minnesota cancer alliance summit

2026 | *the power of collaboration*

February 26, 2026

McNamara Alumni Center

Minneapolis, MN

We are so happy you are here!

Check out the Cancer Summit 2026 E-Program

Land Acknowledgement

Words are not enough – we must put action and resources behind them.

Artwork by Marlena Myles

[Land Acknowledgment - Native Governance Center]

Cancer Plan Minnesota

THANK YOU to our Sponsors!

DEPARTMENT OF HEALTH

MASONIC CANCER CENTER
UNIVERSITY OF MINNESOTA

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Cancer Legal Care
ADVOCATES on your CARE TEAM

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community oncology research consortium

Continuing Education Hours

Minnesota Medical Association

Continuing Education for Nurses OCEAN

NCHEC
National Commission for Health Education Credentialing

Welcome Plenary: Telling Minnesota's Cancer Story

Halkeno Tura, PhD, MA, MPH, CHES

Jay Desai, PhD, MPH

Jen Poynter, PhD, MPH

Melissa Buffalo (Meskwaki/Dakota), MS

Clarence Jones, MA, CPH, CHW, CPE

Financial Disclosure Statement

- There are no relevant financial disclosures for this session.

Cancer in Minnesota

2026 Minnesota Cancer Summit

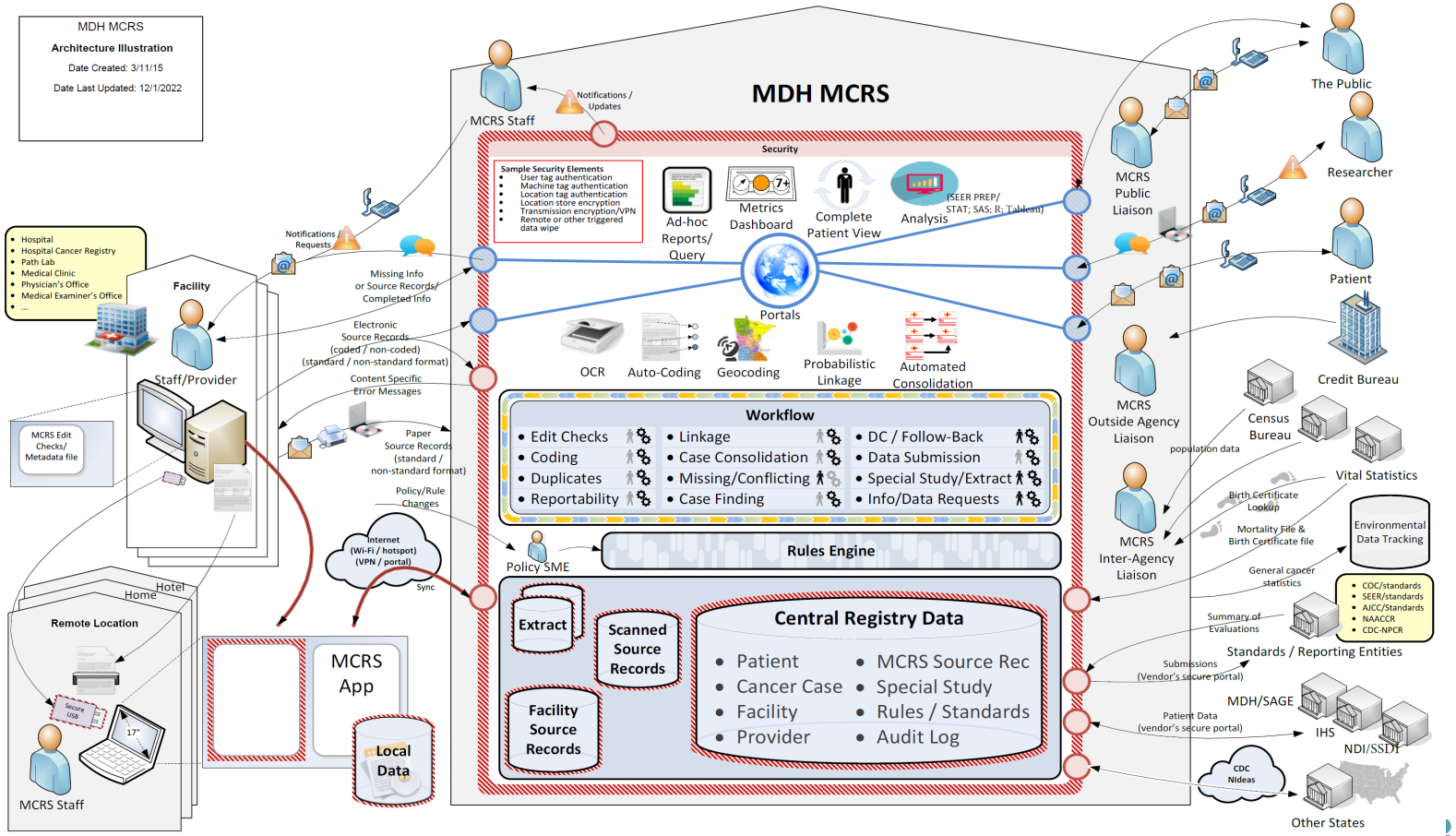
Minnesota Cancer Reporting System

Minnesota Department of Health

February 26, 2026

MINNESOTA CANCER REPORTING SYSTEM

- M.S., chapter 144, section 144.671-144.69 and Minnesota Rules, chapter 4606. (1987)
- **200+ cancer types** (carcinoma, sarcoma, leukemia, lymphoma/myeloma, brain/spinal cord cancers)
- **12,496 reportable neoplasm types**
- **Over 180 reporting facilities** (hospitals/labs)
- **Annually receive over 1.2 million documents & process 645,000**
  - Over 147,000 manually
  - Almost 500,000 automated
- **2022: 42,230 reportable cancers**
- **2022: 432 data items per cancer**
- **Over 120 core operational processes**



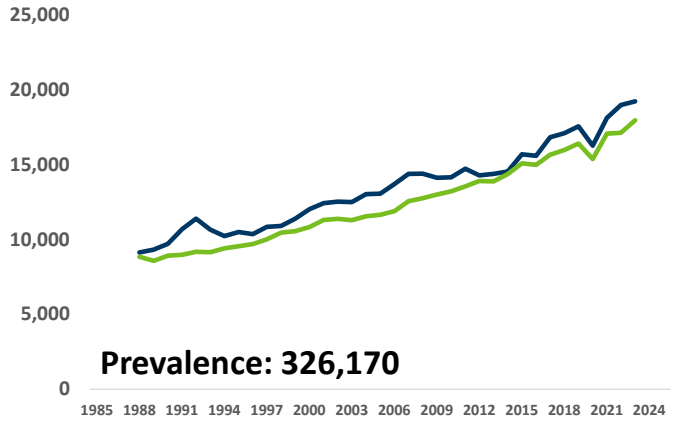
Top 10 Cancers in Minnesota in 2023

Males			Females		
Site	**Rate/100,000**	**Count**	**Site**	**Rate/100,000**	**Count**
Prostate	132.9	5,160	Breast	150.0	5,343
Lung	51.5	1,893	Lung	51.1	2,106
Melanoma	51.7	1,783	Melanoma	43.7	1,475
Colorectal	43.9	1,429	Colorectal	36.0	1,299
Bladder	33.1	1,153	Uterus	31.5	1,198
NH Lymphoma	27.0	924	NH Lymphoma	18.9	727
Kidney	25.7	910	Thyroid	18.9	570
Oral/Pharyngeal	20.4	735	Pancreas	12.6	509
Pancreas	16.9	602	Kidney	11.8	443
Liver	10.8	399	Bladder	9.3	372

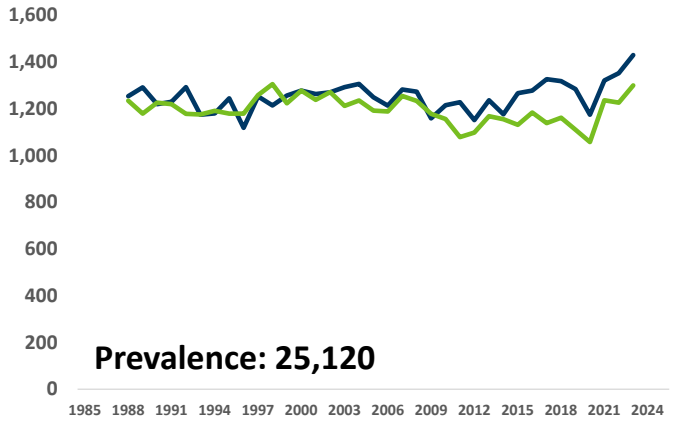
Cancer Counts Over Time, by Sex

Males — Females —

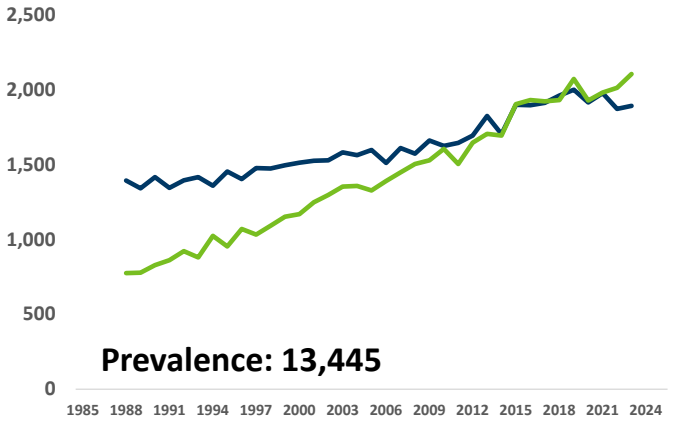
All Sites



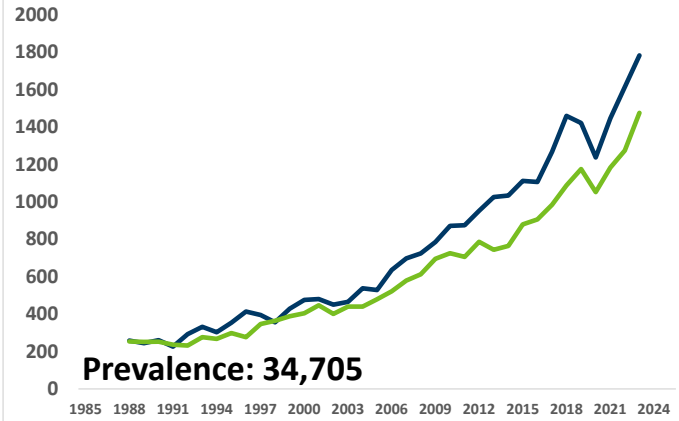
Colorectal



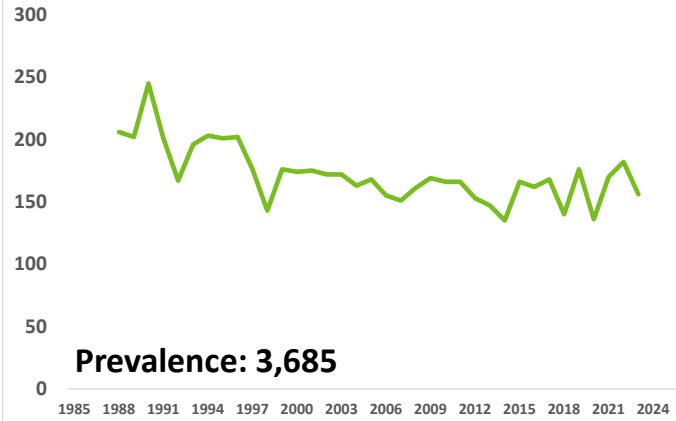
Lung



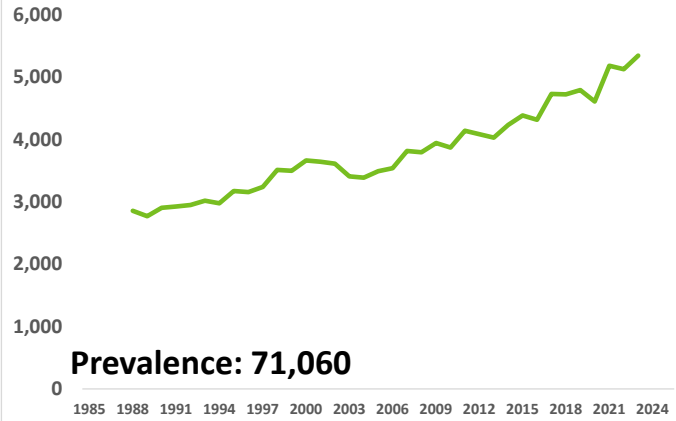
Melanoma



Cervical

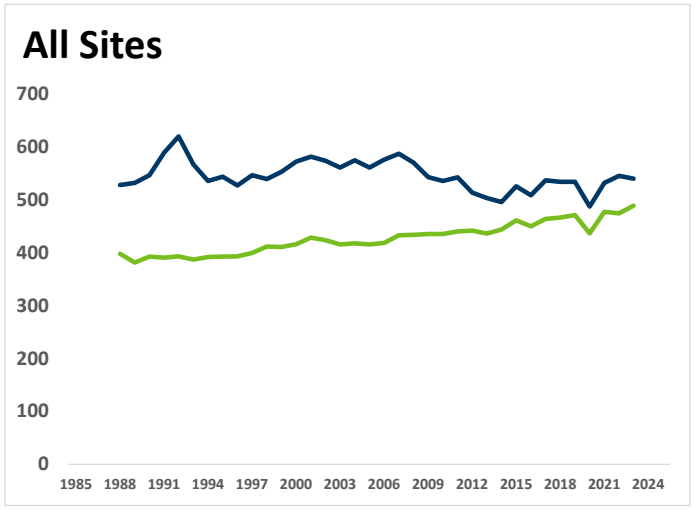


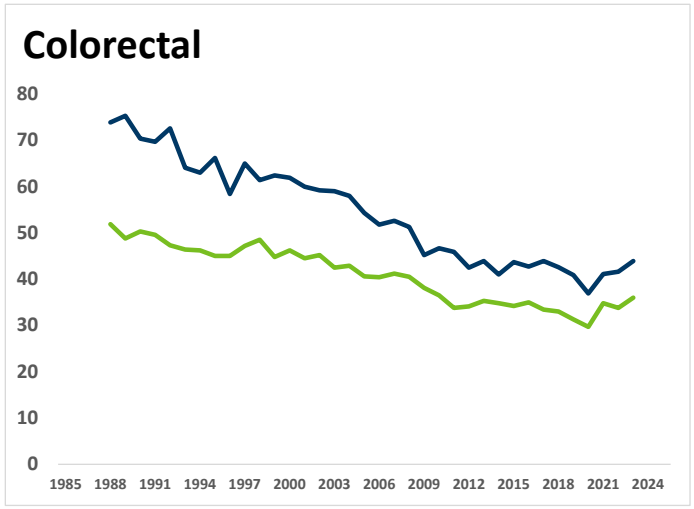
Breast

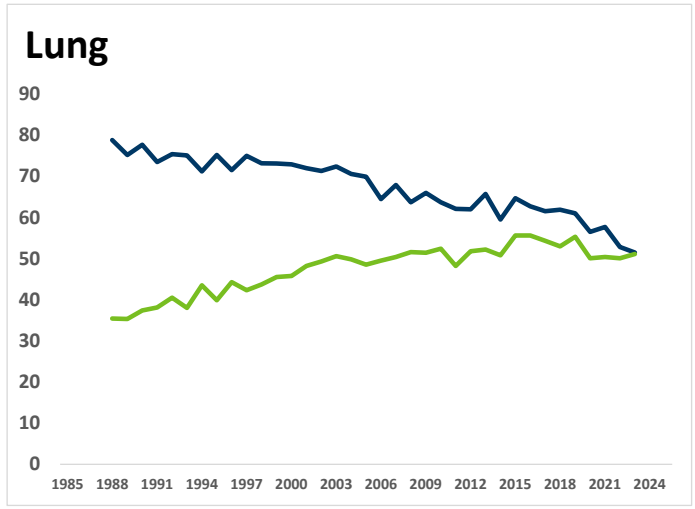


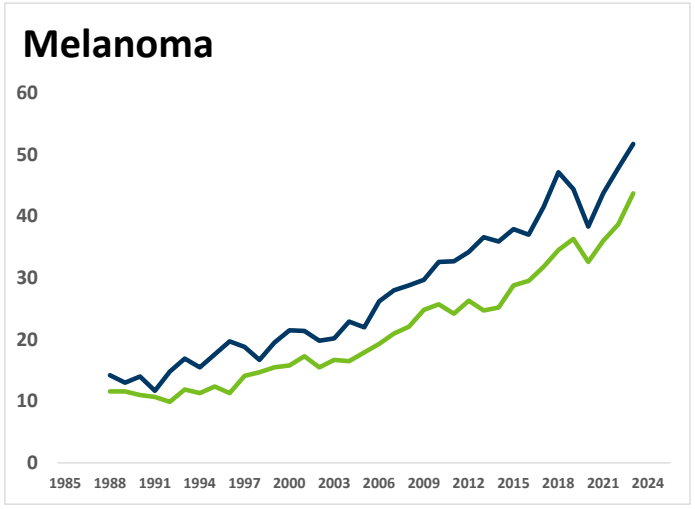
Cancer incidence rates over time, by Sex

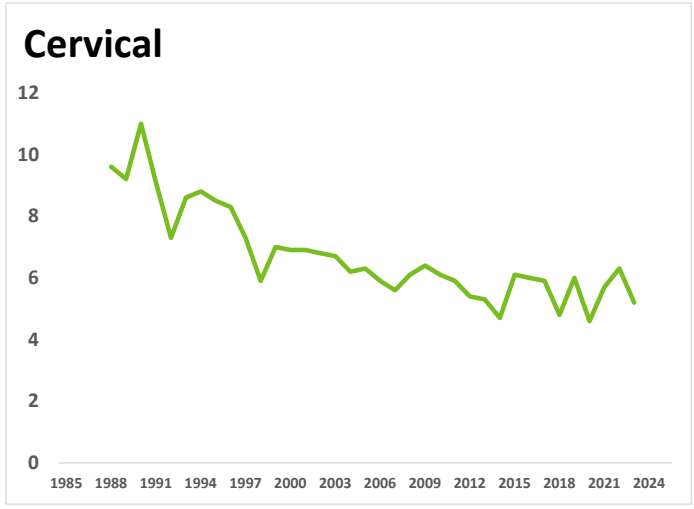
Males Females

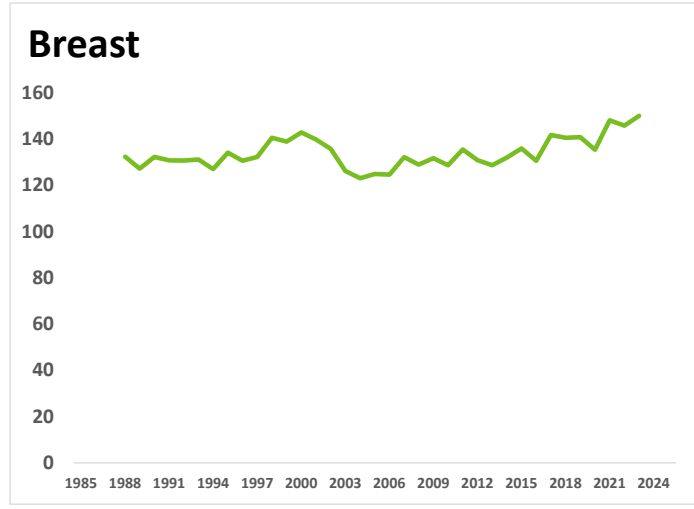




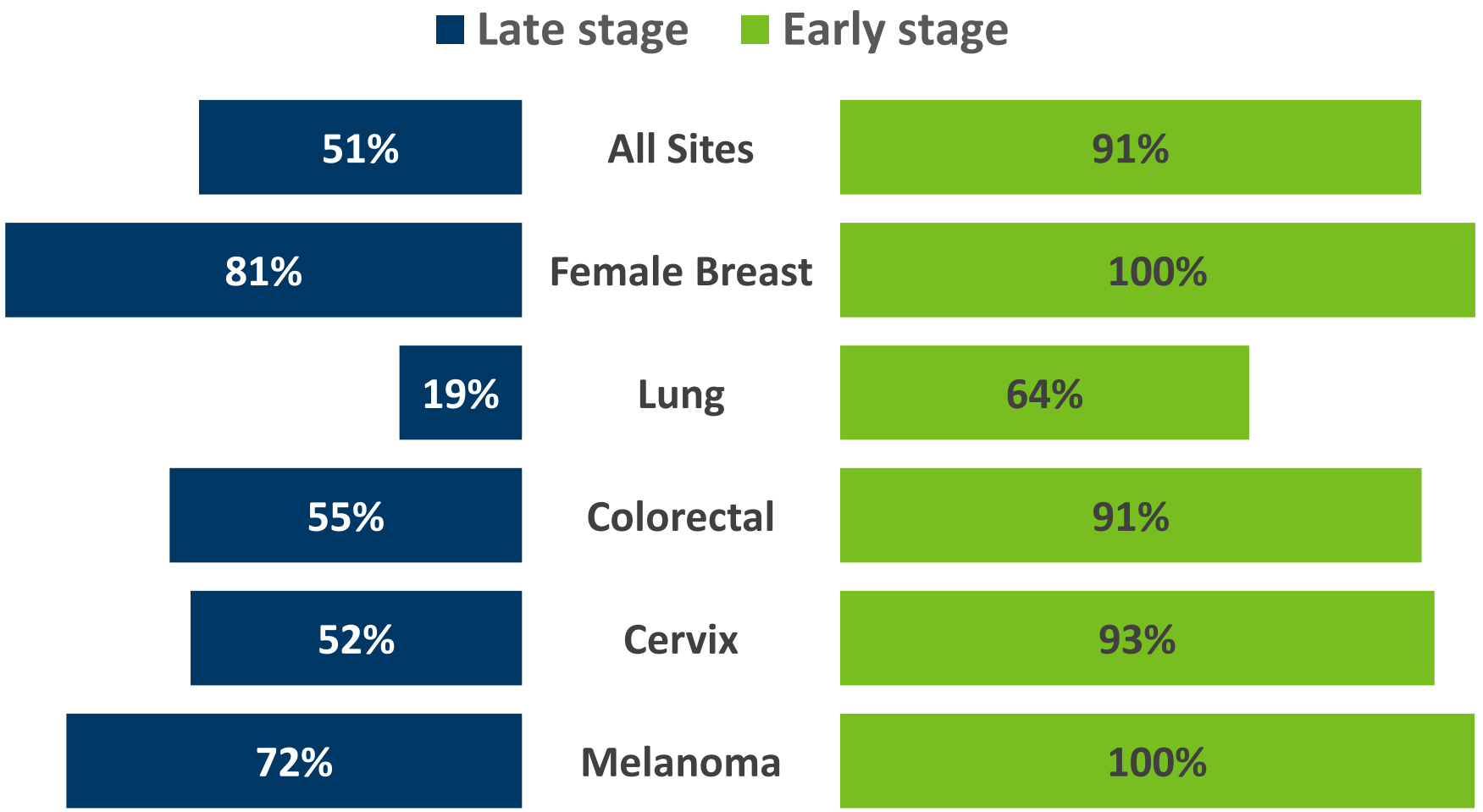






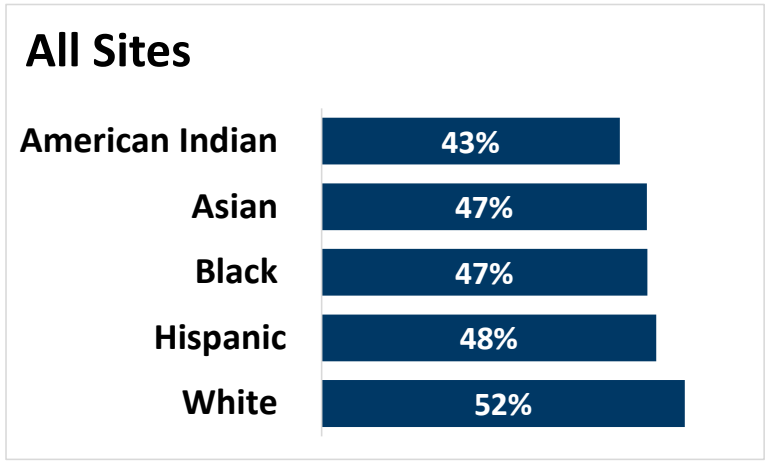


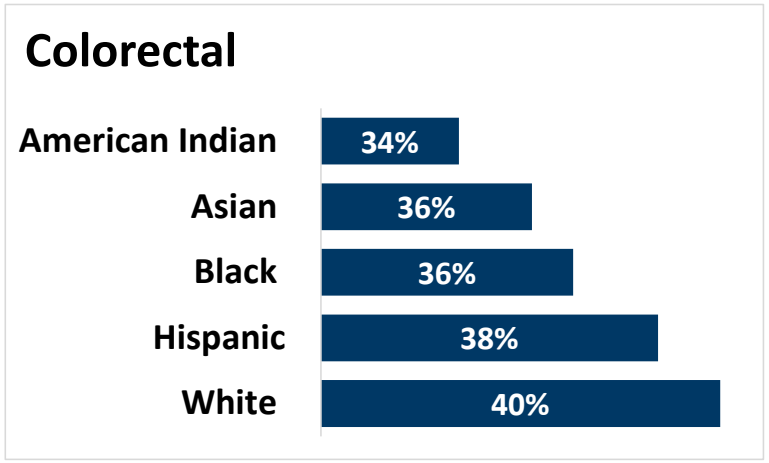
Survival is higher for early-stage diagnoses

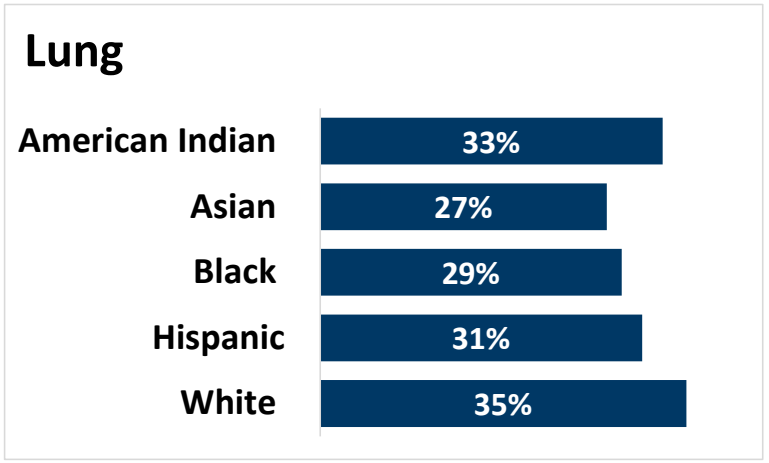


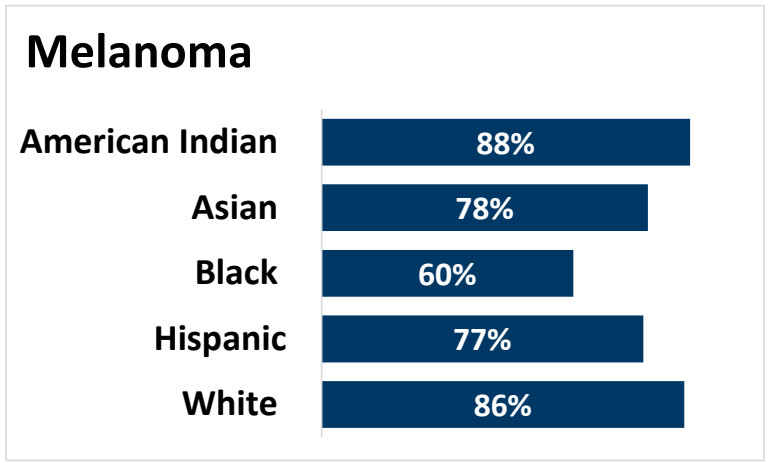
Five-year relative survival percentage for follow-up through Dec 2022

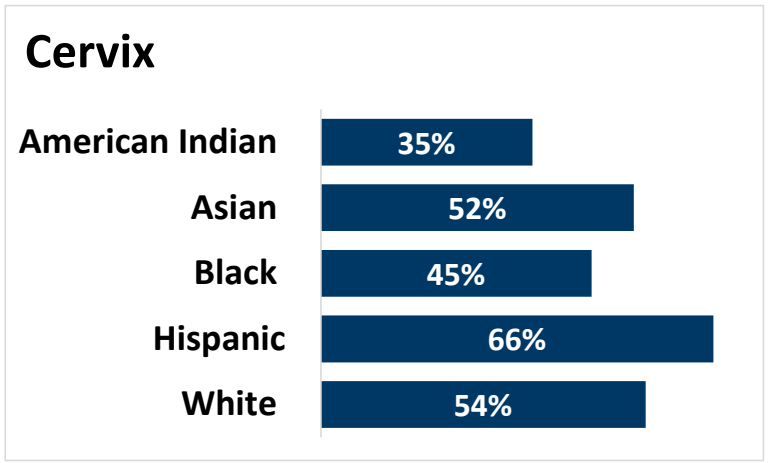
Percent of Early-Stage Diagnosis, by Race/Ethnicity

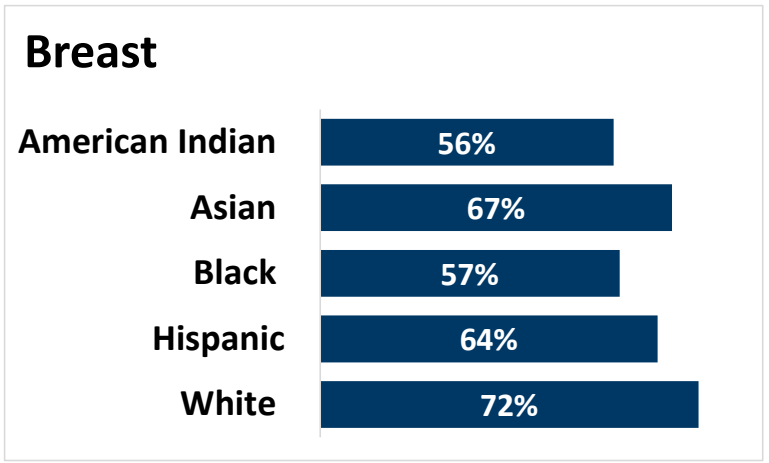












Years of diagnosis 2019-2023

Minnesota Cancer Reporting System More Information

Dashboards, infographics, short reports, data requests

Jay Desai, MCRS Director, Manager for Chronic Disease & Environmental Epidemiology: jay.desai@state.mn.us

MCRS Mailbox: health.mcrs@state.mn.us;

Phone: 651-201-5900

Masonic Cancer Center Catchment Summary

2026 Minnesota Cancer Summit

Jen Poynter, PhD

University of Minnesota

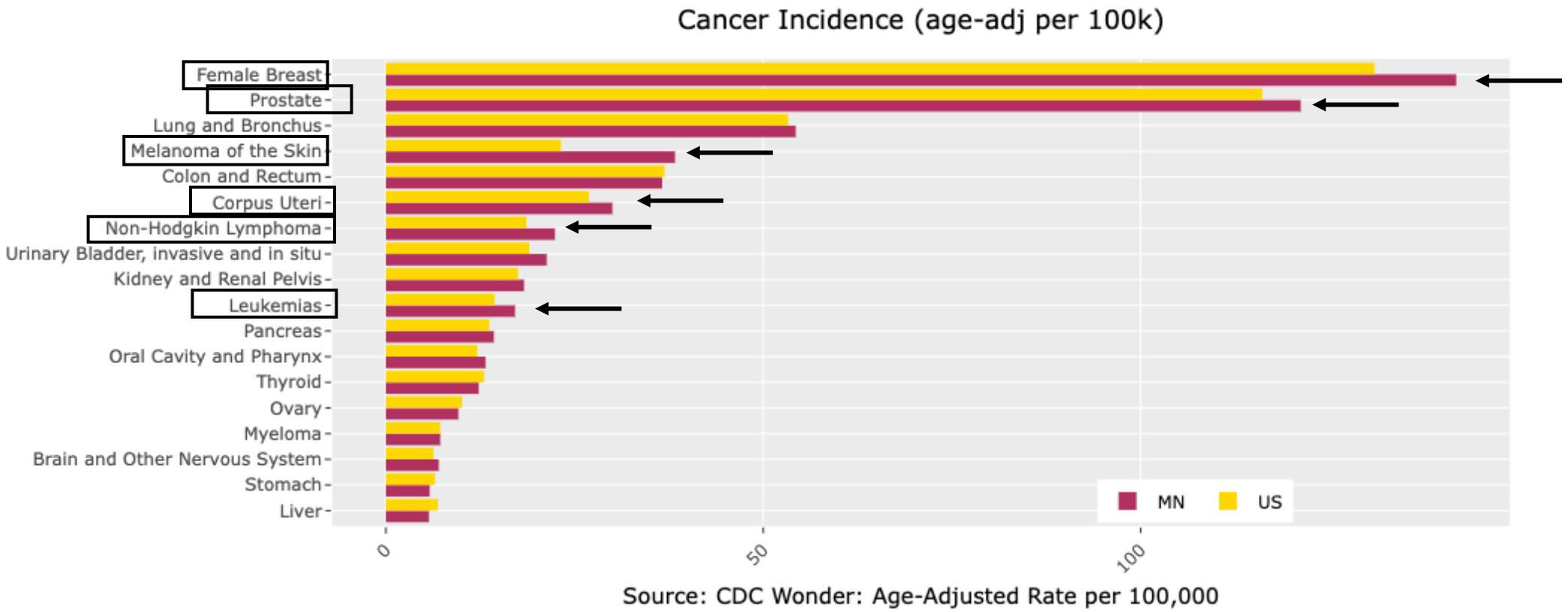
February 26, 2026

MCC Catchment Analysis

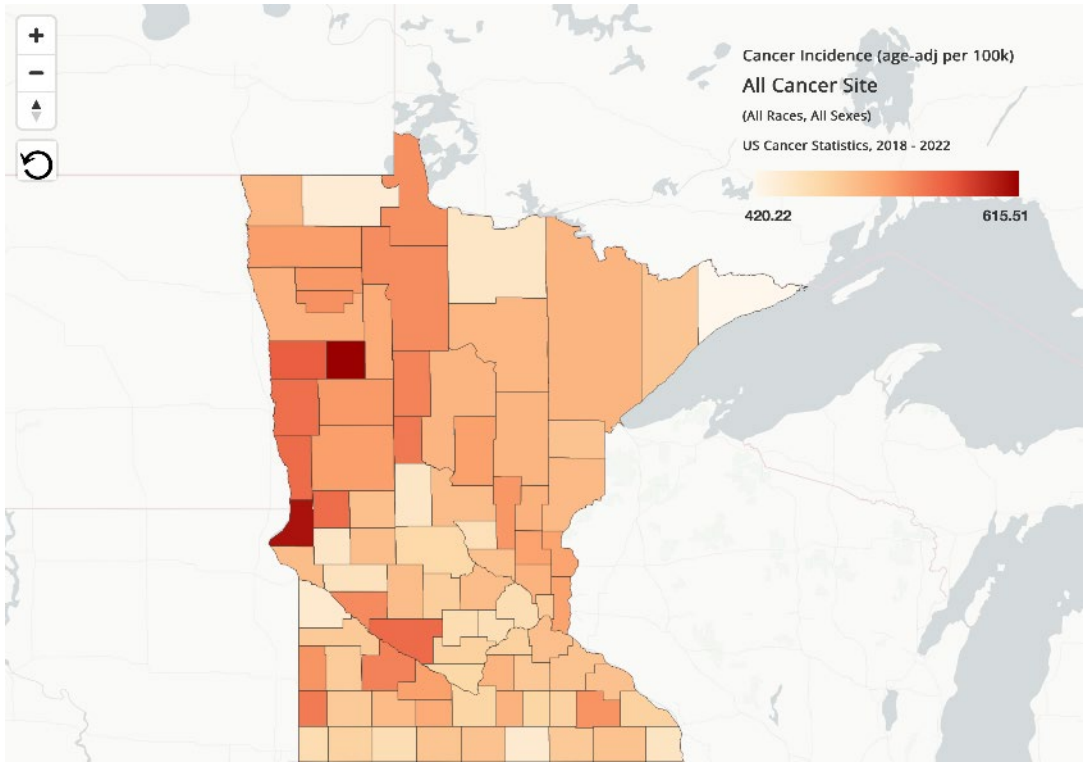
- Purpose: Determine priorities for research and outreach that will reduce the cancer burden within the MCC Catchment area (e.g., the state of Minnesota)
- Components of catchment analysis:
  - Notable demographic features in the Minnesota population
  - Cancers where Minnesota has higher incidence and/or mortality than the U.S.
  - Cancers with racial/ethnic or geographic disparities in Minnesota
  - Environmental exposures that may lead to a higher cancer burden in Minnesota
  - Opportunities for intervention through risk factor reduction and screening

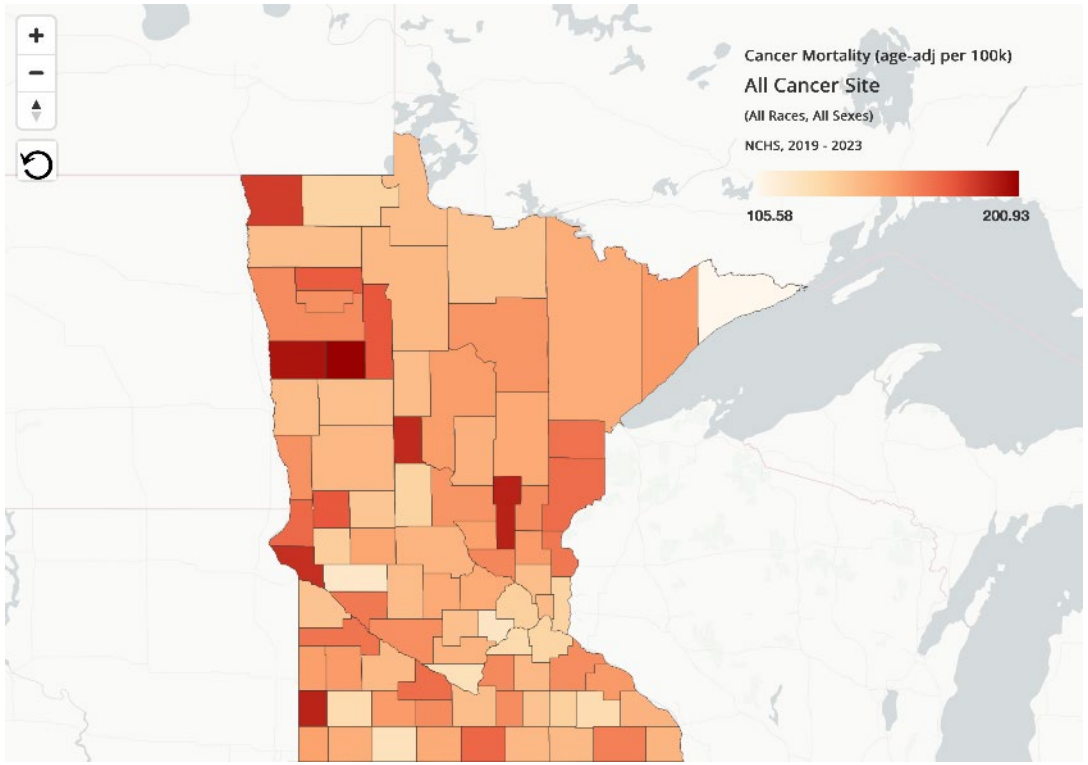
https://cancer.umn.edu/research/mn-cancer-infocus

How do cancer rates in MN compare to US?



Where do we see the highest cancer rates in MN?

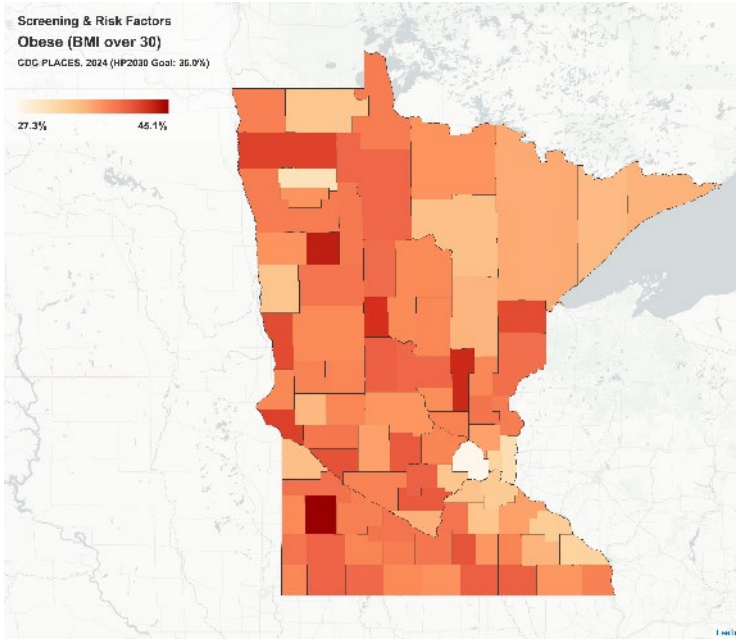




Maps generated with Cancer InFocus

How can we prevent cancer?

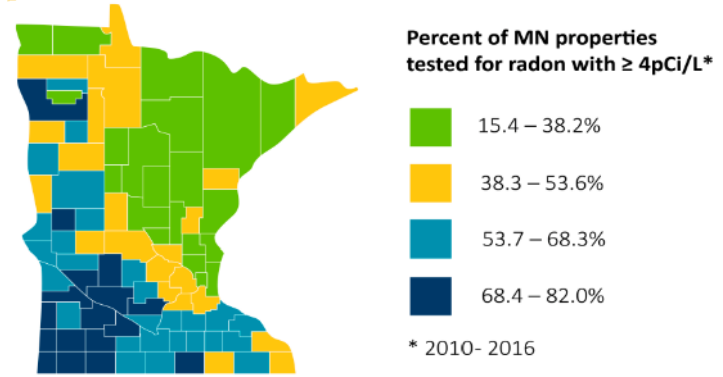
Obesity prevention



Commercial tobacco cessation

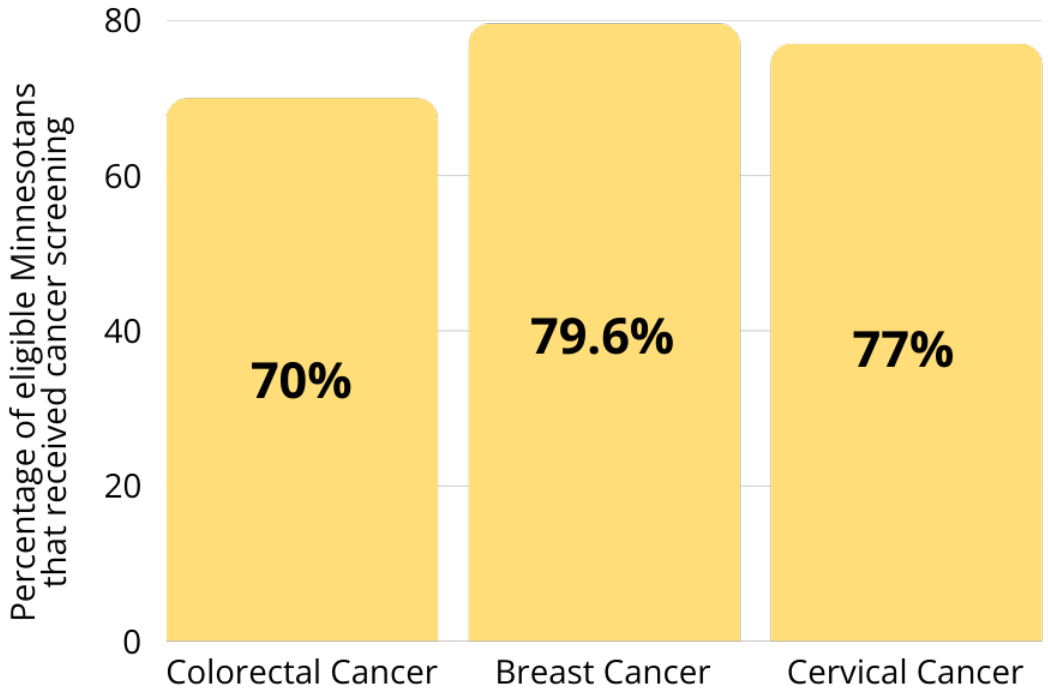
Reduce exposure to environmental carcinogens

Radon



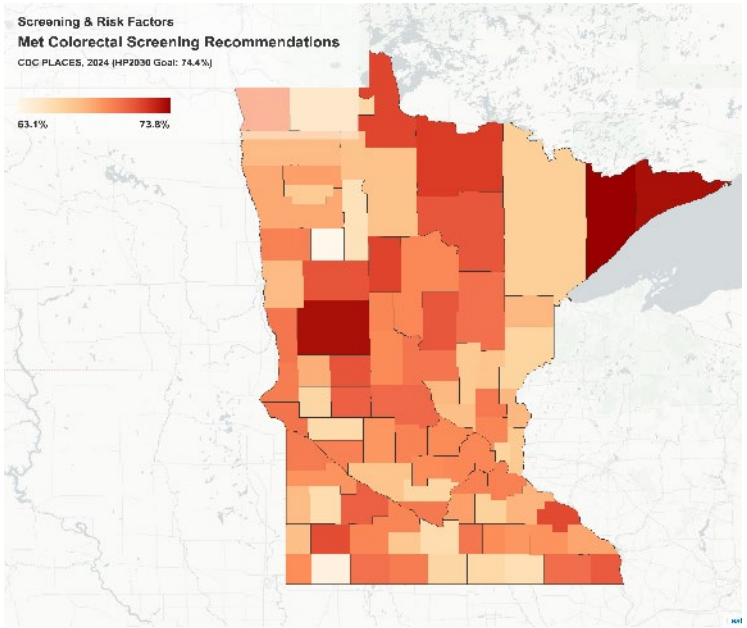
Source: MN Public Health Data Access Portal

Cancer screening rates in Minnesota are high overall

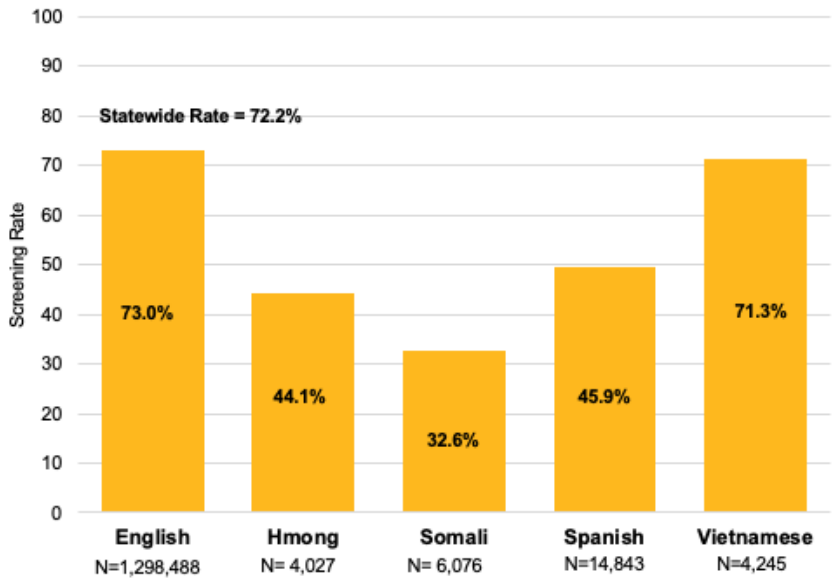


Where can we improve cancer screening rates?

CRC screening by geography and preferred language

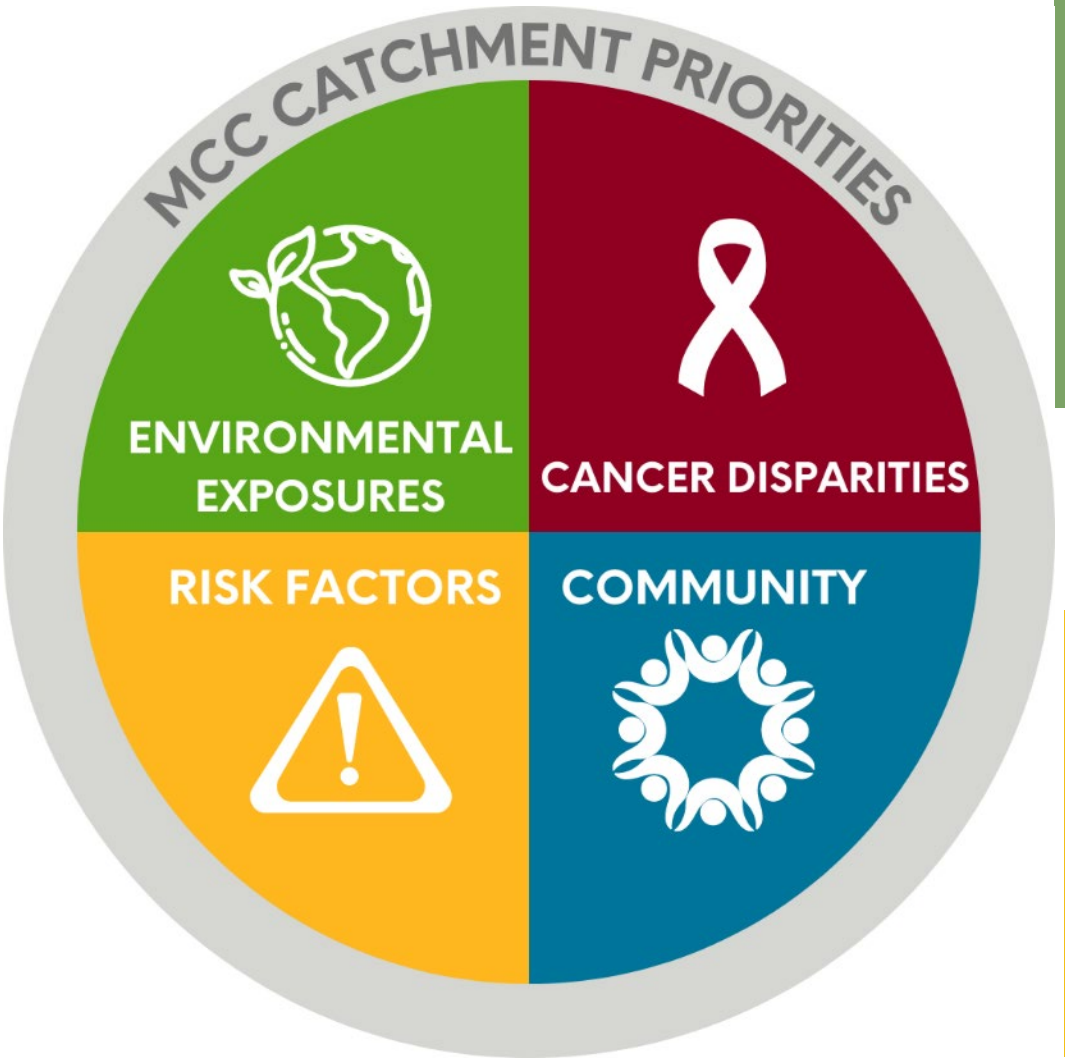


Source: MN Cancer InFocus



Source: MN Community Measurement 2021 report

- PFAS
- Taconite mining
- Radon



- Non-Hodgkin lymphoma (NHL) and leukemia
- Melanoma
- Colorectal cancer
- Prostate cancer
- Breast cancer
- Uterine cancer

- Smoking cessation and cancer screening
- Rural disparities in smoking, obesity and screening
- Improve cancer screening rates

- American Indian communities
- Rural areas
- Immigrant communities

More Information: MCC Website

Catchment Analysis Report

https://cancer.umn.edu/catchment-analysis-report

Cancer InFocus™ Minnesota

https://cancer.umn.edu/research/mn-cancer-infocus

Culturally Grounded Cancer Prevention & Screening in Tribal Nations

Melissa Buffalo, Meskwaki/Dakota, CEO

American Indian Cancer Foundation

ICE OUT OF MNI SÓTA MAKÓČE

NO ONE IS ILLEGAL ON STOLEN LAND

Disclosure Statement

- No financial interest or affiliation concerning materials discussed.

Dolly Estes, 67,
Colon Cancer

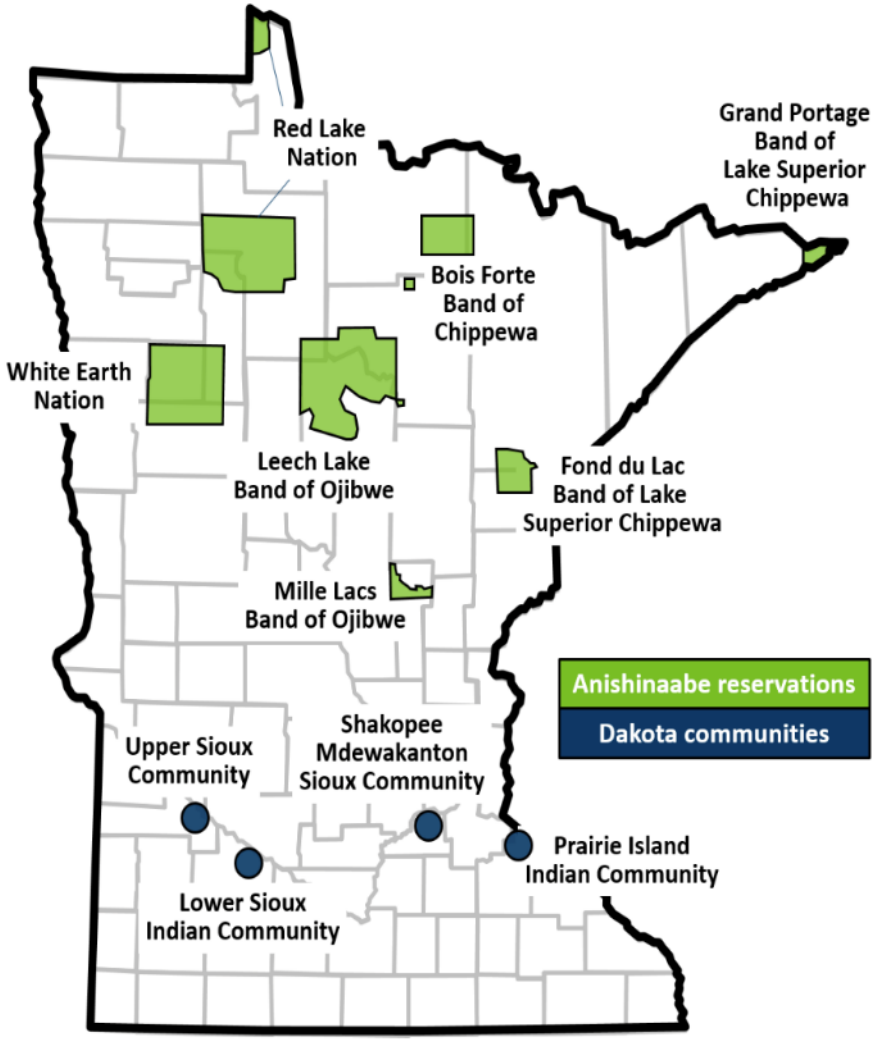
Bill Gayton, 88,
Lung Cancer

Tribal Nations in Minnesota

11 Tribal Nations – **4** Dakota Communities and **7** Ojibwe Tribes

Enrollment varies: **430** to **15,000**

Twin Cities AI/AN population: estimated **50,000 (1.2%)**



System Constraints

- Indian Health Service (IHS) has federal trust responsibility + major resource constraints
- Example benchmark: FY2023 IHS spend per user **$4,078** vs national average **$13,493**
- Under-resourcing shows up as limited capacity for prevention + follow-up

Mistrust is Not Just Historical - It is Ongoing.

History explains mistrust.

- Boarding schools
- Forced sterilization
- Broken treaties
- Forced relocation
- Unethical research
  - Barrow Study in Alaska
  - Havasupai

But today sustains it.

- Cultural invisibility in care
- Dismissed pain
- Delayed referrals
- Limited access or referral to clinical trials
- Data misclassification

Data Gaps

RACIAL MISCLASSIFICATION AFFECTS AI/AN CANCER MEASUREMENT

MORTALITY DATA CAN BE LIMITED WHEN DEATHS AREN'T LINKED TO IHS RECORDS

BETTER DATA PARTNERSHIPS = BETTER TARGETING + ACCOUNTABILITY

Screening is not only clinical, it's relational

- This work is bigger than technical assistance
- Communities are still healing from forced sterilizations + unethical practices
- Trust-building is a core screening strategy

Native-led Solutions Across the Cancer Continuum

- Mission: eliminate cancer burdens through education + improved access
- Focus: prevention/screening; health communications; policy/systems change
- Approach: blend science with Native knowledge, storytelling, community, and data

What's Working: Culturally Grounded Screening Initiatives

- **Screen Our Circle**: partnering for culturally grounded screening solutions
- Designed with/for tribal communities (not "dropped in")
- Normalize screening through culture, connection, and community messengers

American Indian Cancer Foundation's
Screen Our Circle

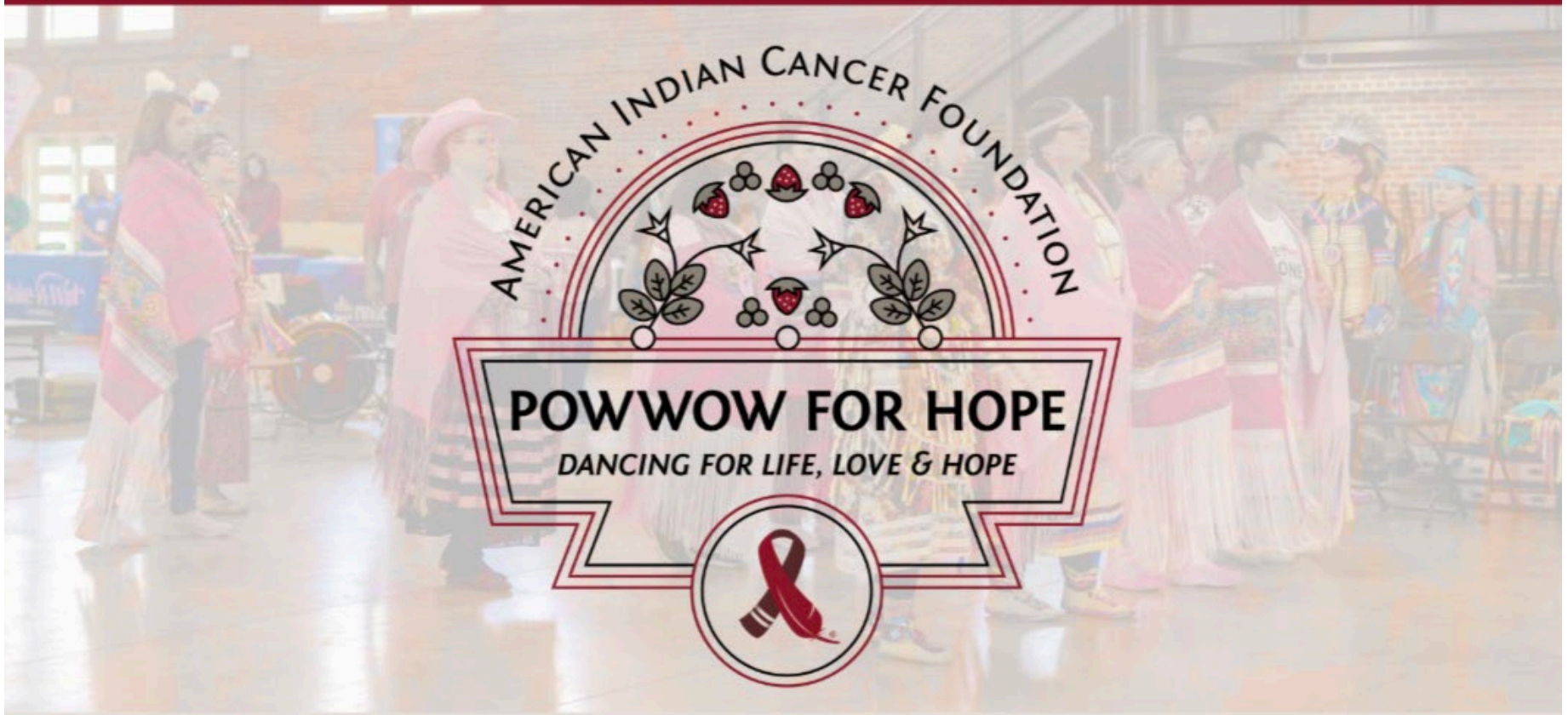
Cultural Awareness in Healthcare Pilot Study

Goals

1. Provide comprehensive AI/AN cultural awareness training for Essentia Health staff
2. Develop sustained relationships with area Tribal communities
3. Collaborate with Tribal communities to identify and mitigate culturally and regionally specific barriers to care
4. Increase AI/AN clinical trial enrollment
5. Improve health outcomes in the Essentia Health service area through community-specific healthcare interventions

AICAF's 14TH POWWOW FOR HOPE: DANCING FOR LIFE, LOVE, & HOPE

SAVE THE DATE | SATURDAY, OCTOBER 17, 2026



Community Healing Event & Fundraiser

This event is free and open to the public!
Silent Auction · Jingle Dress Healing Dance
Honoring Indigenous Cancer Survivors · And more...

Join us to show support and raise awareness about health in our communities, learn about cancer prevention, and share our resources.

Collaboration

We need partners willing to:

- Co-design prevention & screening strategies with Tribal Nations
- Invest in community-led implementation, not just awareness
- Support accurate data collection, linkage, and shared learning
- Align funding, policy, and metrics with Cancer Plan Minnesota equity goals

The path to wellness for American Indians in Minnesota is not about fixing communities, it's about fixing systems.

Wopida/Miigwech

THE POWER OF COLLABORATIONS

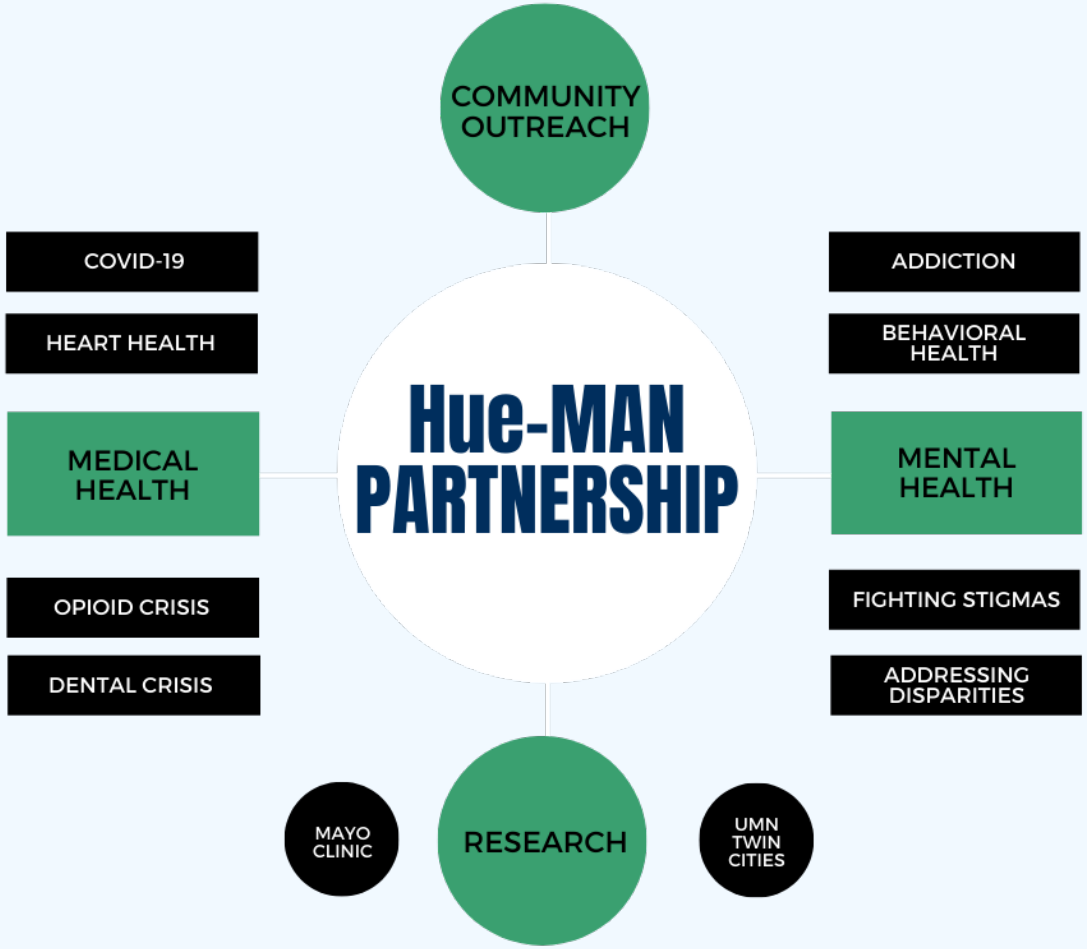
A community approach to cancer prevention and control in the African American population

Presented by:
CLARENCE ROBERT JONES, M.A.
Hue-MAN Partnership

Event:
Minnesota's Cancer Stories
February 26, 2026

PRESENTING HUE-MAN'S MODEL

Hue-MAN Partnership build coalitions, listens carefully, and takes action to improve community health



HUE-MAN Partnership

COOKED MEAT & PROSTATE CANCER RISK

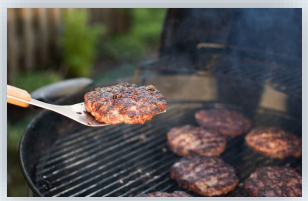
Does red meat contribute to health disparities?

Masonic Cancer Center
University of Minnesota
Comprehensive Cancer Center designated by the National Cancer Institute

HUE-MAN PARTNERSHIP

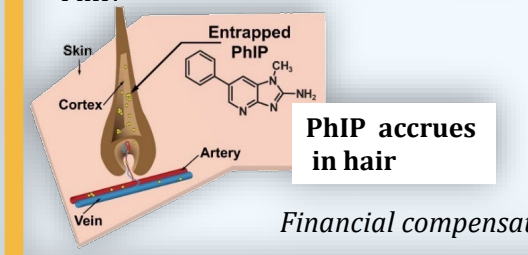
PARTICIPANTS NEEDED FOR A STUDY ON COOKED MEAT

Conducted under the direction of Robert Turesky, PhD, Logan Spector, PhD, & Mr. Robert Clarence Jones, MEd



WHAT IS THIS STUDY ABOUT?

Eating cooked meat is a risk factor for prostate cancer, although how meat causes cancer is uncertain. A chemical formed in cooked meat called "PhIP" may cause prostate cancer. Our study's goal is to understand if African American men are at higher-risk for prostate cancer than other races because of eating a lot of cooked meat containing PhIP.



PhIP accrues in hair

WHAT WILL I HAVE TO DO?

- Complete a questionnaire on your diet, alcohol, and smoking habits
- Provide a clipping of hair behind the earlobe when at the barbershop

WHAT WE WILL DO:

- Measure the amount of PhIP in hair
- Compare PhIP hair levels with the cooked meat diet
- Compare PhIP hair levels among racial groups to understand if differences in PhIP exposure is associated with prostate cancer risk across different races

Financial compensation provided for participation

HUE-MAN Partnership

WHO CAN PARTICIPATE?

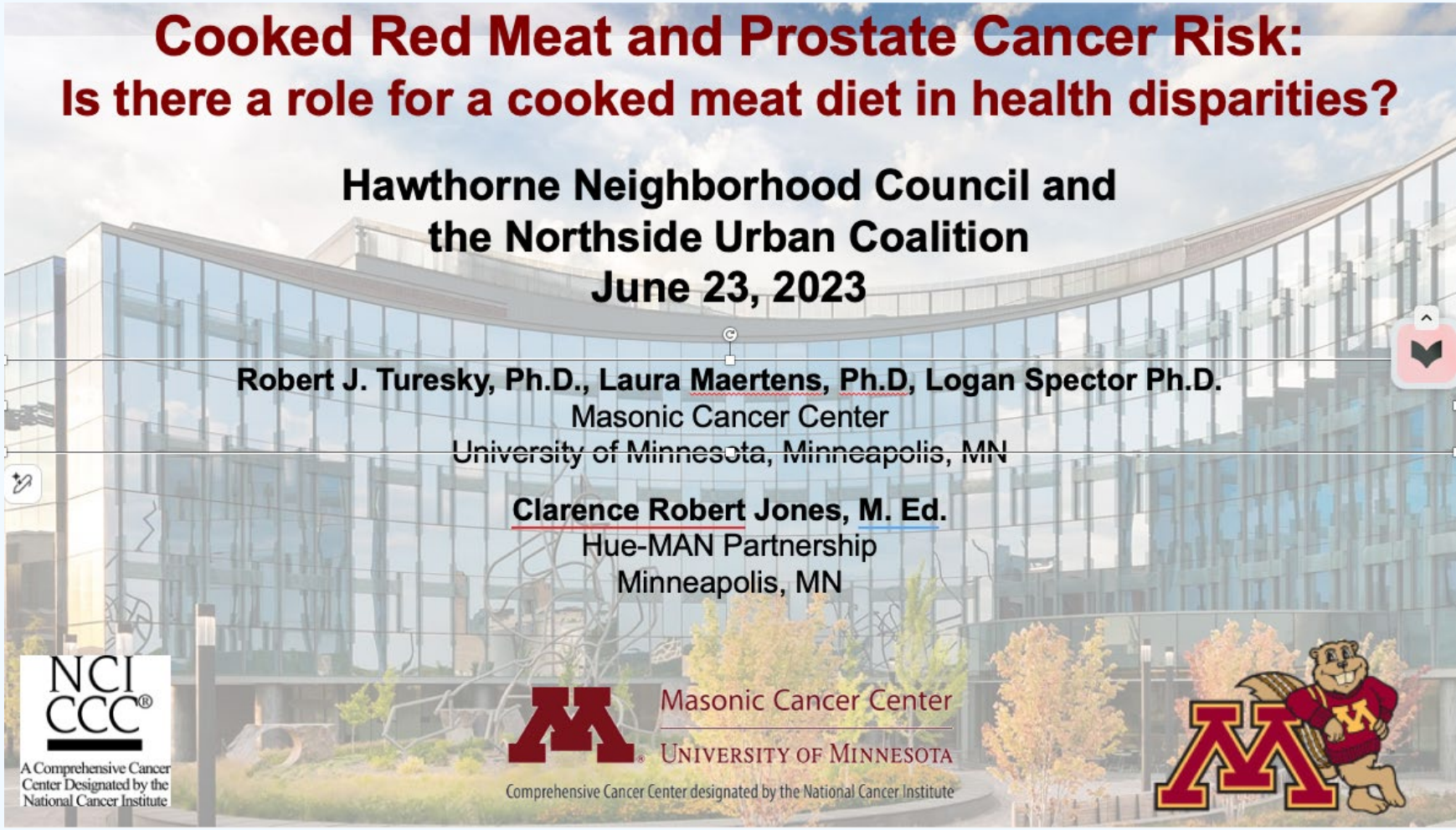
- African American men age 21+ in good health
- With naturally colored hair who have never used hair dyes or straighteners
- Who are meat eaters
- Current smokers, former smokers, and nonsmokers

MORE INFORMATION

Hue-MAN Partnership
humanpartnershipmn@gmail.com
612-759-2170

COLLABORATION

- Hawthorne Neighborhood Council
- Hue-MAN Partnership
- Masonic Cancer Center of University of Minnesota



Hue-MAN Partnership

Cooked Red Meat and Prostate Cancer Risk:
Is there a role for a cooked meat diet in health disparities?

Hawthorne Neighborhood Council and
the Northside Urban Coalition
June 23, 2023

Robert J. Turesky, Ph.D., Laura Maertens, Ph.D, Logan Spector Ph.D.
Masonic Cancer Center
University of Minnesota, Minneapolis, MN

Clarence Robert Jones, M. Ed.
Hue-MAN Partnership
Minneapolis, MN

NCI CCC®
A Comprehensive Cancer Center Designated by the National Cancer Institute

Masonic Cancer Center
University of Minnesota
Comprehensive Cancer Center designated by the National Cancer Institute

HOW MUCH MEAT CAN I EAT?

American Institute of Cancer Research recommends not more than 3 portions a week or about 12-18 ounces (cooked) (the equivalent of a Burger King double whopper)

HUE-MAN Partnership

HONORING COMMUNITY RESEARCH CONTRIBUTIONS

Biomonitoring PhIP, a Potential Prostatic Carcinogen, in the Hair of Healthy Men of African and European Ancestry

Article

Biomonitoring PhIP, a Potential Prostatic Carcinogen, in the Hair of Healthy Men of African and European Ancestry

Robert J. Turesky [1,*], Clarence Jones [2], Jingshu Guo [1,3], Kari Cammerrer [1], Laura A. Maertens [4], Emmanuel S. Antonarakis [5], Zhanni Lu [6] and Logan G. Spector [6,*]

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5 Department of Medicine, University of Minnesota, Minneapolis, MN 55455, USA; anton401@umn.edu
6 Masonic Cancer Center, Division of Pediatric Epidemiology and Clinical Research, University of Minnesota, Minneapolis, MN 55455, USA; luxxx371@umn.edu
* Correspondence: rturesky@umn.edu (R.J.T.); spect012@umn.edu (L.G.S.)

toxics

MDPI

Article

Biomonitoring PhIP, a Potential Prostatic Carcinogen, in the Hair of Healthy Men of African and European Ancestry

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Abstract: Heterocyclic aromatic amines (HAAs), formed during the cooking of meat, are potential human carcinogens, underscoring the need for long-lived biomarkers to assess exposure and cancer risk. Frequent consumption of well-done meats containing 2-amino-1-methyl-6-phenylimidazo[4,5-*b*]pyridine (PhIP), a prevalent HAA that is a prostatic carcinogen in rodents and DNA-damaging agent in human prostate cells, has been linked to aggressive prostate cancer (PC) pathology. African American (AA) men face nearly twice the risk for developing and dying from PC compared to White men. We previously demonstrated that scalp hair is a reliable biospecimen for measuring PhIP intake using liquid chromatography-mass spectrometry. This study aimed to determine whether PhIP dietary intake is higher in AA men, potentially contributing to this health disparity. Healthy AA men were found to have a significantly higher mean hair PhIP level (2.12-fold) than White men on free-choice diets. However, this difference was not statistically significant after adjusting for melanin content. Further research is needed to understand how hair pigmentation, follicular density, and other morphological features of hair influence PhIP accumulation. These insights can improve the accuracy of using hair PhIP levels as a biomarker for exposure and its potential associations with cancer risk.

Keywords: biomarkers; carcinogens; cooked meat; hair dosimeter; heterocyclic aromatic amines; PhIP; prostate cancer

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1. Introduction

More than 25 genotoxic heterocyclic aromatic amines (HAAs) form in cooked meats, poultry, and fish [1]. HAAs induce cancer at multiple sites in laboratory animals [2]. The International Agency for Research on Cancer (IARC) recently classified red meat as a Group 2A carcinogen (probably carcinogenic to humans), identifying the colorectum, pancreas, and the prostate gland as target organs based on epidemiological data and mechanistic studies [3]. Prostate cancer (PC) is the second leading cause of cancer-related death among men in the United States; however, the chemicals contributing to PC risk remain uncertain and require further study [4,5]. Several epidemiological studies have linked frequent

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