

**M**ore 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 21<sup>st</sup>



PHOTO BY TOM FULDNER

Dr. H. Shelton Earp, left, director of the UNC Lineberger Comprehensive Cancer Center, and Dr. Barbara K. Rimer, dean of the UNC Gillings School of Global Public Health, are looking forward to the opening of the new N.C. Cancer Hospital. Both have spent much of their public health careers advancing cancer research.

century cancer control. Our faculty members are among the nation's leaders in this area as well.

With University Cancer Research Funds, we are partnering with people around campus and across North Carolina to defeat cancer in this state. The challenges are significant, but we are making progress. We are fortunate to live and work in a state whose leaders are committed to supporting our quest.

*Barbara K. Rimer*

*Editor's note: Dean Rimer, a behavioral scientist, has advanced the field of prevention and cancer detection throughout her career. Her research has focused on developing evidence-based interventions to encourage positive cancer prevention behaviors and to increase use of screening. Among other awards, she has received the American Cancer Society's Distinguished Service Award and the NIH Health Director's Award, and she was elected to the Institute of Medicine in 2008. She is author of nearly 300 articles and books. A select list can be found at [www.sph.unc.edu/rimer/biosketch](http://www.sph.unc.edu/rimer/biosketch).*

