

PILOT EDUCATION PROGRAM (PEP) APPLICATION

Section 1. General Information

Registration Number: 31

Partnership Name and Address: Colorado Cancer Coalition (CCC)
c/o Comprehensive Cancer Program
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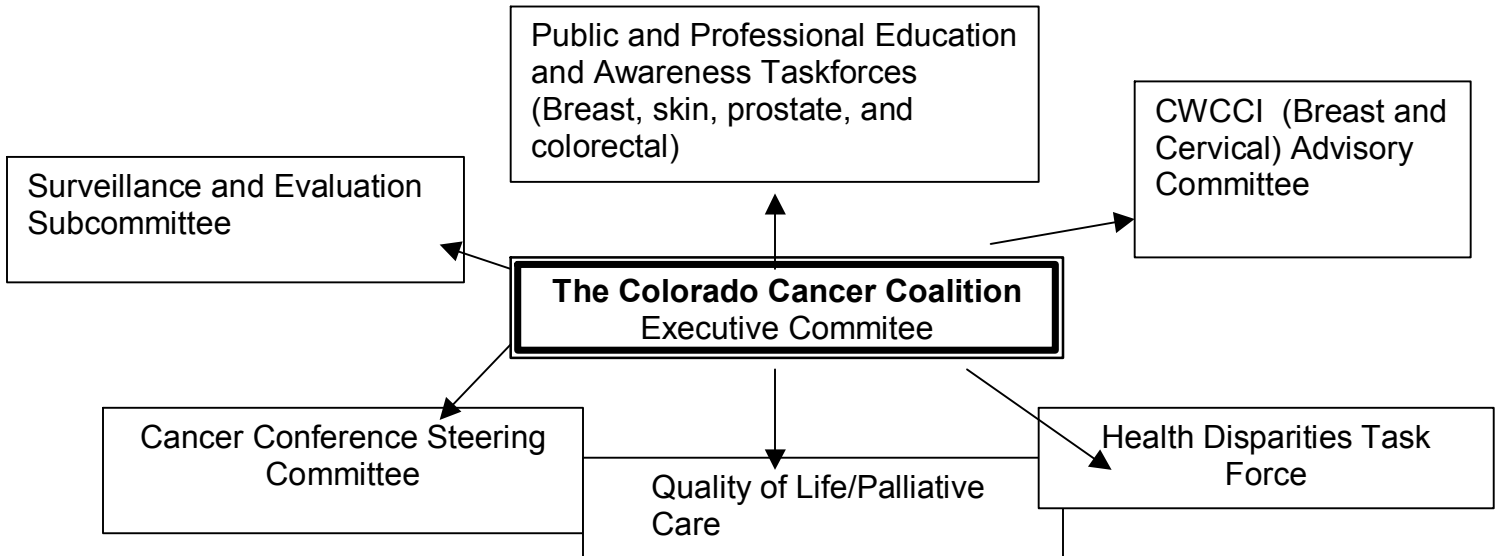
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Fiscal Agent: The University of Colorado Health Sciences Center (UCHSC) will serve as the fiscal agent for the PEP. The UCHSC is a not-for-profit 501(c)3 institution of higher education with in the State of Colorado. Within the structure of the UCHSC, daily project and financial management will be provided by the University of Colorado Cancer Center (UCCC), an NCI-designated Comprehensive Cancer Center and a founding member of the CCC.

Mission and Goals of Partnership: Founded in 1993, the CCC is a unique and diverse gathering of over 100 organizations who meet regularly to further the **mission** of the CCC, which is to bring together and coordinate cancer prevention, early detection, treatment, support, and research efforts to improve the quality of life of everyone in Colorado. The CCC **goals** are to: 1) Promote the collection and use of information to increase professional and public understanding and education about cancer, and its impact on Colorado citizens; 2) Improve the healthy behaviors of Colorado citizens in order to prevent cancer; 3) Increase the proportion of Colorado citizens who access and utilize screening services to diagnose cancer at early stages; 4) Increase the proportion of Colorado citizens who have access to state-of the-art cancer diagnosis, treatment, follow-up, rehabilitation, and palliative care services; 5) Increase the support of policies that enable cancer prevention and control, and that improve the health and environment in Colorado; 6) Ensure programs and activities are developed and sustained to eliminate disparities in cancer incidence and mortality in Colorado according to gender, race, ethnicity, insurance status, socioeconomic status, age, and place of residence.

Number of Years of Partnership Existence: The Colorado Cancer Coalition has sustained strong broad-based state partnerships for cancer prevention and control activities since 1993. Colorado is one of only five states in which cancer treatment is included in its Cancer Control Plan.

Overview of leadership and organization: The CCC Executive Committee interfaces with several standing committees and disease-specific task forces as shown in the diagram. The CCC is planning to initiate a Clinical Trials Task Force with the goals of improving knowledge about cancer clinical trials and ultimately improving accruals to them.



Section 2. Background Information

1. Decision-making process

The CCC meets to formally review current Colorado Cancer Plan priorities, discuss policy issues, educate one another about existing programs, and create programmatic partnerships where gaps in service exist. Structure, roles and responsibilities of members and staff, and plans for identifying new members for the Colorado Cancer Coalition are delineated in the Colorado Cancer Coalition: By-Laws.

These By-Laws were originally created in 1999 and have been updated in 2002, as the dynamics of the coalition have changed. Potential new members for the CCC are recruited and identified on a regular basis throughout the year both by CCC members and CCPC staff.

The Executive Board of the CCC oversees the activities and decisions of the partnership. Each member organization is represented on the board and may bring issues for discussion and action for consideration of the CCC as a whole. Participation of individual member organizations in various projects such as this one can be queried via email listserv. Ms. Sara Miller, Director of the Comprehensive Cancer Program, Colorado Department of Public Health and Environment, serves as an unbiased conduit for this communication process. Regular meetings of the Executive Board are held on a bimonthly basis. The entire coalition membership meets quarterly. The entire CCC meets annually at a three-day retreat and workshop.

Organizational capacity for grants management

The UCCC will serve as the grant manager for the Colorado Cancer Coalition PEP. UCCC was chosen because it is a member of CCC with the most experience at managing grants and contracts of all types. UCCC works through the UCHSC Office of Grants and Contracts, but fiscal oversight of UCCC grants is through the financial administration of UCCC. For 2004, UCCC managed \$ >\$100 Million in various grants and contracts for research and education including cancer clinical trials. Over \$6 million in clinical trials income to the UCCC is included in this total. Dr. Madeleine Kane will serve as the principal investigator of the PEP on behalf of the CCC. She is currently Professor of Medical Oncology and the Medical director of the UCCC Clinical Trials Program. She has worked in cancer education and research for more than 20 years, is herself an active medical oncologist practicing at UCCC at Anschutz Cancer Pavilion and the Denver VAMC, and she has been the principal investigator on basic and clinical research grants as well as cancer training grants. She has been a participant in various community activities as a speaker for a variety of groups and also through participation in the scientific review of grant applications to the Cancer League of Colorado and both local and national American Cancer Society grant applications.

2. Staff usage for ENACCT grant

A full time coordinator will function as the administrator for the Colorado Clinical Trials Education Program (CCTEP). This individual will work closely with Dr. Kane, Ms. Miller, the CCC Executive Committee and the liaisons and facilitators to define education strategies for community leaders, providers, coordinators/nurses and especially the Colorado population. The CCTEP Administrator will coordinate scheduling of meetings for the various PEP participants, maintain records, oversee funding expenditures together with UCCC financial manager, and participate in CCC Executive committee, CCC quarterly and annual meetings. As the strategies for the target populations to be educated are defined and initiated, the CCTEP Administrator will keep all participants informed of the activities and progress via email newsletter and reports at various meetings, as well as prepare the formal reports required by the PEP. A part time administrative assistant is likely to be needed as well. In addition Liaisons will be identified to educate Community Leaders. These individuals will be drawn from the clinical oncologists of the UCCC, RMCC and CCRP and will choose a Liaison Coordinator from among themselves. No salary support would be requested for the liaisons. Patient Education Facilitators will include trained Community Leaders, clinical trialists, experienced clinical research coordinators and nurses, patient advocacy group members and patients who have participated in clinical trials. Family members of patients may also be included in this group. Partial salary support for a Lead Patient Education Facilitator would be requested to coordinate these efforts. Facilitators for medical care providers throughout Colorado will be RMCC, UCCC and CCRP cancer clinical trialists. An administrative coordinator will schedule and coordinate these efforts. A biostatistician will be consulted to help define the education program objectives

and endpoints so that assessments of various measures of outcome can be made.

3. What “membership” in Colorado Cancer Coalition means

According to the CCC bylaws: Membership is open to any organization whose mission is not in conflict with Coalition priorities and who meets all membership requirements. Each member organization is expected to do the following:

- Endorse and support the implementation of CCC priorities;
- Assist with recommending and recruitment of new members;
- Coordinate and collaborate within its own organization to implement strategies that address one or more CCC priorities;
- Coordinate and collaborate with one or more other organizations to implement strategies that address one or more CCC priorities;
- Provide information at least annually about organization progress and accomplishments;
- Attend regularly scheduled meetings (attendance can be in person or via teleconference). If unable to attend, all effort will be made to appoint someone to attend in place;
- Share ideas, recommendations, and agree to disagree.

Each member organization will designate a representative who will vote on behalf of their organization, communicate their organization’s viewpoints to the CCC, and inform their organization of the CCC’s mission, decisions, and activities. A letter will be kept on file at the Comprehensive Cancer Prevention and Control Program (CCPC) offices indicating who is the voting representative from each organization.

4. Colorado Cancer Coalition community

The community of the CCC is the entire state of Colorado. Different member organizations represent their constituencies and work together for the good of the whole. The Comprehensive Cancer Program provides an objective oversight in participation and also a direct link to the state government on behalf of the CCC.

5. People served

- a. Geography**-The geography of the state of Colorado includes urban, suburban, rural, (mountains and plains) with a total of 103,718 square miles.
- b. Number** Total population of Colorado at the time of the 2000 census was 4,301,261.
- c. Distribution by race/ethnicity**

Percentage	Race/Ethnicity
74.5	Non-Hispanic White
17.1	Hispanic
3.8	Black or African American
2.2	Asian

1%	American Indian & Alaska Native
1.4	Other (two or more races, other)
100	Total

d. Distribution by age

Percentage	Years of Age
25.6	Less than 18
64.7	18-64
9.7	Greater than 65

e. Percentage uninsured, covered by private insurance, Medicare, Medicaid

Almost 700,000 Colorado residents (15.8 percent of the population) do not have health insurance coverage of any kind--including public insurance. They often do not have employer-provided coverage and many do not qualify for Medicaid, the Colorado Indigent Program or other publicly-funded health care programs. In addition, there are an estimated 3,000 Coloradoans who are uninsurable because of chronic medical conditions (Colorado Coalition of the Medically Underserved website). From the CMMS website, in June 2004, 378,416 Coloradoans had Medicaid (8.8 %) and 493,454 had Medicare (11.5 %). The remainder (63.9 %) are presumed to have some form of private payor insurance coverage.

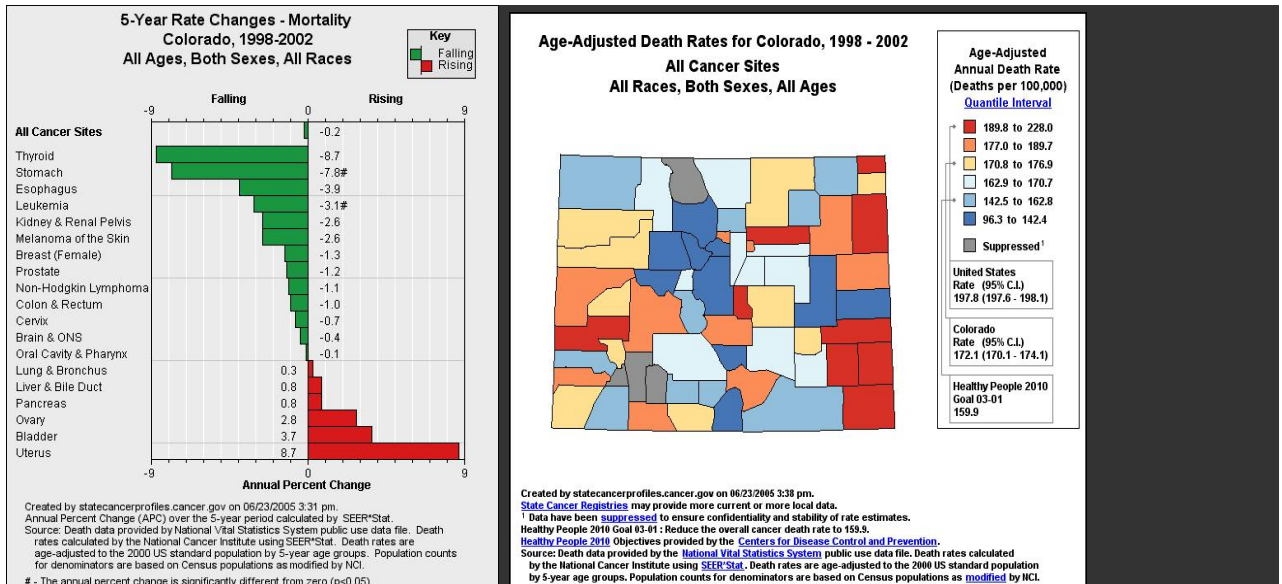
f. Major Health systems

Colorado is served by a number of major health systems and networks. UCCC includes major institutions in the Denver Metro area (University of Colorado Hospital Clinics, Denver VAMC, Denver Health and Hospitals, The Children's Hospital and Lutheran Medical Center) and across Colorado, Rocky Mountain Cancer Center (RMCC, under the management of US Oncology, has multiple practice sites in the metro area and throughout the state (RMCC provides services at 20 locations throughout Colorado, including five fully integrated cancer centers located in Aurora, Colorado Springs, Denver, Littleton and Thornton), Kaiser Permanente is also a major provider, and the Colorado Cancer Research Program (CCRP) is an NCI-designated Community Oncology Program (CCOP) and the only CCOP serving the state of Colorado. CCRP, along with 60 other US CCOPs contribute greater than 30% of patients placed on cancer clinical trials. Over the past 12 months, CCRP was one of the highest accruing CCOP sites for therapeutic trials. CCRP is a Colorado-wide partnership network of 12 (soon 14) community hospitals and 117+ cancer specialists. Through CCRP, RMCC and KP Colorado physicians have access to NCI-sponsored cancer clinical trials.

- g. Demographic information** Additional demographic data about Colorado from the 2000 census are available at <http://censtats.census.gov/data/CO/04008.pdf>
- h. Median household income:** \$47,203 median household income (\$55,883 median family income)
- i. Percentage of households at or below poverty level:** 6.2 % of families are at or below the poverty level, and 9.3% of persons are at or below the poverty level.

6. Cancer incidence rates

The incidence of various cancers in Colorado appears to be below or equal to the national rates for the majority of cancers. For lung cancer in women, rates are rising, but are still lower than the U.S. average; rates are falling in men. For both genders, the incidence of colorectal cancer is decreasing, similar to the rest of the country. Female breast cancer and prostate cancer rates are also falling, similar to trends in the overall U.S. In Colorado esophageal, lymphoma, and ovarian cancers are rising in women; kidney cancers are rising in men, and liver and biliary cancer are increasing in both genders, all at rates similar to the U.S. averages. Mortality rates from several cancers (right panel below) have decreased, but ovary, bladder and uterine cancers are rising. The age-adjusted cancer death rates vary widely among counties in Colorado (left panel below). Rural counties in the eastern and western parts of Colorado tend to have the higher cancer death rates.



7. Involvement with state cancer control plan

The Colorado Cancer Coalition developed the Colorado Cancer Control Plan with the Colorado State Health Department. The Colorado Cancer Plan was devised by the stakeholders, advocates, community organizations and leaders, cancer research, care and education fundraisers and cancer care providers. Thus all have a commitment to ongoing implementation and success of the plan in Colorado in order to reduce the impact of cancer on its population.

8. Cancer care in Colorado

a. Major locations (Source: Dr. Madeleine Kane, websites for cancer centers)

In the Denver metro area UCCC (University of Colorado Cancer Center, Anschutz Cancer Pavilion, 1665 N. Ursula St., Aurora, CO 80010) and its affiliates, Rocky Mountain Cancer Center (Midtown, 1800 Williams Street, Denver, CO 80218) at 20 sites, Kaiser Permanente (KP Main Office, 1835 Franklin St, Denver, CO 80218-112) and a number of unaffiliated community oncologists provide cancer care. Services available include all clinical aspects of cancer care as well as clinical trials. UCCC and/or RMCC also have outreach sites in Colorado Springs (Memorial Hospital: Cancer Center, 1400 E Boulder St., Colorado Springs, CO 80909; Cancer Center of Colorado Springs, 320 E Fontanero St., Colorado Springs, CO 80907; Penrose Cancer Center, 110 E Monroe St., Colorado Springs, CO 80907), Boulder (RMCC, 1155 Alpine Ave Boulder, CO 80304), Fort Collins (Cancer Center of the Rockies, 2121 Harmony Rd, Suite 150, Ft Collins, CO 80528) , Greeley (North Colorado Medical Center Cancer Institute, 1801 16th St., Greeley, CO 80631), Longmont (Hope Cancer Care Center, 1950 Mountain View Ave., Longmont, CO 80501), Loveland (McKee Medical Center: Cancer Center, 2000 Boise Ave., Loveland, CO 80538) and Grand Junction (St Mary's Regional Cancer Center, 750 Wellington Ave, Grand Junction, CO 81501). Additional community oncology practices are active in Pueblo, Durango (Durango Cancer Center, 3801 N. Main Avenue, Durango, Colorado 81301)and Vail (The Harold W. and Mary Louise Shaw Regional Cancer Center, Vail Valley Medical Center, 322 Beard Creek Rd., Edwards, CO 81632). All of these locations offer radiation oncology as well as medical oncology, and various surgical sub specialists are also available. UCCC medical oncology faculty also staff outreach clinics in Montrose (Montrose Memorial Hospital Cancer Center, 800 South Third Street, Montrose, CO 81401) and Glenwood Springs (Valley View Hospital Cancer Center, 1906 Blake Ave., Glenwood Springs, CO 81601).

b. Types of local healthcare professional associations

i. Colorado Medical Society (Source: CMS website)

The guiding purpose of the Colorado Medical Society is as physician and patient advocates. At CMS, physicians and patients alike can find an interested listener to their concerns about Colorado health care. We want you to communicate your concerns to us so that we might work for you.

ii. Rocky Mountain Oncology Society (Source: RMOS website)

The primary interests of the Society are:

- To improve the quality of oncology care available to the people of the state of Colorado
- To maintain and advance the standards of cancer care
- To support oncology education
- To facilitate the development and use of new cancer management techniques in the community
- To provide effective representation of the oncology field for its members and the public
- To foster effective communication enhancing access to scientific, socioeconomic, research and other relevant data
- To promote collegial relationships among oncologists in the state of Colorado

In order to carry out these interests, some of the goals for the Society include:

- Affect legislation and public policy relative to patient access to cancer care
- Act as a resource on the "accepted medical practices" associated with cancer care
- Provide a forum for education of our members on current technologies and their role as accepted medical practices
- Provide communications to our members and others on issues affecting patient access to cancer care and the practice of oncology.

iii. Oncology Nursing Society

The Oncology Nursing Society (ONS) is a professional organization of more than 32,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. The overall mission of ONS is to promote excellence in oncology nursing and quality cancer care. Three active chapters of the ONS are located in Colorado: High Plains Oncology Professionals (CO & WY), Metro Denver and Pikes Peak/Southeast Colorado. (Source: ONS website and membership chair). Most of these chapters meet monthly for educational purposes. The June Metro Denver meeting was focused on barriers to clinical trial enrollment^[LK1].

There are no formal local radiation, surgical, pediatric or gynecologic oncology organizations in Colorado. (Sources: UCCC faculty oncology specialists in each discipline)

c. Number of phase III trials in Colorado

Based on the information at <http://www.cancer.gov/clinicaltrials> website, there are 102 Phase III cancer treatment trials currently active in Colorado through one or more of the major oncology clinical research groups (UCCC, RMCC, CCRP).

d. Number of practicing oncologists (all types)

Rocky Mountain Oncology Society lists 207 physician members throughout the state; the majority are medical oncologists but radiation oncologists also belong. The American Society of Clinical Oncology (ASCO) has 202 members throughout Colorado; 21 are radiation oncologists, 10 are surgical oncologists, 8 are pediatric oncologists and 4 are gynecologic oncologists; almost all of the rest are medical oncologists. American Society of Therapeutic Radiation Oncologists (ASTRO) has 25 members throughout Colorado. The American College of Surgeons Oncology Group has 19 members in Colorado; 14 are surgical oncologists. In Colorado, there are 10 members of the American Society of Pediatric Hematology and Oncology (ASPHO), all in the Denver metro area. The Oncology Nursing Society (ONS) has 539 members in Colorado with three local chapters locally as above. (Sources: RMOS website; ASCO Membership Directory 2005; ASTRO website; ACOSOG website; ASPHO website; ONS website)

Sections 3. Letter of Intent

1. Health issues addressed (past three years) and outcomes

In 1996, the CCC published the original "Colorado Cancer Prevention and Control Plan 2000." Statewide goals for reductions in cancer death rates for the Year 2000 were defined in the mid-1990s by the CCC based on cancer death rates and trends from the late 1980s to the early 1990s. This earlier publication assisted cancer prevention and control partners with focusing agreed-upon goals to reduce cancer mortality for all Colorado citizens.

The plan included Year 2000 objectives and suggested strategies to reduce cancer mortality, increase surveillance activities, increase primary and secondary prevention efforts, and to address the availability of appropriate cancer treatments.

Most of those goals were met or exceeded by the successes in cancer prevention, early detection, and improved treatment across Colorado. Reductions in death rates between 1991 and 1998 for the major cancer sites were striking. In that seven-year period, breast cancer death rates declined by 29.3 percent, prostate cancer death rates declined by 27.5 percent, colorectal cancer death rates declined by 15.7 percent, and lung cancer death rates declined by 8.8 percent.

2. Collaborative efforts to address health issues

- a.** An application to C-Change was submitted May 10, 2005 for funding to develop a state wide clinical trials network for adult cancer patients. Under the umbrella of the State Comprehensive Cancer Program and the CCC, a strategy was proposed for the three main cancer clinical trials organizations in Colorado (UCCC, RMCC, CCRP) to partner and share access to clinical trials in order to develop a statewide network for improved access of adult cancer patients to phase III and some phase II therapeutic clinical trials. Final funding decisions are still pending from C-change, but the three clinical trials organizations concur that pursuit of the

Colorado Cancer Clinical Trials Network is an initiative that should be undertaken. Ultimate success will be measured by heightened awareness of clinical trials by cancer patients in Colorado and thus improved accruals. This initiative would complement the PEP.

- b.** Colorado Comprehensive Cancer Program community grants provide funding for a variety of projects throughout Colorado. Some examples of projects funded at the end of 2005 are:

“Cancer patient navigation for women in Larimer County” to provide comprehensive cancer patient navigation services to women and their families which include health-related education and navigational skills to access cancer resources, services and programs specific to their needs.

“Identifying risks and early symptoms of ovarian cancer: a conference” (Teller County Public Health Dept.) to educate physicians, advance practice nurses and physicians assistants regarding prevention strategies, identification of risks and early detection of ovarian cancer.

“Promoting healthier migrant communities through cancer prevention education” (University of Colorado) to develop a culturally, linguistically and literacy appropriate curriculum on colorectal cancer prevention and early detection strategies, and in conjunction with the SALUD mobile unit, complete 42 site visits among Colorado migrant camps and residencies.

“Prostate Cancer Education and Outreach Project” (Gunnison County Public Health) targeting males 50 and over to increase informed decision making and awareness of the options...for screening for prostate cancer.

Projects, announcements and meetings are reported in the CCC Newsletters <http://www.cdphe.state.co.us/pp/ccpc/CancerCoalition.html#Newsletter>.

- c.** Developed together with several CCC members, the Colorado Front Range Latino/a Community Network (CFRLCN), Estevan Flores, PhD, Principal Investigator, is a highly successful organization which has recently been funded for an additional five-year period. Its activities of cancer education, prevention, diagnosis, and treatment have been extended to a total of 10 counties which represent 80% of all Colorado Latinos. Important objectives of the CFRLCN include cancer clinical research presentations to lay/community partners; and development of plans to address barriers to Latino participation in culturally appropriate cancer awareness, education, and clinical research programs, especially in communities with health disparities.
- d.** The base for the NCI Cancer information Service for the Rocky Mountain Region serving Arizona , Colorado, Montana, New Mexico, Utah, and Wyoming is located in Colorado Springs.

Alice Bradley, MA , Program Director , at 955 E. Colorado Avenue. Colorado Springs, CO 80903, oversees these activities and as a CCC member, will be an integral part of this PEP.

Native American Cancer Research (NACR)

The mission of the NACR is to reduce Native American cancer incidence and mortality, and to increase survival from cancer among Native Americans. To accomplish this mission, the goal is to implement cancer primary prevention, secondary prevention, risk reduction, screening (early detection), education, training, research, diagnoses, control, treatment, support, or study of cancer among Native Americans. Under the direction of Linda Burhansstipanov, MPH, DrPH, CHES, NACR has multiple educational programs available for Native Americans and their families. Current and recently completed projects funded through the NCI, the national Susan G. Komen Foundation, the Colorado Cancer League and the CDC include:

- the “Get on the Path” series for cancer prevention and early detection education for breast, cervix, colon, lung and prostate cancers
 - “Clinical Trials Education for Native Americans,” a series of 12 culturally appropriate educational modules on clinical trials that have been presented to more than 500 Native American community members and healthcare providers
 - “Native American Cancer Education for Survivors” (NACES), an internet-based, interactive, culturally competent educational program that currently includes in-depth information on cancer clinical trials, diabetes and cancer, communicating with your healthcare provider and cancer pain management. The current focus is on breast cancer, When completed, this project will have a total of 16 in-depth modules. The content will then be expanded to cervix, colon, lung and eventually prostate cancer.
- UCCC faculty has collaborated with Dr. Burhansstipanov on all of the above programs. Further information about these and other NACR-supported programs can be found at <http://www.natamcancer.org>.

3. Why address local challenges in cancer clinical trials?

Although four systems UCCC, RMCC, CCRP, KP) offer cancer clinical trials in statewide networks, the percentage of cancer patients actually enrolled on cancer clinical trials remains small in Colorado. All cancer patients deserve the opportunity to participate in new therapeutic approaches. The four major oncology programs are committed to enrolling cancer patients on trials, but large segments of the Colorado population do not understand the purpose of clinical trials (“Why would I want to be a guinea pig?” “I don’t want a placebo.”) Underserved populations include those in rural communities where there is no oncology care, and a patient must travel some distance to see oncologists, as well as ethnic minorities in both the larger cities (African American, Hispanic,

Asian) and rural areas (Hispanic, native American); the elderly constitute another segment of the population with limited participation in cancer clinical trials. Community oncologists in smaller communities with limited resources to participate in clinical trials may feel that offering trials to their patients is optional compared with good standard of care. Referring physicians (primary care providers, surgeons, non-oncology specialists such as pulmonologists and gastroenterologists) may have little up-to-date knowledge of the current status of cancer treatment and improved prognosis for many disease sites with modern care, especially participation in state-of –the-art clinical trials. Fundamental understanding of and commitment to advancing the standard of care in oncology with the type of evidenced-based treatment that speaks for itself needs to be heightened in medical providers, potential patients and community leaders. Ongoing robust educational efforts on all fronts from a variety of directions are critical to enhancing the availability, accessibility and accrual to cancer clinical trials, especially phase III studies.

4. Why is Colorado Cancer Coalition qualified to become an ENACCT site?

The CCC shares the ENACCT goals and forms a community, which encompasses the population of the state of Colorado. Membership in the CCC includes all of the major leaders in Colorado in cancer clinical trials, advocacy groups, fundraisers for cancer research, community advocates and survivor organizations including both cancer survivors and their families. The Colorado Cancer Control Plan has been recently revised and expanded to address all aspects of improving outcome for cancer patients and prevention of cancer in those at risk through education, screening and chemoprevention. Colorado Cancer Control Plan is only one of five states in which cancer treatment is emphasized as well as other aspects of control.

The CCC is dedicated to its mission, with leadership that will ensure success. With the oversight and decision-making capability of its Executive Committee and the creation of the planned Clinical Trials Task Force, a straightforward process for optimizing collaborative efforts and decision-making will be further honed. In this application a major strength is the collaboration of the major cancer clinical trials networks, all members of the CCC, to develop focused educational activities together directed at the entire Colorado community, including potential patients and their support systems, community leaders in metro and rural areas, and healthcare providers. Many of the barriers to cancer clinical trial participation have been identified, and others are likely to be as a multi-targeted education effort is launched. Oncologists at UCCC and CCRP have ongoing research to overcome these barriers. The use of Navigators for elderly cancer patients and for Hispanic patients is one strategy that is being tested at some of the CCC members.

The Colorado Cancer Plan, published in August 2002 outlines objectives and strategies to reduce the burden of cancer in Colorado by the year 2005. The Colorado Cancer Plan was developed through the efforts of the Cancer Control Plan Task Force, established in May 1993. The task force included

representatives from government agencies, academia, profit and non-profit organizations, and the private sector.

The Plan includes data on cancer incidence and mortality and describes risk factors, screening guidelines, prevention strategies, and treatment recommendations. The Colorado Cancer Plan objectives for reducing the cancer burden in Colorado are based on Colorado surveillance data and appropriate objectives from national health authorities, as well as issues unique to Colorado. Objectives and their recommended strategies cover cancer mortality, primary prevention, secondary prevention, treatment, rehabilitation, quality of life, and surveillance. Included in the plan is a process for the continual implementation and evaluation of the comprehensive cancer plan.

The primary purpose of the Colorado Cancer Plan is to:

- Coordinate the efforts of the many Colorado agencies involved in cancer control.
- Promote cancer prevention activities.
- Identify and address barriers to appropriate screening, diagnosis, treatment, and after-care.
- Serve as a basis for coordinating future funding opportunities for service and programs.
- Provide a useful reference document for community groups, health care professionals, insurance providers, and others.

The Colorado Cancer Coalition exhibits the longevity (founded in 1993), structure and governance, collaborative approach, scope and track record of successes which make it an ideal partnership for a ENACCT Pilot Education Program.