



## Resources

Agency for Healthcare Research and Quality (AHRQ): <http://www.ahrq.gov/>

American Cancer Society (including American Cancer Society Facts and Figures): [www.cancer.org](http://www.cancer.org)

American College of Surgeons, Commission on Cancer: <http://www.facs.org/cancer/coc/coc.html>

American Society of Clinical Oncology (ASCO) – People Living With Cancer: [www.plwc.org](http://www.plwc.org)

Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/>

Cancer Care: [www.cancercare.org](http://www.cancercare.org)

Cancer Control Planet : <http://cancercontrolplanet.cancer.gov> (see other states' CCC plans)

Cancer Plan: <http://www.cancerplan.org>

C-Change: <http://www.ndoc.org/default.asp>

Centers for Disease Control and Prevention (CDC): [www.cdc.org](http://www.cdc.org) and <http://www.cdc.gov/od/ads/opspoll1.htm>

CDC Evaluation Working Group: <http://www.cdc.gov/eval/framework.htm>

Colorectal Cancer Costs in Montana: <http://gastro.org/pubPolicy/issueBriefs/urges.html>

Council of State Governments: <http://www.healthystates.csg.org/>

Entrez PubMed: [www.ncbi.nlm.nih.gov/entrez](http://www.ncbi.nlm.nih.gov/entrez)

Healthy People 2010: <http://www.healthypeople.gov/default.htm>

Lance Armstrong Foundation: <http://www.laf.org/>

Montana Central Tumor Registry Annual Report: [www.cancer.mt.gov](http://www.cancer.mt.gov)

Means to a Better End: A Report on Dying in America Today: [www.endoflifecommission.org/end\\_pages/national\\_report.htm](http://www.endoflifecommission.org/end_pages/national_report.htm)

Messengers for Health Project: Suzanne Christopher, Ph.D., Principle Investigator: [suzanne@montana.edu](mailto:suzanne@montana.edu) or 406-994-6321

National Comprehensive Cancer Control Program: <http://www.cdc.gov/cancer/ncccp/index.htm>

National Cancer Institute (NCI): [www.cancer.gov](http://www.cancer.gov) and National Cancer Institute's Cancer Information Service: <http://cis.nci.nih.gov/>

NCI Cancer Progress Report: <http://progressreport.cancer.gov/>

National Coalition for Cancer Survivorship: [www.canceradvocacynow.org](http://www.canceradvocacynow.org)

National Comprehensive Cancer Network: <http://www.nccn.org/default.asp>

National Consensus Project on Quality Palliative Care: <http://www.nationalconsensusproject.org/index.html>

Partnership For Prevention: <http://www.prevent.org/index.cfm>

Youth Risk Behavior Surveillance System: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>; <http://www.opi.state.mt.us/>

## Glossary

<b>Alternative medicine</b>	Therapeutic approaches used in place of traditional medicine to treat or ameliorate disease, that do not follow generally accepted medical methods and may not have a scientific explanation for their effectiveness.
<b>Cancer</b>	The umbrella term to describe many different diseases in which cells grow and reproduce out of control.
<b>Cancer burden</b>	Overall impact of cancer in a community.
<b>Carcinogen</b>	Any substance known to cause cancer.
<b>Clinical trials</b>	Research studies that involve patients. Studies are designed to find better ways to prevent, detect, diagnose, or treat cancer and answer scientific questions.
<b>Complementary medicine</b>	Practices used to enhance or complement standard treatments, but which are not recognized as standard or conventional medical approaches.
<b>Culturally competent</b>	Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that enable effective work in cross-cultural situations.
<b>Distant stage</b>	Cancer has extension beyond adjacent organs or tissues or metastases to distant site(s) or distant lymph node(s).
<b>Epidemiology</b>	The study of disease incidence and distribution in populations, and the relationship between environment and disease. Cancer epidemiology is the study of cancer incidence and distribution as well as the ways surroundings, occupational hazards, and personal habits may contribute to the development of cancer.
<b>Evidence-based</b>	The process of systematically appraising, and using contemporaneous research findings as the basis for clinical decisions.
<b>Five-year survival</b>	Five-year survival is a term commonly used as the statistical basis for successful treatment. A patient with cancer is generally considered cured after five or more years without recurrence of disease.
<b>Follow-up</b>	Monitoring a person's health over time after treatment. This includes keeping track of the health of people who participate in a clinical study or clinical trial for a period of time, both during the study and after the study ends.
<b>Genetic susceptibility</b>	An inherited increase in the risk of developing a disease.
<b>Healthcare providers</b>	Practitioners in disease prevention, detection, treatment, and rehabilitation are known as healthcare providers. They include physicians, nurses, dentists, dietitians, social workers, therapists, Indian Health Service units, tribal health care facilities, complementary medicine providers, and others.
<b>Health disparities</b>	Differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States.
<b>High risk</b>	The chance of developing cancer is greater for an individual or a group of people than for the general population. People may be considered to be at high risk from many factors or combination of factors, including family history, personal habits, or exposure to carcinogens.
<b>Hospice</b>	Special care for people in the final phase of illness, their families, and caregivers; usually provided in the patient's home or a homelike facility.
<b>Incidence</b>	Incidence is the number of times a disease occurs in a given population. Cancer incidence is the number of new cases of cancer diagnosed each year. The Montana Central Tumor Registry maintains cancer incidence data in Montana.
<b>Incidence rate</b>	A measure of the rate at which new events occur in the population. The number of new cases of a specified disease diagnosed or reported during a defined period of time is the numerator, and the number of persons in the stated population in which the cases occurred is the denominator.
<b>Informed decision-making</b>	Choices and preferences stated after the individual understands the nature and risks of the cancer diagnosis and treatment options.
<b>Integrative medicine</b>	Combining the best ideas and practices of conventional and alternative medicine into cost-effective treatments in the best interests of patients, to stimulate the potential for natural healing. It neither rejects conventional medicine nor embraces alternative practices uncritically.
<b>Localized stage</b>	Cancer that is limited to the site of origin. There is no evidence of metastasis elsewhere in the body.

<b>Malignancy (or malignant)</b>	Cancerous; can invade nearby tissue and spread to other parts of the body.
<b>Metastatic cancer stage</b>	Cancer that has spread from the place in which it started to other parts of the body.
<b>Moderate physical activity</b>	Physical activity that does not cause sweating or hard breathing.
<b>Morbidity</b>	Any departure, subjective or objective, from a state of physiological or psychological well being. In this sense, sickness, illness, and morbid condition are similarly defined and synonymous.
<b>Mortality rate</b>	A rate expressing the proportion of a population who die of a disease, or of all causes. The numerator is the number of persons dying; the denominator is the total population (usually the midyear population) in which the deaths occurred. The unit of time is usually a calendar year. To produce a rate that is a manageable whole number, the fraction is usually multiplied by 1,000 to produce a rate per 1,000. This rate is also called the “crude death rate.”
<b>Obesity</b>	A condition in which a person has abnormally high amounts of unhealthy body fat; medically defined as a BMI of 30 or greater.
<b>Overweight</b>	Being too heavy for one’s height. Excess body weight can come from fat, muscle, bone and/or water retention. Being overweight does not always mean being obese (25.0 to 29.9 BMI).
<b>Palliative care</b>	Care that does not alter the course of a disease, but improves the quality of life.
<b>Prevalence</b>	In medical terminology, prevalence typically has been defined as the number of cases of a disease that are present in a population at a point in time. In the case of smoking prevalence in a population, the term is used to define the number of people in that population who are regular smokers.
<b>Practice guidelines</b>	Provide physicians and other healthcare providers with a medically proven set of directions or principles to assist with patient care decisions, appropriate diagnostic, therapeutic, or clinical procedures; incorporating the best scientific evidence with expert opinion. Recommendations are based on rigorous clinical research and professional consensus.
<b>Primary prevention</b>	The reduction or control of factors believed to be causative for health problems; prevention strategies might include risk reduction, education, health-service intervention, or preventive therapy.
<b>Prostate-specific antigen</b>	A protein whose level in the blood goes up in some men who have prostate cancer or benign prostatic hyperplasia. Also called PSA.
<b>Quality of life</b>	In cancer treatment, the concept of ensuring that cancer patients are able to lead the most comfortable and productive lives possible during and after treatment. New treatment techniques and social and emotional support groups are adding to the quality of life for cancer patients as well as to their survival.
<b>Radon</b>	A radioactive gas released by uranium, a substance found in soil and rock. Exposure can damage lung cells and lead to lung cancer.
<b>Regional</b>	Cancer that extends beyond the limits of the site of origin into surrounding organs or tissues or regional lymph nodes.
<b>Risk factor</b>	Anything that has been identified as increasing the chance of getting a disease, e.g., tobacco use, obesity, age, or family history of some cancers.
<b>Secondary prevention</b>	Involves early detection and treatment, such as mammography for detecting breast cancer or Pap tests for detecting cervical cancer.
<b>Secondhand smoke</b>	Smoke that comes from the burning end of a cigarette and smoke exhaled by smokers. Also called ETS or environmental tobacco smoke. Inhaling ETS is called involuntary or passive smoking.
<b>Stage</b>	A distinct phase in the course of a disease; in cancer, typically defined by containment or spread of the tumor: in situ, localized, regional, or distant spread.
<b>Tertiary prevention</b>	Involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life, such as rehabilitation from injuries. It includes preventing secondary complications.
<b>Translational research</b>	Provides a link between bench science and bedside clinical medicine.
<b>Tribal government</b>	Sovereign, self-governing entities that protect the health, safety, and welfare of their citizens within their geographic boundaries.
<b>Vigorous physical activity</b>	Physical activity that causes sweating and hard breathing.

## Member Information Form

To join the MTCCC in preventing and controlling cancer in Montana, please complete and return this form.

Name: \_\_\_\_\_ (Credentials) \_\_\_\_\_

(Work) Title \_\_\_\_\_ (Work) Organization \_\_\_\_\_  
(Put N/A if not applicable) (Put N/A if not applicable)

Mailing address \_\_\_\_\_ (Zip) \_\_\_\_\_  
Street City State

Delivery address (if different) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Street City State

Contact Phone (circle appropriate phone type)

1st (home/work/cell) (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_ Fax: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

2nd (home/work/cell) (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization or group that you officially represent (if applicable): \_\_\_\_\_

Area of interest: Place an "X" in front of the implementation groups you want to work on.

Team	Workgroup	Standing Committee
<input type="checkbox"/> Prevention	<input type="checkbox"/> Data	<input type="checkbox"/> Communication
<input type="checkbox"/> Early Detection	<input type="checkbox"/> Education	<input type="checkbox"/> Evaluation
<input type="checkbox"/> Treatment & Research	<input type="checkbox"/> Funding & Resource Development	<input type="checkbox"/> Evolution
<input type="checkbox"/> Quality of Life & Survivorship	<input type="checkbox"/> Legislative	

Are you 18 years of age or older  Yes  No

If NO, name of adult sponsor \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

Please return to: Sue Miller, DPHHS  
1400 Broadway Room C-317 or P.O. Box 202951, Helena, MT 59620-2951  
Telephone: 406-444-3624 or e-mail [sumiller@mt.gov](mailto:sumiller@mt.gov)



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The Cancer Control Section  
Department of Public Health and Human Services  
1400 Broadway Room C-317 or P.O. Box 202951  
Helena, MT 59620-2951  
Telephone: 406-444-3624
- Access the plan online at: [www.cancer.mt.gov](http://www.cancer.mt.gov)



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**Credits**

**Montana Photos**

- Drake Barton, Clancy, Montana — Front cover; Introduction; Prevention; Early Detection; Treatment; Quality of Life; Advocacy; Implementation; Resources; and back cover  
E-mail: [Montana-moods@diracway.com](mailto:Montana-moods@diracway.com)
- Todd Harwell, Helena, Montana — Research; Data, Registry, and Surveillance  
E-mail: [tharwell@junio.com](mailto:tharwell@junio.com)

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**Medical Consultant, Managing Editor:** Barbara G. Lloyd, M.D., [BLloydMD@mt.gov](mailto:BLloydMD@mt.gov)

**Editing, Layout and Design Services:** Sherrie Downing Consulting, [www.SherrieDowning.com](http://www.SherrieDowning.com)

[www.cancer.mt.gov](http://www.cancer.mt.gov)

