cancers (in rank order) are lung, colon/rectum, prostate and stomach; while in women, the most frequently diagnosed cancers are breast, colon/rectum, lung and cervix. The top four cancers comprise more than half of all cancers diagnosed in men and women. Rates for lung cancer have increased most rapidly during the 25 years. Although originally, cancer in Alaska Natives occurred *less* often than in U.S. whites, age-adjusted rates for all cancers combined are now as *high* as those of U.S. whites.

Over the years the registry has received financial support from the National Cancer Institute Division of Cancer Etiology and Cancer Prevention and Control. Since 1984 operational support has come from the University of New Mexico Cancer Center and Cancer Registry. Data collected follow NCI SEER (Surveillance, Epidemiology and End Results) Program procedures and guidelines. Computer software (PC-DASH) developed by the New Mexico SEER program has been modified to meet the needs of the Alaska registry. Modification of software was made to include additional demographics, death certificate information, files of cases not meeting criteria for inclusion, and generation of periodic regional lists for follow-up of cancer patients. This system could be useful particularly in other American Indian/Alaska Native facilities treating cancer patients. The presentation will include discussion and examples of the cancer registry - data entry forms, automated and special reports, follow-up lists, etc.

25. Rod Lew, MPH. ***A National Effort to Reduce Tobacco Use Among APIs Through Advocacy, Capacity Building and Leadership Development.*** AAPCHO, 1440 Broadway St., Suite 510, Oakland, CA 94612.

Tobacco is the single most preventable cause of death. Some Asian Pacific Islander American (APIA) ethnic groups, like Laotian and Cambodian, have smoking prevalence for males, well above that for general U.S. males. APIAs are at particular high risk for tobacco-related diseases including lung cancer and heart disease. APIAs are also being heavily targeted by the tobacco industry both here in the U.S. and overseas. Despite some accomplishments among APIA tobacco control projects in California, nationally APIAs still have a low capacity to respond to tobacco control. However, CDC funded the APPEAL Program to address tobacco control for APIA's. The APPEAL Program has increased its membership to 125 organizations and has helped to build the capacity of local regions throughout the U.S. and the Pacific. This session will discuss APPEAL's national tobacco control agenda and strategies focusing on three major areas: capacity building, policy/advocacy and models for leadership development. It will also review the planning process for the 1997 APPEAL Tobacco Control Leadership Summit.

26. Dawn Lewis, BS, Karyn Jones MS, Roxanne Parrott, PhD. ***Expanded Partnerships Reaching the Medically Underserved with Cancer Prevention and Detection Information.*** 707 East Ward St., Douglas, GA 31533.

Statement of the Problem: Migrants do not have health insurance and do not seek preventative health care or services such a s mammograms or pap tests.

Purpose of the Research Project: To improve access to cancer prevention and detection information, education, and screening for migrant farm workers and their families and to develop innovative cancer prevention programs.

Methodology/Approach to Solving the Problem Disseminate cancer control information in Spanish regarding the prevention and early detection of skin, breast, and cervical cancer. The project partially funded Migrant Health Clinics and outreach workers for two counties. Brochures, T-Shirts, water bottles, magnets, sun protection hats, coloring books, and paint sheets all with health care and prevention messages. The project partnered with another program called BreasTEST and BreasTEST & More to provide information and preventative health care for breast and cervical cancer. We also partnered with hospitals and doctors to provide necessary treatment at no cost to the patients. The migrant health clinics were given breast models to teach self-breast

exams. We also attended migrant health fairs and conducted interviews to find out what migrants knew about cancer and health care services. Other questions on the interview sheet were social activities and gathering places. We wanted to find out where the best places would be to post any health care messages. In return for the completed surveys, each participant received one of the following: water bottle, t-shirt, or magnet. The children who were present received a coloring book or paint sheet.

Results: Our combined efforts have resulted in the screening of over 300 low-income Hispanic women for skin, breast, and cervical cancers. Two women have had pre-cancerous lumps removed and approximately 50 women have been treated for precancerous changes of the cervix. In 1995, 144 Hispanic women received pap smears. In the first six months of 1996, 139 women have received pap smears. These figures are based on the five counties the project is working in.

Outcome/Conclusions: The partnership with an existing state program proved highly successful in reaching our target population. The extensive research conducted prior to the intervention assisted our efforts to be culturally sensitive while fulfilling the migrants' health education needs.

27. Dawn Lewis, BS, Karyn Jones, MS, Roxanne Parrott, PhD. ***Extensive Research Overcomes Barriers in Reaching Minorities with Cancer Prevention and Detection Information/Treatment.*** 707 East Ward St., Douglas, GA 31533.

Statement of Problem: Farm families tend to have less health insurance, less coverage for preventative care, and often do not seek preventative services such as mammogram and pap tests.

Purpose of the Research Project: To improve access to cancer prevention and detection information, education, and screening for agricultural workers and their families and to develop innovative cancer prevention and detection programs.

Methodology/Approach to Solving the Problem: Disseminate cancer control information regarding the prevention and early detection of skin, breast, and cervical cancer to farm wives through health fairs, direct mail, and educational seminars. The project partnered with an existing program called BreasTEST and BreasTEST & More which provides free pap tests and mammograms. This program has been advertised at various meetings that farm wives attend & brochures handed out. We also provide free self-breast exam training with mini-breast models.

Results: Since the project started 1,927 women have been screened in the counties which are receiving the project information. In the control counties only 513 women have been screened.

Outcomes/Conclusions: A partnership with existing resources and programs, and a combined approach to disseminating information where the target population go contribute to the success of this project.

28. Linda Linville, PhD, Marilyn Swan. **Woman Talk: *A Video Promoting Cervical Health.*** Markey Cancer Center, 206 Davis Bldg., MCC/MRI, Lexington, KY 40536-0098.

Woman Talk... was produced to assist health care providers with a tool to educate women on the risks of lack of prevention and early detection with regard to cervical cancer. The purpose of this production was to explore the barriers to screening and counter this with education regarding benefits that were meaningful to women. Educating women of all ages about the disease, HPV and how to talk to one's teenage daughters were the main objectives. Particularly rural, poor and often women of limited literacy levels, cervical cancer morbidity and mortality are quite high. Thus the target population for utilization of this production are rural women of all ages, with a racial composition to represent the rural Midwest locality. A social marketing process methodology was used to cover issues of knowledge, attitudes, and behaviors regarding cervical health. A diverse population of women of all ages, women at risk, parents and health educators were

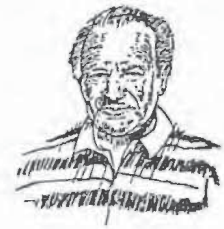
6TH Biennial Symposium on Minorities, the Medically Underserved & Cancer

April 23-27, 1997
Washington, DC







SYMPOSIUM PROGRAM

Session V — *YORKTOWN*

- Thomas S. Granchi, Co-Chair
- Vivian Porche, MD, Co-Chair

3:15 Terry Davis, PhD
Non-Traditional Approach Improved Mammography Screening in a Public Hospital

3:30 Georgia Robins Sadler, PhD
Breast Cancer Screening Adherence in African American Women: Black Cosmetologists' Promoting Health Program

3:45 M. McCurdy, MSA
Outreach Strategies for Middle Aged & Older Women - Community Based Organization Demonstration Projects

4:00 Edward Partridge, MD
The Black Belt Cancer Linkage Initiative (BBCLI) Cancer Management in Rural Alabama

4:15 Dawn Lewis, BS
Expanded Partnerships Reaching the Medically Underserved with Cancer Prevention and Detection Information

4:30 Sheila Thompson and Keith Rodgers
Using Lay Volunteers to Reduce Women's Cancer and Cardiovascular Disease Risks

4:45 Dawn Lewis, BS
Extensive Research Overcomes Barriers in Reaching Minorities with Cancer Prevention and Detection Information/Treatment

5:00 Ellen Phillips-Angeles, M.S.
King County Breast and Cervical Health Program: Tapping Women's Power to Improve Women's Health

Session VI — *VALLEY FORGE*

- Moon S. Chen, Jr., PhD, Co-Chair
- Marion C. Johnson-Thompson, PhD, Co-Chair

3:15 Tom Baranowski, PhD
Ethnic Differences in Cancer Risk Behaviors in the Transition Out of High School

3:30 Roselyn Payne Epps, MD, MPH, MA
A Comprehensive Minority Intervention to Tobacco Control

3:45 Terry Davis, PhD
Tobacco Knowledge and Practices Among African American and White Low-Income Pregnant Women

4:00 Rod Lew, MPH
National Effort to Reduce Tobacco Use Among APIs Through Advocacy Capacity Building and Leadership Development

4:15 Royalyn Reid, MS
Increasing African American Volunteer Involvement in the American Cancer Society Establishing, Strengthening and Maintaining Relationships

4:30 Janet Hegland, BS
Increasing the Likelihood of Identifying an Unrelated Marrow Donor for Minority Patients: A Progress Report of the NMDP

4:45 Marilyn Duncan, MD
Development of a Minority Focus in the Cooperative Group Setting The Pediatric Oncology Group (POG) Experience

5:00 Anne Lanier, MD, MPH
The Alaska Native Tumor Registry: Report of 25 Years of Cancer Data and Operation of the Registry

6:00 PM - 8:30 PM CONGRESSIONAL FORUM ON CAPITOL HILL — *DIRKSEN SENATE OFFICE BUILDING I, ROOM G-50*

Hosted by the Intercultural Cancer Council

Members of Congress to be Announced

STATEMENTS FROM MEMBERS OF CONGRESS
BRIEF PRESENTATIONS FROM CONSTITUENTS

Research and Training
- Franklin C. Prendergast, MD, PhD
- John F. Alderete, PhD

Cancer Prevention & Control
- Armin D. Weinberg, PhD
- Linda Burhansstipanov, DrPH, MSPH

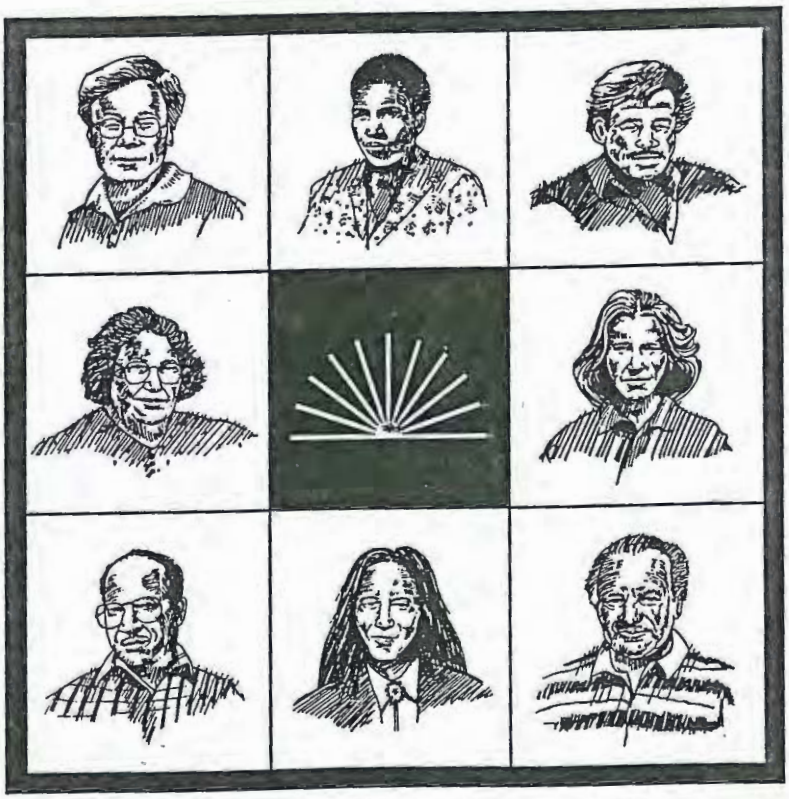
Managed Care
- David S. Rosenthal, MD

Survivorship
- Ellen L. Stovall
- Susan M. Shinigawa

Policy Considerations
- Donald S. Coffey, PhD
- Lovell A. Jones, PhD

Open Mike Session

6TH BIENNIAL SYMPOSIUM ON MINORITIES, the MEDICALLY UNDERSERVED & CANCER



HYATT REGENCY ON CAPITOL HILL, WASHINGTON, DC
APRIL 23-27, 1997

FINAL PROGRAM