

Combating Cancer in the City of Medicine

Originally printed in the Herald Sun on May 13, 2008

Tasha B., a 32 year old mother of three, lives in Durham. After breastfeeding her youngest child one day, she noticed that her breast was sore, had lumps, and continued discharge. Because of her age, and the fact that she recently breast fed, her doctor suggested that her problems were because of clogged milk ducts. Unfortunately, the symptoms never subsided and she was diagnosed with inflammatory breast cancer. Following chemotherapy and radiation, she died within six months of her diagnosis. There was no other history of breast cancer in her family.

This was not the case with Taron L., a 43 year old female, and mother of one. Her mother died at the age of 46 with breast cancer. Taron had noticed a palpable lump and nipple discharge for approximately four months. She had just started working as a certified nursing assistant and could not afford the cost of insurance. In addition, she was fearful to seek treatment because she was the caregiver for her mother during the final stages of her battle with cancer. When the symptoms became unbearable, she sought treatment at a local free clinic. She was diagnosed with metastatic breast cancer and is preparing to undergo a mastectomy along with chemotherapy and possible radiation therapy.

These were two very different cases, but there are similarities. They are both African-American women who live in Durham and lack health coverage. Cancer is the number one cause of death in Durham County, killing 1,945 Durham residents between 2001 and 2005, accounting for 23% of all deaths in our County. During that same time, 5,079 Durham residents were diagnosed with some form of cancer. Of particular concern are the rates of female breast cancer and male prostate cancer that continue to be higher than the overall rates in North Carolina.

There are important differences to note in cancer deaths in Durham, with minority males in particular having higher rates of cancer deaths (312.6 deaths per 100,000 people) than their white male counterparts (235.6 deaths per 100,000 people). Looking at state rates, the number of women diagnosed with breast cancer is slightly higher among white women (148.3 cases per 100,000 people) than minority women (141 cases per 100,000). However, the breast cancer *death* rate for minority women is higher than that of white women (32.5 per 100,000 versus 23.4 per 100,000). In other words, white women are more often diagnosed with breast cancer, but minority women are more likely to die from it. This may be because minority women are less likely to have access to healthcare and delay seeking diagnosis and treatment. Prostate cancer is different – minority men in Durham are more likely both to have prostate cancer *and* die from it (214.5 cases and 52 deaths per 100,000 people) compared to white men (132 cases and 21.3 deaths per 100,000 people).

Current estimates are that four of every ten North Carolinians will develop cancer at some time during their lives. The probability that an individual will develop cancer or die from it at some point during his/her lifetime is a little more than 1 in 3 women and about 1 in 2 for men (most of these deaths occur later in life). Cancer significantly impacts life, longevity, and productivity,

and takes an economic toll as well. Death and disability from cancer led to 259,318 years of productive life lost in North Carolina in 2000.

We know that genetic predisposition for certain conditions or diseases, including cancer, can be a strong predictor for what health problems we may develop. We also know that the environments we live in and the personal choices we make can influence our health. Lifestyle choices such as eating a healthy diet, getting plenty of exercise and not smoking can help reduce the risk of cancer. Obtaining medical care is critical, because routine screenings for common forms of cancer can help detect the disease early on, greatly improving chances of survival. When cancer treatment is necessary, it can often be long and complex, sometimes requiring several rounds of treatment. Patients not only need insurance to help pay the cost of this treatment, but social and sometimes economic support for the duration of it.

Many good programs are in place in Durham County to help prevent and treat cancer. State agencies such as the Office of Minority Health and Health Disparities work with local programs to target some of these health promotion programs to communities suffering from health inequities. There are also several screening options for cancers, including several which offer mammograms and pap smears to uninsured women who qualify.

Cancer can be a scary experience for those who suffer from it as well as their families and communities. With better lifestyle choices, a healthier environment, and access to screenings and treatment, we can bring down the number one killer in our County.

Clip and save

Community Health Coalition – A local program that seeks to reduce preventable death and disease in Durham's African-American population using the Healthy People 2010 guidelines. They have a program in local African-American Churches specifically focused on preventing breast cancer in local African-American churches. 470-8680. www.chealthc.org.

Durham County Health Department provides screenings for early detection of breast and cervical cancer in Durham County for women ages 50-64 who do not have Medicare, Medicaid or private insurance, and whose families earn less than 250% of the federal poverty level. 560-7658. www.durhamcountync.gov/departments/phth/

Duke Comprehensive Cancer Center – A research and care center rated as one of the top ten cancer hospitals in the country. 1-888-ASK-DUKE. www.cancer.duke.edu

Duke University Breast Cancer Resources – Resources for breast cancer screening and Navigator services for African American Women. Contact Stephanie Robertson (919) 668-3051 or rober141@mc.duke.edu. Alternative contact: Victoria Seewaldt, M.D. seewa001@mc.duke.edu

UNC Lineberger Comprehensive Cancer Center / NC Cancer Hospital – Patients in need of financial assistance may be eligible for UNC Health Care's Financial Assistance Program. A patient must be a North Carolina resident, have household income of 250% of the federal poverty

level or less and have limited assets (such as bank accounts, but not including the home one lives in). Charity Care Help line: (866) 704-5286

North Carolina Cancer Assistance Program - Eligible North Carolinians may be covered through the Cancer Assistance Program (CAP) for inpatient and/or outpatient diagnostic services of cancer or suspected malignancies and for the treatment of cancer. To qualify, one must meet three eligibility requirements. <http://www.nccancerassist.com/eligibility.shtml>

NC cancer.com – Comprehensive website of information for patients, families and healthcare professionals
<http://www.nccancer.com/>

Social Security Administration (SSA) – Persons with cancer may be considered disabled – unable to work – and eligible for disability benefits through the SSI or SSDI programs. Local office - (919) 541-5442 or 1-800-772-1213 or www.socialsecurity.gov/applyfordisability/

Planned Parenthood of Central North Carolina offers several services, including cancer screenings. www.plannedparenthood.org/centralnc. 866-942-7762.

Sisters Network Triangle of North Carolina – is dedicated to providing a support system to African American cancer survivors by networking with oncologists, oncology treatment centers, cancer patients, and the African American community at large. <http://sistersnetworkinc.org/>

Triangle Affiliate of Susan G. Komen for the Cure – www.komennctriangle.org