



# The Rhode Island Cancer Council

*Arvin S. Glicksman, MD, and Paul Calabresi, MD*

Although Rhode Island's cancer incidence rate is not above the national average for an aging population in an urban industrial state in the Northeast, the number of deaths from cancer in Rhode Island exceeds the national average. Even with the state's excellent hospitals and educational facilities, coupled with a large corps of dedicated physicians, Rhode Island has a significant cancer problem. Based on the rule that "all politics is local," programs to improve the well being of Rhode Islanders must be local.

The Rhode Island Cancer Council was established to encourage cooperative, comprehensive and complementary planning among the public, private and volunteer sectors of the State by maintaining an integrated information network of resources for all to use. The Council became operational in May 1999; the Governor, the Senate Majority Leader, and the Speaker of the House of Representatives appointed the nine members to the Board, chosen for their leadership in oncology and in the community (Table I). [The national plan, "Conquering Cancer," calls for the establishment of comprehensive State-based cancer action plans in collaboration with all experts in the region - See "Cancer in the New Millenium," this issue].

In conjunction with the Department of Health, the Rhode Island Cancer Council has the responsibility to keep the Cancer Plan for the State of Rhode Island current and broadly applicable for all residents.

As one of our first tasks we re-examined the treatment algorithm for breast cancer. A panel of experts addressed the issue of screening and diagnosis. Another panel developed treatment guidelines. A third panel is addressing supportive care and quality of life. [This responds to the

recommendation of the NCLAC (Table II, Goal 10).] The cooperation and collegiality of the participants in developing the algorithm for breast care is encouraging and bodes well for its incorporation into medical practice in the State. Although mammography utilization in Rhode Island is above the national average, our death rate is 10% above the national average.

Colorectal cancer is the second leading cause of cancer deaths after lung cancer. Our death rate is 34% higher than the national average for men and 21% higher for women. Although early detection by regular screening can reduce our death rate, fewer than 50% of the population over the age of 50 have ever been screened for colorectal cancer. We recently surveyed two groups: the sixty-two gastroenterologists and surgeons who perform colonoscopy, and over 120 primary care physicians. The data point to a good deal of uniformity on screening guidelines across the specialists and the primary care physicians. [See "Colorectal Screening," this issue.]

The Council has embarked upon a broad public and professional education program. To reduce cancer deaths in Rhode Island, we must remove barriers to Rhode Island's state-of-the-art cancer programs. The Council maintains an integrated information network of resources. Our website, [www.ricancercouncil.org](http://www.ricancercouncil.org), provides cancer-related information for Rhode Island, much of which is not available anywhere else (Table II).

Each month the Rhode Island Cancer Council provides a health column for an e-magazine, [www.findri.com](http://www.findri.com). Shortened versions of these columns are distributed to the churches, synagogues and mosques in Rhode Island for inclusion in their monthly bulletins.

The Rhode Island Cancer Council maintains a Cancer Forum (message board) on the Internet. In addition, the Council receives inquiries by telephone. Frequently people ask for assistance with the cost of medications. We relay information on the Drug Assistance Program at the University of Rhode Island and state programs. When appropriate we recommend clinical trials, referring callers back to their oncologists to discuss the appro-

**TABLE I**

**Members of The Rhode Island Cancer Council  
(for biosketches, see [www.ricancercouncil.org](http://www.ricancercouncil.org))**

- Paul Calabresi, MD, MACP** - Medical Oncologist, Chairman
- The Honorable J. Joseph Garrahy** - Former Governor of Rhode Island
- Arvin S. Glicksman, MD, FACR** - Radiation Oncologist, Executive Director
- Laura Hilderley, RN, MS** - Nurse Oncologist
- Louis Luzzi, PhD** - Dean, School of Pharmacy, University of Rhode Island
- Marlene McCarthy** - Breast Cancer Activist
- Charles McDonald, MD** - Dermatologist
- Patricia M. Nolan, MD, MPH** - Director, Department of Health
- The Honorable George Panichas** - Former Member of the State Legislature, Treasurer

