



## Association of American Cancer Institutes COMMENTARY

Summer 2017



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### Commentary Overview

\* UCSF Helen Diller Family Comprehensive Cancer Center has launched the San Francisco Cancer Initiative (SF CAN) with the City of San Francisco, its Department of Health, and a dozen other health care and community partners.

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### SF CAN: A City Working Together to Fight Cancer

BY ALAN ASHWORTH, PHD, FRS

There has been much optimistic talk amongst those of us who work on cancer that we have reached an inflection point. To paraphrase Winston Churchill, this is not the beginning of the end, but it may be the end of the beginning. It seems that our much-enhanced understanding of the biology of cancer is starting to bear fruit through the widening application of precision medicine and immunotherapy. For some cancers, we are seeing responses in some people that we barely dared imagine not so very long ago.

Alongside tremendous advances in cancer science, there is also an increased sense of purpose from initiatives such as Vice President Joe Biden's Cancer Moonshot, the Precision Medicine Initiative, and significant investments from private citizens like Facebook's first president, Sean Parker.

We certainly should applaud and encourage these efforts. However, most of this activity still focuses on treating cancer after it has developed. We absolutely should be doing this, but we also need to expand our emphasis to fully embrace prevention, interception and early intervention, implementing what we already know.

This is why the UCSF Helen Diller Family Comprehensive Cancer Center launched the San Francisco Cancer Initiative (SF CAN) in late 2016 with the City of San Francisco, the San Francisco Department of Health, and a dozen other health care and community partners. SF CAN is a unique population health campaign that aims to reduce incidence and mortality from the city's most prevalent cancers that can be mitigated by

intervention.

\* SF CAN had its first tangible success in April 2017 with research by its tobacco task force serving as the cornerstone of new San Francisco legislation banning the sale of all flavored and menthol tobacco products.

#### About AACI Commentary

As part of AACI's efforts to feature the work and views of its member centers, AACI publishes *AACI Commentary*, a quarterly editorial series. Written by cancer center leaders, each edition focuses on a major issue of common interest to AACI cancer centers.



prevention and early intervention. In our city, these cancers include breast, prostate, liver, colorectal and tobacco-caused cancers. As in many other cities and states, cancer disproportionately affects ethnic minorities and the socially disadvantaged.

In San Francisco, cancer has overtaken heart and vascular disease as the city's leading cause of death. This trend is expected to continue for the rest of the U.S. We already know how to prevent up to 40 percent of cancers using evidence-based approaches shown to work, but we are simply not doing this systematically. These approaches, some of which are decidedly low tech, include screening, lifestyle modification (diet and exercise), and the most effective one of all – smoking cessation. If we didn't have to contend with tobacco, nearly half of all cancer deaths could be prevented.

I came to San Francisco at the beginning of 2015 to lead the cancer center at UCSF and spent considerable time with my new colleagues discussing how we might make an impact on cancer in the community. We came up with the idea that our city could be an amazing living laboratory for a major precision health initiative like SF CAN. With 850,000 residents living in 49 square miles, San Francisco is large enough to warrant a concerted effort against cancer that will show measurable results – yet small enough to keep an effort like this manageable. Most important, perhaps, is the city's history of social justice and courage in facing major public health issues such as the HIV/AIDS crisis of the 1980s and the Bay Area's world-renowned spirit of innovation.

We have a large and vital task before us. Our population is diverse, including Asian American, Latino, African American and Caucasian ethnicities. This diversity is a great advantage in the development of culturally appropriate cancer prevention approaches. We also have a large number of people who are homeless or otherwise economically disadvantaged and underserved. Everyone's needs are different, and it is critical that we tailor our approaches to screening, prevention, and timely navigation to high-quality care.

I am pleased to report that SF CAN had its first tangible success in April 2017 with research by our tobacco task force serving as the cornerstone of new city legislation banning the sale of all flavored and menthol tobacco products in San Francisco. The proposed legislation will inevitably encounter opposition, but the catalytic role SF CAN played is exactly what we had in mind when we conceived of this effort.

Funded with an anonymous donation of \$3 million, the scope and ambition of the SF CAN model is unique for a major city, and San Francisco is the ideal place to try such an approach. Its success relies on the tripartite participation of government, health care institutions and a growing list of community organizations. All of these partners have been working hard for years on various health issues, but none of us alone

can take on a formidable public health problem like cancer.

Implementing change will take sustained effort and patience. Even if we implement change immediately, it will take 15 to 20 years to significantly reduce cancer incidence and mortality. In the meantime, we will measure success with every cigarette not smoked, every person we steer toward screening or educate about cancer risk. We will continue to support and participate in exciting new national and international initiatives to challenge cancer. With SF CAN, we are creating our own change and making an impact right here, right now in San Francisco. For more information about SF CAN, please visit:

[www.sfcancer.org](http://www.sfcancer.org) 

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*Representing 97 of North America's premier academic and free-standing cancer centers, the Association of American Cancer Institutes is dedicated to reducing the burden of cancer by enhancing the impact of leading cancer centers.*

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