More than 35 years ago, when I started in this field, cancer was universally feared. We have come a long way—today, some cancers can be prevented, others can be found early, and some can be cured. Still, we have far to go.

While cancer is no longer a universal death sentence, too many people still get cancers that could be prevented and still die from cancers. My family, like most of your families, has been touched by cancer.

In North Carolina, people with low incomes are less likely to practice behaviors proven to help prevent cancer (like getting regular exercise and not smoking) and are less likely to get screened for cancer. African Americans continue to die from cancer in disproportionate numbers. We have the opportunity to reduce disparities in deaths from breast, prostate, colon, cervix, lung and other cancers. Our faculty members, staff and students are working on multiple angles to reduce disparities. These include understanding the biology and epidemiology of cancers and discovering subtypes that may be more common among some people; intervening to reduce risky behaviors; changing policies that act as barriers to reducing the cancer burden and disseminating proven interventions.

Many of the lessons about how to control cancer have come from people at the University of North Carolina at Chapel Hill, including faculty within the UNC Gillings School of Global Public Health, 43 of whom are members of UNC’s Lineberger Comprehensive Cancer Center. These contributions have enhanced our knowledge about important questions, such as: Why are black women more likely to die from breast cancer than white women? What role does weight gain play in breast cancer occurrence? How can we reduce Black/White disparities in use of mammography? How can we increase people’s intake of fruits and vegetables?

Today, we grapple with new issues as well, such as motivating families to encourage their daughters to be vaccinated for the HPV virus (shown to prevent cervical cancer), changing our eating behaviors to reduce obesity (a major risk factor for multiple cancers) and increasing the proportion of people who are screened for colorectal cancer. Our faculty members conduct intervention trials in many locations such as schools and clinics, but also in more unusual venues, including beauty parlors and barbershops, churches and on the Internet.

One of the biggest challenges in cancer, as in other fields, is how to speed the process by which we get from discovery to delivery. Disseminating evidence-based interventions to those who may benefit from them is a fundamental challenge for 21st
The UNC Lineberger Comprehensive Cancer Center and the N.C. Cancer Hospital are creating the new face of cancer research and treatment in North Carolina.

At UNC, an unprecedented effort to make strides against cancer and the suffering it causes is fueled by collaboration across the population, basic and clinical sciences. UNC Lineberger’s 285 members hail from more than 25 departments across the University of North Carolina at Chapel Hill, including the Gillings School of Global Public Health, the Eshelman School of Pharmacy, the School of Medicine, the School of Dentistry and the College of Arts and Sciences.

UNC Lineberger and the Gillings School of Global Public Health have a history of highly productive, collaborative research partnerships that focus broadly on the intersection of cancer and population health. Creative research into community-based prevention and early detection, environmental and occupational epidemiology, health disparities and equity, cancer survivorship, methods for improving cancer-related health behaviors, understanding the role of nutrition in cancer and dissemination of public health practices have produced important findings. These successful joint efforts have helped UNC become recognized in the top echelon of public university cancer centers.

A superb faculty and their public health approaches have been given tremendous momentum by the University Cancer Research Fund (UCRF). This is an unprecedented investment by the North Carolina General Assembly to accelerate progress in cancer prevention, early detection, effective treatment and improved survivorship for the people of North Carolina.

UCRF is allowing UNC to recruit additional outstanding faculty from across the nation who work in fields ranging from health behavior and the study of health disparities to genetic epidemiology. Expanded programs in health outcomes, survivorship, clinical cancer genetics, and pediatric, adult and geriatric oncology are becoming a reality. Basic approaches to cancer causation and treatment are growing in areas as diverse as computational genetics to nanotechnology and drug delivery. UCRF has served as a catalyst for programs that supported UNC’s successful bid for a National Institutes of Health Clinical Translational Sciences Award and provided seed funding to produce data that has led to successful competition for external grants.

At the same time, excitement is building around the opening of the N.C. Cancer Hospital. The state-of-the-art facility is part of the UNC Health Care System. We look forward to welcoming all patients and visitors in coming months.

UCRF-funded research and the N.C. Cancer Hospital are visible symbols of what we are achieving through collaboration, creativity and innovation. These investments truly make a difference to everyone we serve here in North Carolina and, we hope, to patients and families around the world whom we never meet, but whose lives are improved in some way because of the work we do.