Dear Members of the Board of Regents,
Please consider the attached testimony for your Regular Board Meeting on January 28, 2016.
Thank you.

Letter to Board of Regents--HI Comprehensive Cancer Coa_5B(kc).docx
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Dear Members of the Board of Regents:

Good afternoon. Thank you for receiving testimony on this crucial issue. I am writing to highlight and speak to the crucial and necessary role of the University of Hawai‘i Cancer Center for cancer prevention and control for the people of Hawaii and the Pacific.

My name is Neal Palafox. The perspective I bring is as a Physician and Professor at the John Burns School of Medicine Department of Family Medicine and Community Health and having a non-compensated appointment with the Cancer Prevention and Control Program at the UHCC. My work has included being the Principal Investigator for Cancer Related Grants for Hawaii and the US Affiliated Pacific, which have been based at JABSOM / UHCC / or community research centers that have totaled more than 30 million dollars over the last 15 years. On two occasions the US Presidents Cancer Panel requested that I testify regarding cancer in the Pacific, and recently I was requested to address the US Institute of Medicine in November of 2015 to speak to Cancer Prevention and Control in the Low Middle Income Countries in the Pacific. I am a founding member of the International Cancer Control Program -- a program of members from the WHO, NIH-Global Health Office, CDC, and worldwide cancer consortia.

I currently Chair of the Hawaii Comprehensive Cancer Coalition, founded by a Hawaii Governor’s Blue Ribbon Panel in 2002, whose members are leaders from Hawaii’s hospitals, legislature, the UH Cancer Center, medical school, public health school, Hawaii Chapter of the American Cancer Society, Tobacco Coalition, Imi Hale the Native Hawaiian Cancer Research Network, Hawaii State Department of Health, and Hawaii’s cancer survivors and the general public. The Hawaii Comprehensive Cancer Coalition is tasked to develop Hawaii’s cancer prevention and control plans in 5-year increments. We are completing the third State Plan. I do not and cannot speak in an official capacity representing any of the groups from which I work, but I offer a perspective based on more than 30 years of working with cancer prevention and control programs in Hawaii, the Pacific, and internationally.

With regards to cancer, the business of the medicine, hospitals, and clinics is largely to provide high quality medical care in the dimensions of cancer prevention, screening, and treatment. The business of the University of Hawaii Cancer Center is scholarship and research, i.e. to find new knowledge regarding better and more relevant methods to carry out prevention, screening, and cancer treatment. Research works towards answering very specific questions such as why do Native Hawaiian’s and Pacific
Islanders develop breast cancer that appears to be more aggressive at earlier ages? Why do Filipino’s and Pacific Islanders not access cervical cancer and breast cancer screening clinics in the same proportion as other ethnicities in Hawaii? Why is there more liver cancer in Asians and Pacific Islanders, and how do we change this? Does e-cigarette smoking have deleterious effects on Hawaii’s youth? Does the menthol in cigarettes differentially affect various ethnicities? What are optimal medical cancer treatment protocols for various ethnicities in Hawaii? Which state and national policies regarding smoking prevention have a bigger impact, and what groups of people in Hawaii do they affect most? Which US national cancer prevention strategies are not relevant or effective to Hawaii or the Pacific. Why are the HPV cervical cancer vaccination rates low in Hawaii and the Pacific, and how do we increase these rates? Do the terrestrial plants and marine fauna in Hawaii offer cancer treatment solutions?

The UH Cancer Center, in partnership with the community, the medical centers, Imi Hale looks at existing paradigms of cancer policy, medical care, and prevention --- and asks the question in Hawaii’s context—is this what we should be doing and can we do cancer care and prevention better. Nowhere else, no other cancer center can replace the focus on Hawaii’s unique cancer environment. Without Hawaii’s cancer center, there will be little evolution or new ideas for cancer care and policy. An understanding of what we are currently doing with cancer health policy or cancer medical care in Hawaii is effective and how it can be improved comes through cancer research. How does obesity in Hawaii’s population affect cancer rates? This is the work of the scientist, laboratories, geneticists, behaviorists, statisticians, epidemiologists, community researchers, and professors at the UH Cancer Center.

In context of the UHCC Business Plan Update, there may be a large gap in its analysis. The plan fails to capture that much of the UHCC problem is because the larger Hawaii community and institutions in Hawaii / Pacific do not know what the cancer actually does, do not know its contribution and relevance to Hawaii’s health, or how the UHCC is an integral part of cancer care and health delivery. Another way to understand the importance of the UHCC is to ask the critical question, how will cancer care, cancer prevention policies and cancer control be affected in Hawaii without focused cancer research with Hawaii’s peoples.

The how to fund, business plans, and organizational structures will follow suit—after the policy, academic, civil, and medical community understands the importance of cancer research and what exactly the cancer center does. The Athletics Department has at the UH can withstand storms because it understands, breathes, and functions in the paradigm of team and team work. This method of doing business may be helpful for the medical and academic community.

Thank you for your time and ear.
Sincerely,

Neal A. Palafox MD MPH