

Cancer and the Power of Preventative Screening:

We Have Come a Long Way

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This issue of the *Journal* is about cancer in Delaware and, as the title states, the power of preventive screening. There is no question that Delaware has come a long way in both cancer incidence and mortality, even in the last decade. This is evident by the subject matter in this issue of the *Journal* leading up to the discussion of cancer incidence and mortality in Delaware, 2016-2020. The latest data puts Delaware 15th in the nation for overall cancer mortality and 20th for overall cancer incidence.¹ We have come a long way from number 1 for both cancer incidence and mortality, but there is still much more to do, especially in our underserved populated areas in the state.^{2,3} The fact is, each of the cancer centers in the state working together with the State government and community organizations has led to the success that we have seen so far. Just as impressive and a tribute to everyone involved is that the Delaware Cancer Treatment Program (DCTP) is still active and vibrant 20 years later.⁴ The DCTP can support treatment for cancer patients who are uninsured for two years and can even help with patients' co-pay. As I wrote in a previous commentary,⁵ "collaboration can be successful statewide," which Delaware has demonstrated in the last 23 years in cancer treatment and prevention. This success is a model for the rest of the Country. However, we can't rest on our laurels.

Progress in cancer care is occurring at warp speed. Personalized medicine, where oncologists can use a person's cancer genes to choose their treatment, has made progress in lung cancer, breast, melanoma, and colon and rectal cancer just to name a few. Genetic counseling and gene testing are critical and standard of care in the treatment of patients with cancer today. In view of the speed of new knowledge, the ability of oncologists to personalize cancer treatment today will seem embryonic even five years from now.

The last commentary I wrote for the *Delaware Journal of Public Health* was in 2017.⁶ At that time, I stated that without question there were disparities in cancer care in Delaware. Seven years later, those disparities still exist.^{2,3} Although community cancer outreach programs in the Hispanic, African American, Asian, and South Asian communities are addressing these disparities every day, we still have a lot of work to do. As stated in this issue of the *Journal* by Diane Ng and Associates (*Sustaining Improvements in Colorectal Cancer Across Delaware: A Look at Racial Disparities a Decade Later*), the success of the colorectal statewide program which ended the disparity between Caucasians and African Americans in 2008⁷ is a model for other cancers, such as lung cancer and breast cancer. Recent analysis conducted in the report by Ng and Associates reveals that trends in colorectal cancer incidence and mortality have remained stable for non-Hispanic Blacks and non-Hispanic Whites for most of the last decade, following significant decreases seen in 2001-2010. Although there is no decrease in incidence and mortality, this is still significant. On the other hand, lung cancer is still responsible for 33% of cancer deaths in Delaware, and we have the highest incidence of triple negative breast cancer in the country, especially in the African American population.² These are two areas of top priority over the next five years.

This year marks my 23rd year as Medical Director of the Helen F. Graham Cancer Center and Research Institute at ChristianaCare, and my 23rd year as a member of the Delaware Cancer Advisory Council and Consortium.⁸ I can look back on my career in Delaware⁹ and know that the individuals across the state whom I have had the pleasure of working with are leaving a legacy for future Delawareans. Although we have a lot of work left to do, I do not know of any other state that has had the type of progress in cancer treatment and prevention that Delaware has achieved. Government is not a popular subject these days, especially the one in Washington, D.C., but for 23 years our state government has continued to support the Delaware Cancer Advisory Council and Consortium, which throughout both decades could have easily been axed in view of other priorities. That is a credit to the three governors and lieutenant governors under whom I have served in the last 23 years.

In conclusion, I cannot even imagine what cancer care treatment and prevention will be a decade from now. We have some of the brightest minds on the planet in this country working every day to tackle what I would consider the smartest cells on the planet: cancer cells. I can't predict whether someday cancer will be cured, but I do know that as opposed to even eight years ago, many cancers have turned into a chronic disease with improvements in quality of life. And perhaps like diabetes, arthritis and osteoporosis, cancer will continue to be a chronic disease with which we will deal with for a long period of time.

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