Access to Data a Key to Success

Another key to successful research and outreach is having access to data. Again, UNC is taking the lead by creating a comprehensive health registry that will serve as a treasure trove of information for researchers. Beginning this fall, UNC plans to enroll 10,000 English- and Spanish-speaking adult North Carolinians in the UNC Health Registry. (See story, page 30.) The registry will be a tremendous resource for research into cancer and other diseases and, as a hospital-based cohort, will complement the rich history of UNC’s excellent population-based research conducted by the public health, medical and other schools.

“Clearly, good science drives good policy decisions,” he says. “Health reform, information technology and systems change in the medical care setting all provide us with new and important opportunities for cancer prevention and control. A comprehensive health registry, such as the UNC Health Registry, will provide data essential to helping to drive these changes.”

Survivorship and Advocacy: New Ways of Looking at Things

More people than ever are becoming better educated about their disease and, with advances in early diagnosis and treatment, are surviving longer. The American Cancer Society notes that the five-year relative survival rate for all cancers diagnosed between 1996 and 2004 is 66 percent, up from 50 percent in 1975-1977. Nationwide, an estimated 12 million patients are cancer survivors; North Carolina’s share is 300,000.

Why does all of this research have public health implications? Because while the UNC faculty members do not make public policy—that is left to the elected and appointed health officials at the state and national levels—they are able to provide the data that drive policy. Even more, the collective actions sparked by UNC’s research, treatment and outreach lead to improved outcomes for patients.

Last year, UNC was selected as one of two cancer research sites by the U.S. Agency for Healthcare Research and Quality (AHRQ), an arm of the U.S. Department of Health and Human Services. (See story page 19.)

“We don’t do policy, but we create the science under which people make policy,” says Jean Slutsky, PA, MSPH, director for the Center for Outcomes and Evidence at AHRQ. That policy, she says, can range from a patient and doctor agreeing on a treatment to decisions made by Medicare or the head of a large medical insurance company.

Dr. Plescia calls an evidence-based policy agenda “essential” to the public health profession’s credibility with the public and with policy makers.

Another emerging area of study—and another area in which UNC stands out—is to focus on cancer survivors and study how they can live fuller and richer lives. A priority of the UCRF is to stimulate research about factors that affect the growing population of cancer survivors. The Lance Armstrong Foundation, now known as LIVESTRONG™, also is committed to better quality of life among survivors and has named Lineberger a “Survivorship Center of Excellence.” (See story page 27.)

When it comes to cancer, UNC plays a leading role on the local, state, national and global stages. Whether conducting studies in the laboratory, clinic or community, using cutting edge technologies to diagnose and treat patients, or helping them piece their lives back together when the chemotherapy ends, UNC is transforming the way the world thinks about cancer.

“What we’re proud of is a translational line of work that goes from the laboratory and a small set of clinical hospital patients to the population at large,” says Robert Millikan, PhD, Barbara Sorenson Hulkla Distinguished Professor of epidemiology and member of the UNC Breast Cancer SPORE at Lineberger. “That is how UNC is making a difference all the way from the individual level, by helping patients and their families, to the global level, by being a leader in research. We cover it all.”

Quick Global Cancer Facts

- Cancer is a leading cause of death worldwide: it accounted for 7.9 million deaths (around 13 percent of all deaths) in 2007.
- Lung, stomach, liver, colon and breast cancer cause the most cancer deaths each year globally.
- The most frequent types of cancer differ between men and women.
- About 30 percent of cancer deaths can be prevented.
- Tobacco use is the single most important risk factor for cancer.
- Cancer arises from a change in one single cell. The change may be started by external agents and inherited genetic factors.
- About 72 percent of all cancer deaths in 2007 occurred in low- and middle-income countries.

Source: World Health Organization

The choices we make are shaped by the choices we have, and this is why public policy has emerged as the driving force for cancer control.

— Dr. Marcus Plescia, CDC Cancer Prevention & Control

— By Kim Gazella and Ramona DuBose