MISSION STATEMENT

The objective of The Partnership for Native American Cancer Prevention is to alleviate the unequal burden of cancer among Native Americans of the Southwest through the Research, Training, and Outreach programs. NACP programs and projects are jointly developed and implemented by NAU & UACC guidance Community Action Committee (CAC).

Upcoming Events

Cross Cultural Training
Wednesday February 28th, 2018
8:00 am to 5:00 pm
Keating Building (Bio 5)
The University of Arizona

Improve communication and interactions with research participants, tribal communities to improve research results.

GO FUND YOU Financial Aid Workshop
Tuesday, February 27th, 2018
5:00 pm to 7:30 pm
Keating Building (Bio 5)
The University of Arizona

Learn how to fund your academic career from undergrad through graduate school. Sessions will cover financial aid basics, world of scholarships, internships and fellowships. Also an introduction to the Geographic Management of Cancer Health Disparities Program (GMaP).

Please keep up to date on the NARTC website for any updates to dates. http://nartc.fcm.arizona.edu/

Visit us on Facebook @NARTCUA

Overcoming prostate cancer

By Erik Peaches

Among the people of the community, Bill Ward is well known for his charitable works and for the guidance he gives through his experience with cancer. Bill Ward is a community health advocate with a goal to enhance cancer knowledge among American Indian men in screening and education. He is member of the Community Action Committee (CAC) and also a Chair of the NACP Speakers Bureau. As a cancer survivor and a veteran, Mr. Ward provides stories about creating a spiritual and supportive environment in both prevention and survivorship.

Mr. Ward was raised on the White Mountain Apache Indian Reservation in McNary, Arizona. He graduated from the McNary High School and attended the Eastern Arizona College on a basketball scholarship. After one year of college, he relocated to Portland, Oregon. In early spring of 1967, Mr. Ward was drafted into the US Army and was deployed to Viet Nam. After his military service, he graduated from computer programming school in Portland. A few years later he graduated from an electrical apprenticeship program and later received an Associate of Applied Science Degree in Management/Supervisory Development.

In this article he tells his story, “First Strike”, how he overcame his battle with cancer.
The First Strike
by Bill Ward

I like to use the First Strike analogy from a military perspective to define my battle with prostate cancer. I do this in my way, my words, to share a difficult story that I hope resonates with others.

Reconnaissance

At the start of my battle with prostate cancer, I noticed some pain in the most sacred part of my body. My training has never allowed the enemy the first shot at taking me out. By instinct, I preferred to be the aggressor as opposed to sitting back and being the defender. This is where my first strike occurred – getting checked by the doctor. I would relate my next steps of further investigation of this pain and its cause to a Reconnaissance (Recon) phase. It was during the Recon that I began to understand and strategize against my enemy. This first strike was a proactive move intended to subvert the enemy’s attempt to succeed by using the element of surprise, all the while, advancing slowly in order to make it difficult for me to win this battle.

Preparing for Combat

Conferring with my allies and ultimately getting a prostate biopsy based on the PSA (Prostate Specific Antigen) blood test reading, I was able to catch my enemy at an early state. With future research and consultation with my Recon team that included experts and those I trusted, i.e., doctors and family; I was presented with all available weapons of choice in terms of helping me win this battle. All this information, while overwhelming, increases my confidence as I prepared to go into combat.

Going into Battle

In fact, it was of little interest to me to engage in the equivalent of a “fire fight” by using radioactive treatment options. That was a personal choice, for I knew I had to do something that would give me complete peace of mind. Therefore, I opted to use my own choice of weapon, a bomb called the ‘ Vinci Robotic Surgical machine for a Radical Prostatectomy. This surgical procedure offered removal of the prostate in its entirety. By doing so, my military operation plan would stop the advancement of my enemy, minimize my down, (exposure to my platoon) expedite my healing (rest the group), and see me through to victory: a worry free, greater quality of life.

After the “bomb” was dropped, the Radical Surgery tissue samples were sent to the hospital’s department of Pathology to evaluate and assess for the presence of cancer cells outside the prostate gland. Upon analysis, it was determined that indeed there were no cancer cells outside of the prostates. When you are engaged in a battle for life, superior firepower is a game changer and is exactly what I chose to use in order to win this battle against Prostate Cancer.

Debriefing Highlights

Early Detection allowed me to catch and defeat the enemy before it spread to a larger area and possibly outside of my prostate. Remaining alert to changes in my body, and ready to act when threatened, and entering my battle with a skilled and supportive Recon team proved essential.
Research Updates

By Erik Peaches

Cancer Survivors gets Physical

Dr. Dirk Deffer (NAU) and Jennifer Bea (UA)

Developing a physical activity intervention for Navajo cancer survivors. The first phase of the project included focus groups and interviews with 39 cancer survivors and family members. That information was used to develop an intervention called: “Restoring Balance” that is focused on improving quality of life, through physical fitness and physical activity for cancer survivors. The intervention will be implemented at the Native Americans for Community Action wellness center in Flagstaff.

Members of the Navajo Cancer Workgroup (Carol Goldtooth-Begay from the NAU outreach, Priscilla Sanderson, and Dr. Dirk De Heer) are close to finalizing the novel report Cancer Among the Navajo 2005-2013. The dissemination of the report is supported by the NACP outreach community grant mechanism. This report summarizes cancer incidence, mortality and screening among the Navajo, drawing from cancer registries in the area as well as the Navajo Health Survey.

By Desiree Jones

National Cancer Institute Center to Reduce Cancer Health Disparities Aims to Increase Colorectal Cancer Screening

At the beginning of 2016, President Barack Obama established the Cancer Moonshot. This initiative was led by Vice President Joe Biden. It aimed to provide more therapies to more patients and to improve one’s ability to prevent cancer and detect it at an early stage. The Blue Ribbon Panel for the Cancer Moonshot was created that consisted of scientific experts who focused on major cancer topic areas. The Panel developed 10 recommendations for achieving the Cancer Moonshot’s goal of making a decade’s worth of progress in cancer prevention, diagnosis, and treatment in just 5 years.

One of the top 10 transformative research recommendations talked about was increasing colorectal cancer screening. Colorectal cancer screening was chosen as a national priority because it’s proven prevention strategy reduces colorectal cancer incidence and mortality, especially among racially and ethnically diverse groups.

Desiree Jones, Community Health Educator for the National Outreach Network (NON) and Project Coordinator for NACP, is working on NCI CRCHD’s Screen to Save Colorectal Cancer Outreach and Screening Initiative. According to NCI CRCHD website, “This innovative initiative aims to increase colorectal cancer screening rates among racially and ethnically diverse and rural communities.”

The Screen 2 Save Initiative and our CHE will work in partnership with community-based organizations, institutions serving underrepresented populations, and other clinical and academic partners to deliver colorectal cancer screening information and to conduct culturally appropriate outreach within tribal communities. Outreach activities will be done quarterly. Activities will range from health fairs to group presentations in tribal communities in Arizona. The goal of the Screen 2 Save Initiative is to increase awareness, knowledge, and screening behaviors.

We look forward to conducting colorectal cancer education and awareness in various tribal communities. Please contact our Community Health Educator, Desiree Jones, by email at djones1@email.arizona.edu or via cell at 520-238-2545 if your tribal community would like to participate in the program.
Clinical trials are research studies that are in their final steps of research development. They involve people and come right after successful lab and animal testing. These studies can provide patients with access to care and treatment. Clinical trials test new therapies from first diagnosis to advanced disease. It’s essential for clinical research to test for new medicine. There are four initial phases that scientists have to conduct before they actually start testing medication on patients.

Phase I
- Find a safe dosage (15-30 people)
- Decide how the new treatment should be given

Phase II
- Less than 100 people
- Effectiveness of new treatment on a certain cancer
- Examine how new treatment affects the human body

Phase III
- From 100 to thousand of people
- Compare the new treatment with the current standard

Phase IV
- Several hundred to several thousand
- Further assess the long-term safety and effectiveness of a new treatment

There are many types of clinical trials but all are trying to find new ways of diagnosis, treatments, and improve the overall quality of life. You can leave the studies at any time and will be monitored every step of the way.

NIH Test New Therapy for Cancer
From Rakesh Jain, Dan Duda, Jeffery Clark & Jay Loeffler

In randomized phase III trials of medications that block cancer growth in human tissue have shown benefits in patients with metastatic cancer (cancer that has already spread).

In one approach, the addition of medication that blocks such growth to standard chemotherapy improved overall survival in colorectal and lung cancer patients and in breast cancer patients. In the second approach, multitargeted tyrosine kinase inhibitors, which can attack multiple sites in the body, such as breast or stomach tissue. Other kinases in both endothelial and cancer cells, demonstrated survival benefit in intestinal tumor and renal-cell-carcinoma patients.

By contrast, adding medication to chemotherapy failed to increase survival in patients with previously treated and previously spreading breast cancer. Furthermore, addition of vatalanib, a kinase inhibitor, to chemotherapy, did not show a similar benefit in colorectal cancer patients.

These contrasting responses raise critical questions about how these agents work and how to combine them optimally.

Resource: