NORTH DAKOTA CANCER COALITION
Planning for a cancer-free future

NDCC NEWS

NOVEMBER 2025

Stay CONNECTED!

'LIKE' US ON FACEBOOK @NDCANCERCOALITION

The NDCC has a facebook page of valuable information for your cancer prevention and treatment activities. If you have news to share there, contact: Julie.garden-robinson@ndsu.edu

GET CHECKED!

This October, the North Dakota Cancer Coalition Breast Cancer Action Team joined in communicating across the state to recognize Breast Cancer Awareness Month. They partnered with Women's Way and local coffee shops to spread the message that early detection through screening saves lives. Each participating business is helping share this reminder with customers – one coffee cup at a time! Look for the "Early Detection Saves Lives – Get Checked" sticker featuring a QR code that connects directly to helpful breast cancer screening resources through the North Dakota Cancer Coalition.

IMPORTANT SAVE THE DATES!

Addressing Food Insecurity Across the Cancer Care Continuum
Nov 5, 2025 | 3:00 pm CT or 2:00 pm MT
The American Cancer Society invites you to a free webinar! This event provides 1.0 Live AMA CE credits.
Register Today!

Advancing Options in Melanoma Treatment
Nov 5, 2025 | 5:00 pm CT or 4:00 pm MT
IMPACT Melanoma invites you to their upcoming symposium! Part 1: Melanoma Cancer Cell Research and a Virtual Tour of the lab. Part 2: Clinic Trial Updates on the Melanoma Vaccine.
Register

North Dakota Colorectal Cancer Roundtable Virtual Meeting
Dec 4, 2025 | 12:00 noon-1 pm CT
North Dakota Colorectal Cancer Roundtable members are invited to join the Dec 4th virtual meeting from 12:00-1:00 pm CT. This meeting will include updates from the 2025 National Colorectal Cancer Roundtable Annual Meeting and a presentation on the Shield Colon Cancer Blood Test.
Join the meeting now.
Meeting ID: 249 028 046 302 5
Passcode: Wi7M2Km7

ND Cancer Coalition Bylaws Meeting
December 16, 2025 | 12:00 noon to 1 pm CT
All NDCC members are invited to review proposed changes to the bylaws and vote to approve them. A summary of the proposed changes, the draft bylaws, and the new Code of Ethics policy are available for your review here: **www.ndcancercoalition.org/bylaws-review-2025/**. Please note that according to the bylaws, only those who paid their membership dues in 2025 are eligible to vote. Register/Join: **here**

Annual Meeting: April 28 and 29, 2026
The North Dakota Cancer Coalition annual meeting will be held on April 28, with the North Dakota Colorectal Roundtable to follow on April 29, 2026. The venue will be the Dakota Medical Foundation at 4321 20th Ave. S. in Fargo. Please spread the word about this important event! We hope to generate more interest in the Eastern part of our state and grow our organization by having this year's meeting in Fargo. Nursing Continuing Education credits will be provided.

SUPPORT FOR PATIENTS FACING SNAP DELAYS

Per the Community Healthcare Association of the Dakotas (CHAD)

As the federal government shutdown continues, we want to ensure patients are supported — especially those who rely on the Supplemental Nutrition Assistance Program (SNAP) for food. The U.S. Department of Agriculture has confirmed that SNAP benefits may not be issued in November if the shutdown continues. 57,000 North Dakotans received SNAP benefits in September.

This disruption could leave many households struggling to afford groceries or meet basic needs. Health centers can play an important role in helping patients prepare and connect to local food resources.

Important Reminders:

Households will still be able to use benefits already loaded onto Electronic Benefit Transfer (EBT) cards (for example, October benefits), but if new benefits aren't loaded, those funds will not be available until funding is restored.

Applications for SNAP benefits will continue to be accepted, but benefits will be paused.
SNAP benefits are loaded on the 1st of the month in North Dakota and the 10th of the month in South Dakota.

WIC programs in ND and SD have verified they will continue to offer benefits.

State Updates Regarding SNAP Benefits:

- **ND FAQ on SNAP Benefits**
- **Armstrong directs state funds to ND food bank, urges donations**
- **2025 Shutdown State Resources | ND Response**
- **SD FAQ on SNAP Benefits**

Suggested Clinic Actions:

1. Identify patients at risk of food insecurity.

Ask screening questions during visits or outreach calls:
- "Do you currently receive SNAP benefits?"
- "Would a pause in benefits make it hard to buy food this month?"

2. Share accurate information.
- October SNAP benefits already loaded onto EBT cards are still valid and can be used normally.
- New benefits for November may be paused until the federal funding is restored.
- Applications and renewals for SNAP can still be submitted, but benefits may not be issued right away.

3. Connect patients to emergency food resources.

Encourage anyone facing food insecurity to reach out now for support. Provide or post the following local resources:

North Dakota:
- Great Plains Food Bank: **greatplainsfoodbank.org/get-help/**
- First Link: Dial 211 or visit: **firstlink-resources.sophia-app.com/#/**
- ND Shutdown Resources: **ndresponse.gov/shutdownresources**

4. Help patients plan.

Encourage SNAP recipients to:

- Stretch October benefits — purchase shelf-stable foods now if possible.
- Check EBT balances regularly through their state portals.
- Save receipts and track spending to manage available funds.
- Explore local food resources early before demand increases.

5. Offer on-site support and referrals.

If your center has community health workers, care coordinators, or social workers, direct them to assist with:
- SNAP applications or renewals
- Food pantry referrals
- Connection to WIC, Meals on Wheels, backpack programs, or other local nutrition programs

6. Communicate proactively.

Post flyers, share sample messages on social media, update your website or patient portal, and include a message in appointment reminders. Publicly post hours for local food pantries or other local resources.

Example patient message:
"Because of the federal government shutdown, SNAP food benefits for November may be paused. If you rely on SNAP, please plan and reach out for help finding local food resources. Our team can connect you to pantries and support services."

Click here to access the North Dakota graphics package to support your communication efforts.

7. Support your local food pantry.

Reach out to your local food pantry to see what support they need – your health center could host a local food drive, encourage monetary donations to the food pantry, or volunteer.

DID YOU KNOW?

The PAP test was introduced in the 1920s but not mainstreamed until the 1960s. The mortality rate for cervical cancer was 80% back then. Over the next 35 years, invasive cervical cancer decreased by 54% and of course, we have better treatments too.

How did the Pap test come about? It's named after George Papanicolaou, and he and his wife, Mary, did the work that discovered this possibility. George was a PhD researcher (not an MD), and he wanted to know whether guinea pigs' X and Y chromosomes determined their offspring's sex. He wanted to harvest guinea pig eggs just before ovulation, and so he needed to know when ovulation occurred (rather than kill them to check their ovaries, only to learn they weren't ovulating).

He hypothesized that sloughed cervical cells found in vaginal fluids might hold the key to when ovulation occurred (which was correct). To determine that fact, Mary began collecting her own vaginal fluids with a mini-Turkey baster-type device, and did so for twenty-one years. She even recruited friends to provide samples, forming a baseline for healthy vaginal samples throughout a woman's life. Ultimately, one of those participating friends developed cervical cancer, and George identified the pre-cancerous cells! He shared his findings, but it took twenty years to convince people that his PAP test worked to detect cervical dysplasias. George was nominated for the Nobel Prize in 1948 and 1953. In 1969, the American Cancer Society awarded Mary Papanicolaou a special citation for her dedication.

Roll forward 100 years, and we have self-testing for cervical cancer. On May 15, 2024, the FDA approved (HPV) self-collection for cervical cancer screening in a healthcare setting. On May 9, 2025, an at-home swab was FDA-approved for HPV testing.

WHAT IF A BRA COULD DETECT BREAST CANCER?

A Team led by Dr. Elijah Van Houten is developing a smart bra to provide more accessible and comfortable breast cancer screening.
Finding breast cancer early saves lives. In fact, when caught early, the 5-year breast cancer survival rate can be about 90% or higher.

Getting a mammogram is an effective and important way to detect breast cancer. But there are still barriers for many people. Mammograms can be difficult to access, rely on radiation, and are less accurate for people with dense breasts.

That's why Canadian Cancer Society (CCS)-funded researcher Dr Elijah Van Houten and his team at the Université de Sherbrooke are developing a high-tech bra to detect cancerous breast tissue.

And the results are exciting! In an initial pilot study including women with and without breast cancer, the smart bra had a 100% success rate in detecting breast tumors without delivering any false positives.

Read more...

NDCANCERCOALITION.ORG

November Cancer News Highlights

NEUROENDOCRINE TUMORS AWARENESS MONTH

This campaign raises awareness about neuroendocrine tumors (NETs)—a rare cancer that can develop in various parts of the body. Its awareness ribbon is zebra-striped to symbolize the rarity of the disease. NET Cancer Day is observed annually on November 10.

Steve Jobs' death from a pancreatic NET in 2011 brought attention to the condition, which often takes 5–7 years to diagnose. NETs affect men, women, and children alike and are frequently mistaken for conditions like IBS, gastritis, anxiety, or asthma. They are more common than brain, ovarian, or cervical cancers, and about half have already spread by the time of diagnosis. One-third of cases are found incidentally during testing for other conditions.

Symptoms vary by tumor location:

- Gastrointestinal: abdominal pain, diarrhea or constipation, nausea, bloating, heartburn, weight loss
- Respiratory: cough, shortness of breath, wheezing, chest pain
- Endocrine: flushing, sweating, diarrhea, hypertension, low blood sugar
- Other: fatigue, dizziness, joint or bone pain, rashes, seizures

Specific types:

- Pancreatic NETs: jaundice, abdominal pain, weight loss
- Liver NETs: jaundice, abdominal pain, fluid buildup
- Lung NETs: cough, shortness of breath, chest pain

PROSTATE CANCER AWARENESS

Prostate Cancer Awareness month is September, but November is the time for November! This is an annual global campaign that raises awareness and funds for men's health issues, particularly prostate cancer. It encourages men to grow mustaches during November to spark conversations about prostate health, testicular cancer, and mental health. The campaign also advocates for equitable access to healthcare for men, regardless of their background. 70 North Dakotans die of prostate cancer each year.

GASTRIC CANCER AWARENESS MONTH

Stomach cancer is the second leading cause of cancer deaths worldwide. This campaign aims to encourage early detection through screening, promote lifestyle modifications, and support research and advancements in treatment. Early warning signs of stomach cancer can include persistent indigestion, heartburn, feeling full after only a small amount of food, and persistent abdominal pain or discomfort. Other early symptoms may be unintentional weight loss, a poor appetite, nausea, and bloating. Patients with early symptoms for 2 or more weeks should be evaluated for the underlying cause. The average age for a stomach cancer diagnosis is around 68 years old, and the cancer is most common in people over 60. An increasing number of younger people are being diagnosed, with early-onset gastric cancer accounting for over 30% of cases in the US in 2019.

LUNG CANCER AWARENESS MONTH

Lung Cancer Awareness Month promotes early detection, education, and support for those affected by lung cancer. Survival depends on the stage and type—about 65% for early-stage cancer and 5% for stage 4. Early detection and advances in treatment have improved outcomes.

The USPSTF recommends annual low-dose CT scans for adults 50–80 with a 20-pack-year smoking history who currently smoke or quit within the past 15 years. Screening should stop once a person has been smoke-free for 15 years or develops a serious health condition. Each year, about 260 North Dakotans die from lung and bronchus cancers.

PANCREATIC CANCER AWARENESS MONTH

Although pancreatic cancer is only the thirteenth most common type of cancer, it is the 3rd most common cause of cancer death. While the overall 5-year survival rate is just 13%, early detection can raise survival to over 80%. People at higher risk are Black/African American communities, advanced age, a family history, lifestyle (obesity and alcohol use), and genetics. Genetics/biomarker testing [BRCA gene mutations (BRCA1, BRCA2) or Lynch Syndrome] can improve outcomes by early detection and the identification of risk factors. 110 North Dakotans die each year from pancreatic cancer.

CAREGIVER APPRECIATION MONTH

November is also recognized as a time to honor and support caregivers who provide care for those with cancer. This observance honors the role caregivers play in supporting those with illnesses like cancer and draws attention to the challenges they face. Family caregivers play a huge role in providing support during cancer treatment, which can be emotionally and physically challenging for patients. Caregivers often assist with daily activities like feeding and dressing, as well as more complex nursing duties. Caregivers can help with communication, gathering information from doctors, and ensuring their loved one's needs are met. To honor caregivers, we can write a thank-you note, offer to help with specific tasks, or simply check in on them.