



**NORTH DAKOTA
CANCER COALITION**
Planning for a cancer-free future

NDCC NEWS

SEPTEMBER 2025

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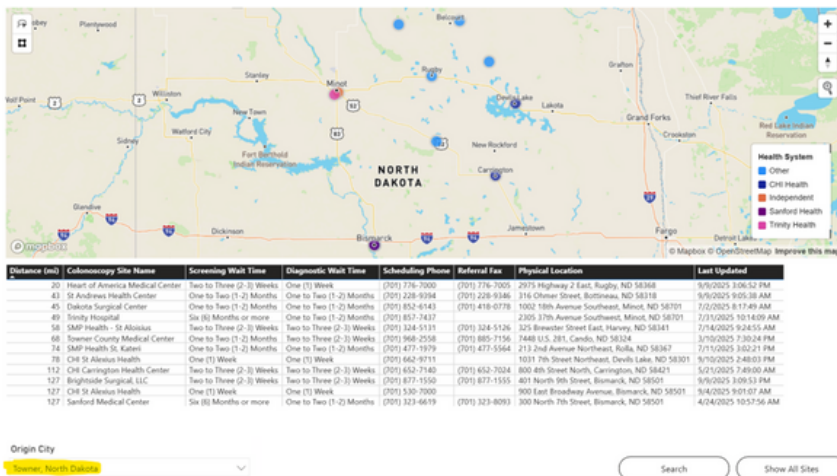
The NDCC has a facebook page of valuable information for your cancer prevention and treatment activities. If you have news to share there, contact:

Julie.garden-robinson@ndsu.edu

CHECK OUT THE COLONOSCOPY CAPACITY MAP!

The [North Dakota Colonoscopy Capacity Map](#) is now available on the ND Cancer Coalition website. The purpose of the map is to reduce barriers to screening by improving access to timely screening or diagnostic colonoscopies. Providers or patients can use the tool to easily locate nearby facilities that provide colonoscopies and displays their estimated wait times as well as a telephone number to schedule an appointment. The user simply searches for their origin city, such as the patient's hometown, and the map will generate the 10 nearest colonoscopy sites.

Example using Towner, ND as the origin city:



VOLUNTEERS NEEDED

The ND Cancer Coalition and the ND Colorectal Cancer Roundtable are already planning our activities for next year, including our annual meeting. The Bylaws Committee, 2026 Annual Meeting Planning Committee and Nominating Committee are all seeking assistance. If you're interested in serving on any of these committees, be sure to let us know by emailing nikki.medalen@ndcancercoalition.org.

MEET A RESEARCHER IN FARGO

Join us for a Meet a Researcher event featuring groundbreaking breast cancer research from the University of North Dakota on Tuesday, October 28, 2025, from noon to 1 pm. Dr. Motoki Takaku and the Takaku Lab will present, From Genes to the Bloodstream: New Clues to Detect and Understand Breast Cancer. This is your chance to learn more about the innovative, ACS-funded research exploring how genetics and blood-based biomarkers can help detect and better understand breast cancer. Lunch will be provided, so please RSVP by October 14 at <https://forms.office.com/r/gss5RxhPps>

BREAST CANCER AWARENESS GRANT

Congratulations to Bobbie Will, Carlyne Tufte, and the Breast Cancer Action Team for proposing the first project funded by the NDCC! We are happy to put the donations of our sponsors towards an action plan that improves the health of North Dakotans. The team's campaign includes using stickers for use on coffee cups or sleeves to build awareness for Breast Cancer Awareness Month.

As a result of this request, a process is being developed for other action teams to request funds from the Coalition to accomplish the work of the teams.

NEW ACS CRC SCREENING IN RURAL COMMUNITIES BEST PRACTICES GUIDEBOOK

The ACS has a new guidebook that many of us will find useful for increasing CRC screening in rural communities. They produced a webinar, which is available at nccrt.org/resource/new-resource-webinar-colorectal-cancer-screening-in-rural-communities-best-practices-guidebook/

The guidebook that supports key community partners in understanding and overcoming the unique challenges and common barriers to CRC screening faced in rural communities can be downloaded at:

nccrt.org/resource/ruralguidebook/

SEPTEMBER CANCER NEWS HIGHLIGHTS

BLOOD CANCER AWARENESS MONTH

Blood Cancer Awareness Month brings attention to leukemia, lymphoma, myeloma, and related blood cancers. Blood cancer is often an “invisible” disease. Unlike some solid tumors, they are not identified by sight or touch. They affect the blood and bone marrow, which carry oxygen and nutrients, regulate temperature, and protect the body against infections. It can be identified and classified with lab tests. Some common blood cancer symptoms include coughing or chest pain, frequent infections, fever or chills, unexplained rash, bruising, or bleeding, itchy skin, loss of appetite or nausea, night sweats, persistent weakness and fatigue, shortness of breath, or swollen, painless lymph nodes in the neck, armpits, or groin.

GYNECOLOGIC CANCER AWARENESS MONTH

Gynecologic Cancer Awareness Month aims to raise awareness about gynecologic cancers, such as: cervical, ovarian, endometrial (uterine), vaginal, and vulvar cancers.

CERVICAL CANCER

Most women will have no symptoms of cervical cancer, but symptoms can include vaginal odor, pain, bleeding after intercourse, excessive discharge and abnormal bleeding between periods. Vaccinations and regular Pap tests plus HPV tests when recommended is key to prevention.

OVARIAN CANCER

One in 71 women will develop ovarian cancer in her lifetime. Only 15% of all ovarian cancer cases are detected at the earliest, most curable stage. Consequently, ovarian cancer is the fifth leading cause of cancer death in women. Symptoms may include bloating, urinary symptoms of urgency or frequency, pelvic or abdominal pain, and difficulty eating or feeling full quickly. These symptoms are particularly concerning if they occur almost daily for a few weeks or more. Risk increases with age, especially around the time of menopause. Other risk factors include a family history of ovarian cancer, fallopian tube cancer, primary peritoneal cancer, or premenopausal breast cancer, or a personal history of premenopausal breast cancer. Infertility and not bearing children are also risk factors, while pregnancy and the use of birth control pills decrease risk. A family history of both colon and endometrial cancers: any male family member with breast cancer is associated with a higher risk, as are those with an Ashkenazi Jewish heritage. Risks can be reduced via the use of oral contraceptives and surgery if genetic testing indicates very high risk.

ENDOMETRIAL OR UTERINE CANCER

Endometrial cancer, also known as uterine cancer, is the most common gynecologic cancer. The prognosis is good; 85% of women with endometrial cancer survive because of early detection. Luckily, three out of four women are diagnosed at Stage I. Endometrial cancer usually occurs around the time of menopause, but younger women are also at risk. Symptoms include abnormal vaginal bleeding (younger women should note irregular or heavy vaginal bleeding; this is the most common symptom), bleeding after menopause, a watery pink or white discharge from the vagina, two or more weeks of persistent pain in the lower abdomen or pelvic area, or pain during sexual intercourse. Risk factors include taking estrogen alone without progesterone, obesity, late menopause (after age 52). Diabetes, never becoming pregnant, hypertension, a family history of endometrial or colon cancer, and use of tamoxifen. Risks can be reduced with regular exercise, blood pressure and blood glucose control, and weight management.

THYROID CANCER AWARENESS MONTH

Thyroid cancer is one of the most commonly diagnosed cancers in the US. There are approximately 57,000 newly diagnosed thyroid cancers yearly. Papillary thyroid cancer is by far the most common type. Other types include follicular thyroid cancer, medullary thyroid cancer, thyroid lymphoma, and anaplastic thyroid cancer. While thyroid cancers are common, they may have few or no signs or symptoms. Signs and symptoms of thyroid cancer include a lump in the middle part of the neck, which is not usually painful. There may be a feeling of pressure at the point of the mass. In more advanced cancers, the voice may change and become hoarse or breathy. All masses in the neck should be evaluated first by a good history and physical exam, possibly followed by an ultrasound. Risk factors for thyroid cancer include a family history of thyroid cancer and exposure to radiation to the neck area.

PROSTATE CANCER AWARENESS MONTH

Prostate cancer is the most common type of cancer (other than non-melanoma skin cancer) diagnosed in men in the US. It's the second leading cause of cancer deaths in men, after lung cancer. Almost all prostate cancers are adenocarcinomas. These cancers begin in cells that make and release mucus and other fluids. Prostate cancer often has no early symptoms. While advanced prostate cancer can cause men to urinate more often or have a weaker flow of urine, these symptoms can also result from benign prostate conditions. The prostate-specific antigen (PSA), often catch the disease before it spreads. As a result, the 5-year survival rate is 97.9%.

VAGINAL OR VULVAR CANCER

Vaginal cancer begins in the vagina; most occur in the lining. The vulva includes the labia majora and minor, clitoris, and the opening of the vagina. Vulvar cancer most often affects the inner edges of the labia majora or minora. Symptoms of vaginal cancer include unusual vaginal bleeding, bleeding after vaginal sex, pain, problems with urination or bowel movements, watery discharge, or a lump or mass in the vagina. Symptoms of vulvar cancer include chronic itching, abnormal bleeding or discharge, skin color changes (lighter or darker, red or pink), or a bump or lump with wart-like or raw surfaces or an open sore. Risks can be reduced by the human papillomavirus (HPV) vaccine before becoming sexually active, regular check-ups including pelvic exams, and examination of the vulva for any changes.

COMING UP IN OCTOBER...

October has been National Breast Cancer Awareness Month for nearly 40 years. The goal is to educate everyone about breast cancer and the importance of early detection and access to timely, high-quality care. 1 in 8 women will be diagnosed with breast cancer in her lifetime. The two most common risk factors of breast cancer are being born female (although 1% of breast cancers occur in men) and getting older. Nearly 44,000 people die from breast cancer in the US each year. A family history increases the risk. For those at average risk, mammography should begin annually, starting at age 40 years. Key preventive features of a healthy lifestyle to reduce the risk of breast cancer include maintaining a healthy weight, limiting alcohol intake, and exercising regularly.



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