

George Weiner, MD  
Iowa Consortium for Comprehensive Cancer Control  
February 1, 2007

Representative Foege, Senator Hatch, committee members

Thank you very much for the opportunity to speak to you today on behalf of the Iowa Consortium for Comprehensive Cancer Control. As you have heard recently in the news, we are finally making progress against cancer. For the second year in a row, cancer deaths in the United States, and in Iowa, have decreased. It is exciting that we are starting to make progress, yet still have a long way to go. Over 6,000 Iowans still die each year from cancer. This is unacceptable.

Statistics don't always speak to the personal burden of cancer. Indeed, my experience with cancer is both personal and professional. Both of my parents died of cancer; my mother when I was a young teenager and my father just a couple years ago. I am a cancer physician who cares for patients with cancer. I am an active cancer researcher and devote approximately half my time to working on new approaches to using the immune system to prevent and treat cancer. I serve as the Director of the Holden Comprehensive Cancer Center at the University of Iowa and have an understanding of the cancer research being done in many fields. Over the past few years I have come to realize the importance of public policy in the fight against cancer, and serve as Chair as the Iowa Consortium for Comprehensive Cancer Control. It is in this capacity that I am speaking with you today.

Continued progress against cancer is dependent on a combination of "Discovery" and "Delivery". By "Discovery" I mean research into new approaches of cancer prevention, early detection, and treatment such as those being developed and evaluated at the Holden Comprehensive Cancer Center. Less than 10% of grants submitted to the National Cancer Institute are currently being funded by the federal government, and many outstanding ideas are going untested. As a cancer researcher and director of a cancer research center, I am passionate about the importance of cancer research and the potential it holds for decreasing suffering and death from cancer in the future.

Equally important is "Delivery". By "Delivery" I mean making sure all Iowan's can benefit from what we already know. You, as our state leaders, have played an important role in driving us to evaluate how effective "Delivery" of comprehensive cancer control is in Iowa. In 2001, Iowa House File 726 was passed. This file called for a report on the burden of cancer in Iowa, including evaluation of the incidence and prevalence of cancer, current cancer control efforts, and a review of cancer screening guidelines.

Based on this bill, the Iowa Consortium for Comprehensive Cancer Control was established. The Consortium is composed of over 100 individuals representing 50 agencies from across the state. In 2002, the Consortium developed and published a report of the burden of cancer in Iowa, and one year later, developed Iowa's first cancer control

plan. In 2003, we obtained a small amount of funding from the National Center for Disease Control (CDC) to continue statewide cancer control planning efforts. In 2006 the Consortium revised our cancer control plan, and with a grant from C-Change, determined what additional support would be required to fully implement our cancer control plan. Both the plan and the draft budget were unanimously endorsed by Consortium members. I have several copies of these documents with me today.

From its inception, the top priority of the Consortium has been to increase the tax on a pack of cigarettes by at least \$1. This is our top priority because a significant increase in the price of cigarettes has been proven to decrease youth smoking. This important public health care measure has been discussed by many others who have spoken to this committee including Gary Streit, Dr. John Lowe and Dr. Christopher Squiers, and is the focus of a guest column from me published in the Des Moines Register on January 25, 2007 entitled "For Best Bang, Increase Tax on Tobacco by a Buck." For the sake of time, I will not go into this further, but refer you to this prior testimony and my opinion piece for further details concerning the vital importance of moving forward with a full \$1 increase in the price of a pack of cigarettes.

The Consortium identified other important cancer control issues for Iowa. Some of the highest priority items are general health measures and are not specific for cancer. Many of these are addressed in the current version of the Health Policy bill. These include the need for a significant additional investment in tobacco control and in programs geared towards physical fitness and obesity. We appreciate and support the inclusion of these important topics in the Health Policy bill.

I would note that the word "cancer" does not appear in the current draft of the Health Policy bill and hope that some of the cancer-specific issues identified in the Consortium's plan can be addressed. Two such issues are cancer screening and cancer research.

Many Iowans are not obtaining cancer screening, such as colonoscopy and mammography, as recommended by established guidelines that are based on scientific research. The early detection of cancer can prevent unnecessary morbidity and mortality from cancer. Increased use of cancer screening results in detection of cancers when treatment is easier and more effective, would result in long-term health and economic benefits for our state.

The Consortium also identified the need for a statewide cancer control research program. As we envision it, applications for research funding from such a program would be solicited from both public and private institutions across Iowa. They would be reviewed based on the scientific rigor of the proposal and the potential for an impact on the health and well being of the people of our state. Again, this would represent a long term investment in the health and economy of Iowa.

In conclusion, I would like to thank the committee for allowing me to speak to you today on behalf of the Consortium. I believe the Consortium, which was formed in response to the Iowa legislature, has done an outstanding job responding to your charge by

identifying how we, as a state, can decrease suffering and death from cancer. As I have just reviewed, we believe the most important single step in that direction is an increase in the tax of tobacco by at least \$1 which we will support irrespective of how the resulting revenue is to be used. We are particularly pleased to see that the current bill includes such an increase in the price of tobacco. We support inclusion of tobacco control and fitness as important for the health of our citizens and endorse the inclusion of such approaches in the new legislation. We hope you will see the wisdom of beginning the process of addressing cancer-specific items identified in the cancer control plan developed by the Consortium, including those related to cancer screening, and the ongoing need for cancer research, as we believe investment in these issues will also have long term benefits for the people of Iowa.

# Changing the Face of Cancer in Iowa

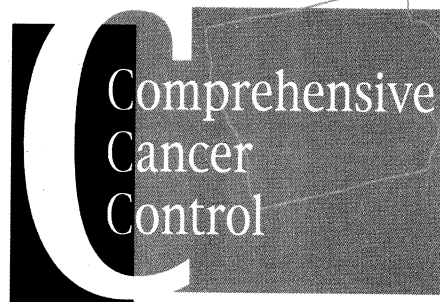
## Iowa Consortium for Comprehensive Cancer Control

**George Weiner, MD**

Chair, Iowa Consortium for Comprehensive Cancer Control

- 1) Power point presentation that provides additional points not covered in oral comments
- 2) Opinion piece from Des Moines Register on tobacco tax
- 3) Cover letter and data outlining costs to fully implementing Iowa's comprehensive cancer control plan

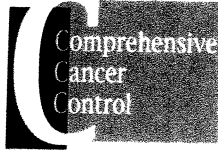
Full cancer control plan can be found at  
<http://www.canceriowa.org/about/06-11cancerplan.pdf>



Changing the Face of Cancer in Iowa  
Iowa Consortium for Comprehensive  
Cancer Control

George Weiner, MD

Chair, Iowa Consortium for Comprehensive Cancer  
Control



[www.canceriowa.org](http://www.canceriowa.org)

My Personal Perspective – George Weiner

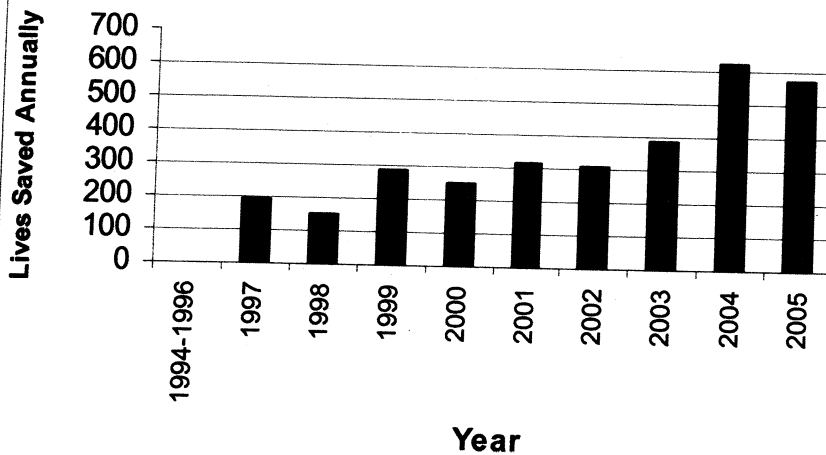
- Personal - Lost both parents to cancer
- Physician - Medical oncologist who cares for patients with cancer
- Researcher – Directs research program exploring new approaches to using the immune system to treat cancer
- Administrator – Director of the Holden Comprehensive Cancer Center
- Public Policy
  - Iowa Consortium for Comprehensive Cancer Control (Chair)
  - Association of American Cancer Institutes (Board of Directors)
  - American Society of Hematology (Governmental Affairs Committee)
  - National Cancer Institute (Cancer Centers review committee)

## Cancer Mortality in Iowa

Cancer Site	Death rate 1994-1996	Expected deaths 1995-2005 if no Improvement	Actual deaths 1995-2005	Lives Saved
<b>All Sites</b>	<b>196.4</b>	<b>60,596</b>	<b>57,530</b>	<b>3,066</b>
Prostate	36.0	4,411	3,571	840
Colon	23.2	7,358	6,564	794
Breast	29.0	4,880	4,172	708
Lung	54.1	16,341	15,682	659

Expressed per 100,000 and age-adjusted to Year 2000

**Estimated lives saved since 1996 in Iowa by  
improvements in cancer research and cancer  
control**



## Over 6,000 Iowans die each year from cancer

We can decrease the pain and suffering  
from cancer in Iowa by investing in both  
**Discovery and Delivery**

- 1) **Discover** new approaches to cancer prevention, early detection and treatment  
Holden Comprehensive Cancer Center



- 2) **Deliver** advances related to cancer prevention, early detection and treatment to the people of Iowa  
Iowa Consortium for Comprehensive Cancer Control



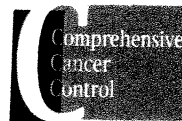
## In 2001, HF 726 called for a report on cancer in Iowa

- Assessment of incidence and prevalence of cancer in Iowa
- Evaluation of effectiveness of current cancer control efforts
- A review of screening guidelines
- An effort to identify federal funding to support aspects of cancer control

## Iowa Consortium for Comprehensive Cancer Control (ICCCC) Established

100 Individuals representing 50 agencies

Logistical support from IDPH



- 2002 – Submitted Report on Burden of Cancer in Iowa
- 2003 – Developed first cancer control plan (Changing the Face of Cancer in Iowa: A State Plan for 2003-2005)
- 2003 – Obtained funding from the Center for Disease Prevention and Control to continue statewide cancer control planning effort
- 2006 – Revised cancer control plan (Reducing the Burden of Cancer in Iowa: A Strategic Plan for 2006-2011)
- 2006 – University of Iowa obtained grant from C-Change to determine additional support that would be needed to fully implement cancer control plan for Iowa
- 2006 – ICCCC members unanimously endorsed plan and Budget



## ICCCC Top Priority



- Increase tax on tobacco by \$1
  - Proven to decrease youth smoking
  - Single most effective way of decreasing suffering and death from cancer
  - Important irrespective of how resulting revenue is used

See guest column from Des Moines Register  
(January 25, 2007) entitled "For best bang,  
increase tax on tobacco by a buck"





## ICCCC Other Priorities



- Increase support for tobacco control
- Increase support for cancer screening
- Develop statewide cancer control research program



## Iowa State-Wide Cancer Control Research Program



Applications would be solicited from both public and private institutions across Iowa

A review panel composed of individuals from Iowa and other states with expertise in

- Cancer prevention and control
- Cancer biology
- Cancer clinical trials
- Early detection of cancer
- Quality of life
- Survivorship
- Health economics

The committee would review all applications and select the most meritorious for support

Awardees would report on results on a yearly basis



## Iowa State-Wide Cancer Control Research Program



### Examples

- Cancer control research infrastructure such as a statewide clinical and prevention network
- Evaluation of the effectiveness of cancer prevention and control activities in Iowa
- Cancer scholar awards to recruit the best and the brightest to Iowa in areas of greatest need
- Seed/Pilot grant funding that will serve to "prime the pump" of new cancer research programs to enhance their competitiveness for national awards
- Translational research awards to facilitate testing the clinical potential of promising research ideas that come from Iowa's laboratories



## Conclusion



- The ICCCC has responded to the charge it was given by the Iowa state legislature
- ICCCC Top Priority
  - Increase tax on tobacco by \$1
    - Primary purpose is not revenue generation, but to decrease tobacco use by youth
- ICCCC Other Priorities
  - Identify additional resources for incremental strengthening of other cancer control priorities established by the ICCCC

**DesMoinesRegister.com****The Des Moines Register**

Published January 25, 2007

## For best bang, increase tax on tobacco by a buck

By GEORGE WEINER  
IOWA VIEW

It is time to increase the tax on cigarettes in Iowa by \$1 a pack. Doing so would be among the most important public-health measures ever implemented in Iowa. It would save thousands of lives.

Study after study has shown that fewer teens take up smoking when cigarettes are more expensive. The quit rate among teens and adults increases as the price of cigarettes goes up. Over time, states with high tobacco taxes and strong antismoking programs have decreased rates of tobacco-related disease, and this in turn results in a healthier work force and lower health-care costs.

The tobacco industry is aware of the impact cigarette price has on youth smoking. It knows people who don't get addicted to nicotine in their teens are unlikely to take up the habit. That's why the tobacco industry invests so much opposing a significant increase in the tobacco tax. It also provides kickbacks to retailers who sell cigarettes and join in efforts to block an increase in the price of cigarettes.

These opponents of a higher tobacco tax advance a number of arguments against raising the price of cigarettes. These are all a smoke screen designed to keep smoking rates high and protect the profits of the tobacco industry. They do not hold up to careful examination.

You will hear that border towns will be hurt economically when smokers cross the border to buy cheaper cigarettes from retailers in neighboring states that have a lower tax. Research in states that have raised their taxes indicates this border effect is minor and affects in-state sales of cigarettes by less than 5 percent. The majority of smokers buy cigarettes one pack at a time at the highest-priced outlets - convenience stores. It doesn't make sense for them to take the time (or spend the gas money) to drive across the border to make such a purchase.

You will hear that the tobacco tax is a regressive tax, hurting those who can least afford to pay it. Those who buy cigarettes are the ones who suffer most from tobacco-related diseases and, in fact, benefit most from policies that decrease tobacco use.

You will hear that a smaller increase in the tax will achieve the desired goal. Study after study has demonstrated that the higher the price of cigarettes, the lower the teen smoking rate, and the greater the health benefit.

You will hear that we should not increase the cigarette tax by \$1 because we can't agree on how to use the resulting revenue. The \$1 increase is primarily about the health of our youth, not about generation of revenue. A vigorous discussion about how we should use the resulting revenue should not impact enthusiasm for a \$1 increase. My preference would be that a significant portion of the new revenue be used for tobacco control, cancer control and cancer-research programs. This would enhance our ability to address the health issues caused by tobacco that impact the people who pay the tax.

Let's put this in perspective. As a cancer researcher, I am aware that one-third of the 6,000 cancer deaths in Iowa each year are due to tobacco use. As a cancer physician, I have tried to help many wonderful people who have suffered and died unnecessarily from cancers caused by smoking. Uniformly, these people wish they had quit at an early age, or, better yet, never taken up the habit. Never have I had cancer patients or their loved ones say they were grateful that the price of their cigarettes was low.

An easy and proven method for decreasing this unnecessary suffering and death is in our grasp. Yes, a smaller increase in the cigarette tax would be better than no increase at all, but we should not nickel and dime the future health of Iowans.

**Dr. GEORGE WEINER is director of the Holden Comprehensive Cancer Center and chair of the Iowa Consortium for Comprehensive Cancer Control.**

# Iowa Consortium for Comprehensive Cancer Control

## CHANGING THE FACE OF CANCER IN IOWA

### Reducing the Burden of Cancer in Iowa Investing in Comprehensive Cancer Control

Cancer affects all Iowans. Each year, an estimated 16,000 Iowans are diagnosed with cancer and over 6,000 die from the disease. This does not have to be the case—much is already known about how to reduce the suffering and death due to cancer. By using proven strategies to prevent cancer, provide regular screenings to detect it early, educate the public about appropriate treatments, and improve the quality of life for cancer patients and survivors, more lives can be saved. This comprehensive approach to fighting cancer is being undertaken by the Iowa Consortium for Comprehensive Cancer Control (ICCCC), a group comprised of over 100 individuals representing over 50 organizations throughout the state. The ICCCC has written a cancer control plan to reduce the burden of cancer in Iowa. Pooling their resources, these stakeholders have begun the work of statewide cancer control; however, with limited funding, these efforts fall short of their potential.

Through a grant from C-change, the ICCCC has estimated the additional funds that would be needed on an annual basis to fully implement Iowa's cancer control plan. The budget includes sections on cancer Prevention, Screening, Treatment, Quality of Life and Research. Overarching goals included in the budget that address all of these issues include the need to address disparities in access to care, and a Statewide Iowa Cancer Control Research Program designed to enhance our ability to develop state-of-the-art cancer control for the people of our state in the years ahead.

The cost of treating cancer that is identified through a more rigorous screening program is not included in this estimate, but neither is the savings that would result from the prevention, earlier detection, better treatment, and the resulting reduced morbidity and mortality from cancer. Also excluded from these calculations is the expected major impact this program would have on economic development for Iowa due to both development of intellectual property and a healthier work force.

Members of the ICCCC involved in the development of both the cancer control plan and the budget are Iowa's experts in cancer control and feel the benefits to the health and overall economy of Iowa that would result from this level of investment in cancer control are well worth the cost. The attached budget was unanimously endorsed by members of the ICCCC at a meeting in Des Moines on October 12, 2006, and is intended to serve as a resource and discussion document for further efforts focused on Comprehensive Cancer Control in Iowa.

Most importantly, by working together and implementing Iowa's comprehensive cancer control plan, we can save lives.



...working together to conquer cancer

Additional resources required annually to fully implement the Iowa Consortium for Cancer Control Plan

**Goal 1 - Prevention**

ICCCC Plan Ref.	Description	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Problem 1 - Smoking</b>				
Strategy B Page 16	Increase awareness of and participation in current programs for smoking and other tobacco product cessation	Entire State and Target Regions	Public education and social marketing, Increase QUITLINE capacity, NRT subsidy, Access incidentals, Development and dissemination of language appropriate materials	
Strategy C Page 17	Incorporate tobacco product cessation into counseling programs provided by licensed substance abuse agencies	Entire State	Increase substance abuse agency capacity	
Strategy D Page 17	Eliminate the public's exposure to secondhand smoke in workplaces, restaurants, and all other public facilities	Entire State	Public education and social marketing, Materials development and dissemination	
Strategy E Page 18	Increase funding for Iowa's tobacco prevention program to make it comprehensive in scope	Entire State	Based on CDC recommendations	
<b>Total Cost Problem 1</b>				<b>\$22,919,781</b>
<b>Problem 2 - Obesity</b>				
Strategy A Page 19	Increase the awareness of the relationship of obesity, physical activity and nutrition to cancer	Entire State	Public Education and Social Marketing	
Strategy B Page 19	Support the efforts of <i>Iowans Fit for Life</i> , a CDC sponsored program charged with the creation of a comprehensive state plan to address physical activity and nutrition to prevent obesity and other chronic diseases	Entire State	Partnership and capacity building	
Strategy C Page 20	Support <i>Lighten Up Iowa</i> , a statewide campaign to reduce the prevalence of overweight and obesity among Iowans by increasing physical activity and improving food choices	Entire State	Partnership and capacity building; public education	
<b>Total Cost Problem 2</b>				<b>\$1,040,507</b>
<b>Problem 3 - Sun Exposure</b>				
Strategy A Page 21	Develop an occupational safety plan that identifies skin protection for seasonal, outdoor workers	Entire State	Plan development and dissemination	

**Additional resources required annually to fully implement the Iowa Consortium for Cancer Control Plan**

<b>Strategy B Page 21</b>	Implement community-based interventions, focusing on children and adolescents that: 1) increase awareness that sunburn is a risk factor for skin cancer and 2) implement policy changes to help reduce overexposure to the sun	Entire State	Public education and social marketing, Materials development and dissemination,
<b>Strategy C Page 22</b>	Implement a social marketing campaign to educate Iowa youth regarding the risks associated with excessive exposure to ultraviolet rays from artificial tanning devices	Entire State	Public Education and Social Marketing
<b>Total Cost Problem 3</b>			<b>\$2,130,507</b>
<b>Problem 4 - Radon Exposure</b>			
<b>Strategy A Page 23</b>	Encourage homeowners and buyers to hire certified radon measurement specialists to test all buildings for radon before they are sold and at the time of sale	Entire State	Public Education and Social Marketing
<b>Strategy B Page 24</b>	Support the programs and activities of the Iowa Air Coalition and IDPH that promote mitigation of homes that have tested equal to or above 4 pCi/L	Entire State	Increase agency capacity
<b>Strategy C Page 24</b>	Encourage newly constructed homes and buildings to be built according to the 2000 International Residential Building Code	Entire State	Public Education and Social Marketing
<b>Total Cost Problem 4</b>			<b>\$1,000,000</b>
<b>Problem 5 - Alcohol</b>			
<b>Strategy A Page 25</b>	Support the Goals of the Governor's Office of Drug Control Policy's 2006 Drug Control Strategy	Entire State	Increase agency capacity
<b>Total Cost Problem 5</b>			<b>\$15,254</b>
<b>Problem 6 - DNA Testing</b>			
<b>Strategy A Page 26</b>	Increase availability and knowledge of personalized cancer risk assessment and appropriate susceptibility/DNA testing	Entire State	
<b>Total Cost Problem 6</b>			<b>\$30,507</b>
<b>Total Cost Goal 1</b>			<b>\$27,136,556</b>

\*Many groups across Iowa are involved in anti-tobacco advocacy. Specifics related to individual strategies under "Tobacco" may vary over time with the goal of remaining in synchrony with the priorities and efforts of other anti-tobacco advocacy groups in Iowa.

## Goal 2 - Screening

ICCCC Plan Ref.	Description	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Problem 1 - Screening</b>				
Strategy A Page 28	Increase the general awareness of cancer screening guidelines among Iowans. Increase the knowledge of Iowans regarding personal responsibility for adhering to cancer screening guidelines to detect cancers at earlier, more treatable stages	Entire State	Public education and social marketing, Professional education	
Strategy B Page 29	Utilize the media to increase public awareness and understanding of early detection screening guidelines and practices to facilitate accurate information being reported to the public	Entire State	Public Education and Social Marketing	
<b>Total Cost Problem 1</b>				<b>\$2,100,000</b>
<b>Problem 2 - Recommendations for Screening</b>				
Strategy A Page 30	Enhance the ability of health care providers to recommend or provide early detection services, programs, and procedures for their patients.	Entire State	Professional education (general screening), Professional education targeting colorectal screening, Colorectal screening (uninsured), Cervical screening (uninsured), Breast screening (uninsured)	
Strategy B Page 31	Increase primary care provider knowledge and utilization of existing resources for non-traditional, publicly and privately funded payment for early detection cancer screening services	Entire State	Materials development and dissemination	
<b>Total Cost Problem 2</b>				<b>\$24,442,133</b>
<b>Problem 3 - Reduce Barriers to Screening</b>				
Strategy A Page 31	Assess geographical distribution of healthcare providers trained to perform and interpret early detection screening services for cancer	Entire State	Plan development and dissemination	
Strategy B Page 32	Decrease the financial barriers that restrict Iowans' abilities to access early detection cancer screenings through increased public and provider knowledge of insurance plan coverage options and other non-traditional resources (including free services) for cancer early detection services	Entire State	Public education and social marketing, Professional education	
Strategy C Page 32	Advocate increasing public funding for early detection cancer screenings at entities that provide services at little or no cost to the service recipient	Entire State	Advocacy	

**Additional resources required annually to fully implement the Iowa Consortium for Comprehensive Cancer Control Plan**

<b>Strategy D Page 33</b>	Decrease the screening-related barriers of personal fear and embarrassment that Iowans perceive, inhibiting access to routine cancer early detection services	Entire State	Public Education and Social Marketing
<b>Strategy E Page 33</b>	Decrease the language and cultural belief-related barriers that prevent individuals from accessing early detection screening services.	Entire State	Materials development and dissemination
<b>Total Cost Problem 3</b>			<b>\$2,245,761</b>
<b>Total Cost Goal 2</b>			<b>\$28,787,894</b>



### Goal 3 - Treatment

ICCCC Plan Ref.	Description	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Problem 1 - Patient Education</b>				
Strategy A Page 35	Utilize cancer support groups, HMOs, insurance carriers, the ACS, the ICCCC website and other organizations for exchanging information among cancer patients, families/caregivers, survivors, and physicians.	Entire State		
<b>Total Cost Problem 1</b>				<b>\$40,000</b>
<b>Problem 2 - Physician Education</b>				
Strategy A Page 36	Develop a speakers bureau and other resource databases to facilitate statewide networking and communication among physicians, such as primary care physicians and other primary care providers who diagnose and oncologists who treat cancer	Entire State	Professional Education, Partnership and capacity building	
<b>Total Cost Problem 2</b>				<b>\$115,214</b>
<b>Problem 3 - Barriers to Quality Treatment</b>				
Strategy A Page 36	Identify gaps in treatment options and resources for underserved cancer patients	Entire State	Plan development and dissemination	
Strategy B Page 37	Maintain and expand the ICCCC website as a resource accessible to both patients and healthcare providers, and incorporate it into a broader communication/education source for cancer information and resources.	Entire State	Website expansion, Website maintenance, Public education and social marketing	
Strategy C Page 37	Coordinate with existing agencies to provide transportation for cancer patients to/from cancer treatment facilities.	Entire State	Coordination	
Strategy D Page 38	Identify alternative financial options and other resources available for cancer care for uninsured or low-income cancer patients	Entire State	Plan development and dissemination	
Strategy E Page 38	All cancer patients in Iowa should receive consultation or care at a facility associated with a program accredited by the American College of Surgeons Committee on Cancer	Entire State	Plan development and dissemination	
<b>Total Cost Problem 3</b>				<b>\$1,849,521</b>
<b>Total Cost Goal 3</b>				<b>\$2,004,735</b>

\*This budget does not include costs of treatment for patients identified during enhanced screening activities, nor does it include the eventual savings in both medical care and on the economy in general that will result from more cancers being detected early at more treatable stages.

**Goal 4 - Quality of Life**

ICCCC Plan Ref.	Description	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Problem 1 - Increase Awareness of Quality of Life Issues</b>				
Strategy A Page 40	Increase awareness of quality of life issues and skills to effectively engage survivors in making decisions related to treatment and quality of life.	Entire State	Public Education and Social Marketing	
Strategy B Page 41	Improve the level of cooperative/shared decision making in defining quality of life and develop a plan to increase patient/caregiver awareness of the issue	Entire State	Plan development and dissemination	
Strategy C Page 41	Support healthcare providers, cancer survivors, and caregivers in developing a follow-up plan to cancer treatment.	Entire State	Plan development and dissemination	
<i>Total Cost Problem 1</i>				<b>\$1,061,014</b>
<b>Problem 2 - Pain and Symptom Management</b>				
Strategy A Page 42	Support improved pain management initiatives throughout the state for persons in non-hospital based/hospice settings	Entire State	Current Initiative support	
<i>Total Cost Problem 2</i>				<b>\$30,507</b>
<b>Problem 3 - Support for Cancer patients, Family, Peers, and Community</b>				
Strategy A Page 43	Coordinate resources to support the needs of cancer patients who have completed treatment, particularly addressing physical, emotional, and financial outcomes	Entire State	Plan development and dissemination	
Strategy B Page 43	Increase patient/family awareness of programs and resources available to address the needs of the patient and their caregiver/family	Entire State	Public Education and Social Marketing	
Strategy C Page 44	Increase community awareness of the impact of cancer, and its treatment, on the caregiver	Entire State	Public Education and Social Marketing	
Strategy D Page 44	Educate caregivers on the importance of taking care of themselves	Entire State	Public Education and Social Marketing	
<i>Total Cost Problem 3</i>				<b>\$2,030,507</b>
<b>Total Cost Goal 4</b>				<b>\$3,122,028</b>

## Goal 5 - Research

*NB: Clinical Research Addressed Separately in the Cancer Research Plan*

ICCCC Plan Ref.	Description	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Problem 1 - Reduce Existing Financial Barriers to Clinical Trial Participation</b>				
Strategy A Page 45	Encourage insurance carriers to provide coverage through insurance plans for clinical cancer trial participation and cover routine patient costs for those enrolled in a clinical cancer trial	Entire State	Advocacy	
Strategy B Page 46	Make public aware of insurance carriers coverage of clinical cancer trial participation and coverage of routine care during participation	Entire State	Collation of insurance coverage information, Public education and social marketing	
<b>Total Cost Problem 1</b>				<b>\$1,115,254</b>
<b>Problem 2 - Management of Anxiety Issues around Genetic Privacy</b>				
Strategy A Page 47	Development and enactment of policies for all Iowa insurance carriers and Iowa employees to ensure genetic privacy	Entire State	Policy development and enactment	
<b>Total Cost Problem 2</b>				<b>\$30,507</b>
<b>Problem 3 - Increase Patient Knowledge of Options Regarding Cancer Clinical Trials</b>				
Strategy A Page 48	Develop Iowa-specific companion materials for Iowans recently diagnosed with cancer that can be used in conjunction with nationally developed clinical trials education materials	Entire State	Materials development and dissemination	
<b>Total Cost Problem 3</b>				<b>\$100,000</b>
<b>Problem 4 - Ensure Uniformity of Clinical Trial Availability and Access</b>				
Strategy A Page 49	Maintain and expand central website containing up to date information about open clinical trials across Iowa including contact information and eligibility	Entire State	Website expansion, website maintenance (covered by Goal 3, Problem 3, Strategy B)	
<b>Total Cost Problem 4</b>				<b>N/A</b>
<b>Total Cost Goal 5</b>				<b>\$1,245,761</b>

\*The Iowa Statewide Cancer Control Research Program is included under the "overarching issues" section of this document.

**Additional resources required annually to fully implement the Iowa Consortium for Comprehensive Cancer Control Plan**

**Overarching Goals**

	Geographical Target	Strategy Components	Annual Cost (Base year 2007)
<b>Strategy A</b>	Coordination and navigation to address disparities in access to cancer prevention, early detection and treatment	Entire State	
<b>Strategy B</b>	Quality control, analysis and administration to assure cancer control activities are achieving their goals	Entire State	Includes evaluation
<b>Additional Strategy</b>	Iowa State-wide Cancer Control Research Program	Entire State	See below
<b>Total Cost Overarching Goals</b>			<b>\$37,329,697</b>

*\*Brief description of the Iowa State-Wide Cancer Control Research Program*

Advances that lead to decreasing the burden of cancer begin with research. Investing in a statewide cancer control research program will enhance our ability to bring the newest discoveries to the people of Iowa, and to assure our cancer control activities are having the optimal impact. Examples of the efforts the program would support include

1. Cancer control research infrastructure such as a statewide clinical and prevention network.
2. Rigorous evaluation of the effectiveness of all cancer prevention and control activities.
3. Cancer scholar awards to recruit the best and the brightest to Iowa in areas of greatest need.
4. Seed/Pilot grant funding that will serve to "prime the pump" of new cancer research programs to enhance their competitiveness for national awards.
5. Translational research awards to facilitate testing the clinical potential of promising research ideas that come from Iowa's laboratories.

Applications for support from the Iowa State-Wide Cancer Control Research Program would be solicited from both public and private institutions across Iowa. A review panel composed of individuals from Iowa and other states with expertise in cancer prevention and control, cancer biology, cancer clinical trials, early detection of cancer, quality of life, survivorship and health economics would meet on an annual basis to review all applications and select the most meritorious for support.

## **Totals**

<b>Total Cost Goal 1 - Prevention</b>	<b>\$27,136,556</b>
<b>Total Cost Goal 2 - Screening</b>	<b>\$28,787,894</b>
<b>Total Cost Goal 3 - Treatment</b>	<b>\$2,004,735</b>
<b>Total Cost Goal 4 - Quality of Life</b>	<b>\$3,122,028</b>
<b>Total Cost Goal 5 - Research</b>	<b>\$1,245,761</b>
<b>Overarching Goals</b>	<b>\$37,329,697</b>
<b>Total Cost Comprehensive Cancer Budget 2007</b>	<b>\$99,626,671</b>

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