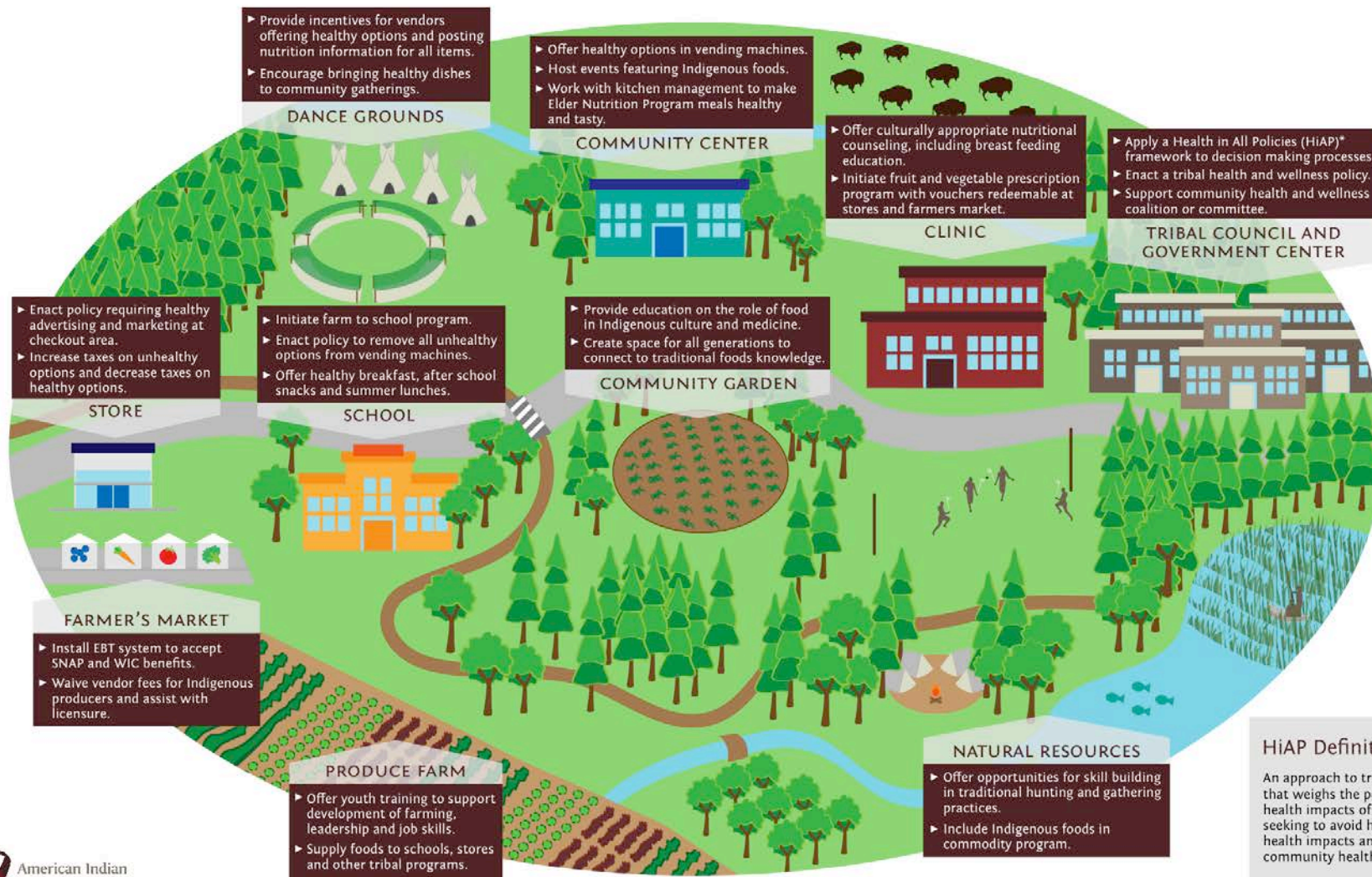
# HEALTHY EATING FOR STRONG NATIVE COMMUNITIES

## PROMOTING INDIGENOUS HEALTH

▶ Indigenous Foods: foods Native to local area.

▶ Healthy Options: water, fruits, vegetables, whole grains, lean proteins, unprocessed foods.

▶ Unhealthy options: sugary drinks and processed foods high in sugar, sodium and saturated fat.



**HiAP Definition**

An approach to tribal policy that weighs the potential health impacts of decisions, seeking to avoid harmful health impacts and improve community health outcomes.

Provide direct support to quit  
with culturally specific cessation.

## TRIBAL CLINIC



# Cancer Innovation Teams

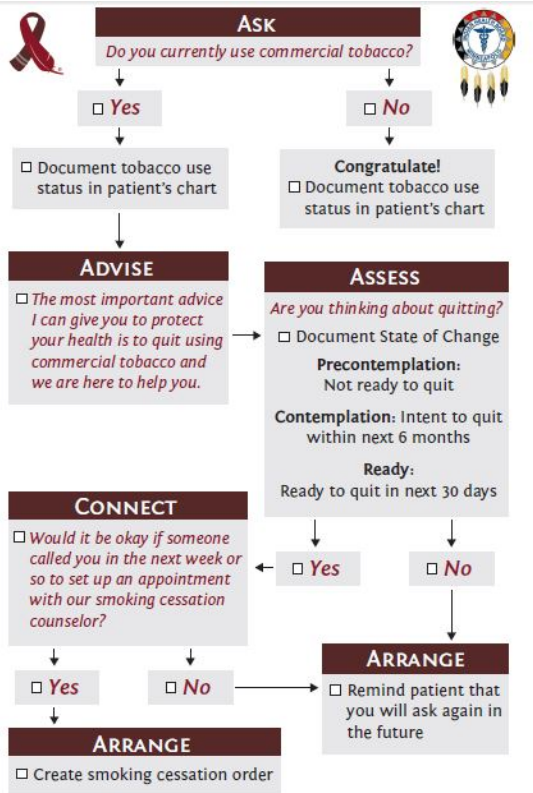


Engage Inter-departmental Teams to increase flow, quality and patient outcomes

- Clinic providers, nurses and lab
- Public Health Nursing and CHR
- Pharmacy
- EHR Data & Billing

# Clinic Provider Reminder Tools

## Tobacco Cessation Flow Charts



## Pharmacotherapy Poster

### Want to quit? Let's Talk.



Medications can help you manage your withdrawal symptoms so you can quit for good.

	NICOTINE REPLACEMENT THERAPIES (OFTEN REFERRED TO AS NRTs)				SMOKING CESSATION MEDICATION OPTIONS		COMBINATION OPTIONS (NRT + MEDICATION)	
Medication	Nicotine Gum** (2 mg or 4 mg) Over the Counter Only. Generic: Nicorette	Nicotine Patch** (7 mg, 14 mg or 21 mg) Over the Counter or Prescription. Generic: Nicoderm CQ, Nicotrol	Nicotine Lozenge** (2 mg or 4 mg) Over the Counter Only	Nicotine Inhaler Prescription Only. Nicotrol Inhaler	Nicotine Nasal Spray Prescription Only. Nicotrol NS	Bupropion SR 150** Prescription Only. Generic: Zyban, Wellbutrin SR	Varenicline** Prescription Only. Chantix	1) Patch + bupropion 2) Patch + gum 3) Patch + lozenge 4) Patch + inhaler See left for availability.
Dose	- 1 piece every 1 to 2 hours - 8-12 pieces per day - If smoke: 36 mins after waking, 2 mg - If smoke: 36 mins after waking, 4 mg	- One patch per day - If < 10 cig/day, 21 mg 4 weeks, 14 mg 3-4 weeks, 7 mg 2-3 weeks - If < 10 cig/day, 14 mg 4 weeks, then 7 mg 4 weeks	- If smoke/chew > 30 mins after waking, 2 mg - If smoke/chew < 30 mins after waking, 4 mg - Weeks 2-6: 1 enzy 2 hours - Weeks 7-9: 1 enzy 3-4 hours - Weeks 10-12: 1 enzy 4-8 hours	- 8-16 cartridges/day - Inhale 30 times cartridge - May use partially-used cartridge for next day	- 1 "dose" = 1 squirt per nostril - 2-3 doses per hour - 8-16 doses per day - DO NOT inhale	- Days 1-3: 150 mg each morning - Days 4-6: 150 mg twice daily - Day 8-end: 1 mg twice daily	- Days 1-3: 0.5 mg every morning - Days 4-7: 0.5 mg twice daily - Day 8-end: 1 mg twice daily	See information to the left.
Use	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: Up to 12 weeks	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: 12 weeks	- 3-6 months	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: Up to 6 months, taper at end	- 3-6 months, taper at end	- Start 2-3 weeks before quit date, use 3-6 months	- Start 1 week before quit date and use 3-6 months - Alternately: Begin medication three quit between day 8 and 35.	See information to the left.
Side Effects	- Mouth sores - Stomach ache	- Local skin reaction - Insomnia	- Nausea - Coughs - Heartburn	- Local irritation of mouth & throat	- Nasal irritation - Dry mouth	- Insomnia - Dry mouth	- Nausea - Insomnia - Abnormal strange dreams	See individual medications to the left.
Contraindications	- Caution with dentures - Do not eat or drink 15 minutes before or during use	- Do not use if you have severe eczema or psoriasis	- Do not eat or drink 15 minutes before or during use - One lozenge at a time - Limit 16 in 24 hours	- May irritate mouth/throat at first (improves with use)	- Not for patients with asthma - May irritate nose (improves over time) - May cause dependence	- Not for use if you: - Use monoamine oxidase (MAO) inhibitor - Use bupropion in any other form - Have a history of seizures - Have a history of eating disorders - See TCA package insert warning regarding suicidality and antidepressant drugs when used in children, adolescents, and young adults.	- Use with caution in patients: - With significant renal impairment - With serious psychiatric illness - Undergoing dialysis - TCA Warning: Varenicline patients have reported depressed mood, agitation, changes in behavior, suicidal ideation, and suicide. - See www.fda.gov for further updates regarding recommended safe use of Varenicline.	- Only patch + bupropion is currently FDA-approved - Follow instructions for individual medications.

Prescriptions started with \*\* are available at: Naheéki/Wakaáigwa Pharmacy or no cost if you meet the following requirements:  
 1. Reside in Hainagan or Ramsey County  
 2. A member or descendant of a Federally Recognized Tribe  
 3. Enrolled in a smoking cessation program

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# Patient Education Materials



I am proud to be a  
**#SmokeFreeMom**

- Brochures
- Posters
- Videos
- Retractable signs
- AND of course,
- Social media

Of the current American Indian Smokers in Minnesota...  
 Nearly 2/3 want to Quit Smoking but don't know where to start.



# Quit Connections your path to

## commercial tobacco cessation

### PATCHES, GUM OR LOZENGES

Available over the counter



Double your chances of quitting  
 Provides a small amount of nicotine to help reduce cravings

### COUNSELING & SUPPORT

Telephone counseling  
 Internet-based Programs  
 Individual or Group Counseling  
 Counseling + Medication is more effective than any one method alone



### BUPROPRION (ZYBAN, WELLBUTRIN) OR VARENICLINE (CHANTIX)

Prescription only



Reduce nicotine withdrawal symptoms and tobacco cravings

Bupropion can be combined with a patch  
 Do not contain nicotine and are not addictive

### NASAL SPRAY OR INHALER

Prescription only

Reduces tobacco cravings  
 Nicotine nasal spray = medication that you spray into your nostrils  
 Nicotine inhaler = medication that you hold to your mouth and inhale to combat cravings



### COMBINATION OPTIONS

Increase your chances of quitting



Patch

- + Bupropion =
- + Gum =
- + Lozenge =
- + Inhaler =

### TAKE ACTION!

Talk to your doctor or cessation counselor about what cessation option works best for you.

For cessation options and support, Join Quit Connections on Facebook.



American Indian Cancer Foundation.

How can ***you***

help us build

**STRONGER**

*communities?*

*Join us in this fight!*

Support. Share. Learn.

# Our Partners are the Solution

## We Need You As a Partner.

- Collaborate on a Project in your Community
- Share your Time & Talents
- Share your Story about:
  - Making Healthier Choices
  - Finding Cancer Early & Surviving
  - How your family has been changed by cancer
  - Tell others about why we need to do more



**POWWOW**  
**FOR HOPE™**



*American Indian Cancer Foundation's 6th Annual Powwow for Hope*

**SAVE THE DATE | MAY 6, 2017**

PowwowforHope.org | Base Camp Facility, 201 Bloomington Rd, Minneapolis, MN 55111

*We imagine a world without cancer.*

# Keep in Touch with AICAF

[AmericanIndianCancer.org](http://AmericanIndianCancer.org)



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