



## Department of Health

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October 2017

Dear Colleagues:

The month of October has been designated as both breast cancer and domestic violence awareness month. As such, my letter will discuss the important role health care providers play in raising awareness of these issues. In addition to discussing the recommended screening guidelines for breast, cervical, colorectal and lung cancers, I would like to highlight cancer survivorship as an issue deserving of more attention, based on new public health interventions and greater provider support for patients.

What is cancer survivorship? Advances in early cancer detection and improvements in cancer treatment mean that millions of Americans are living longer, more productive lives, after cancer diagnoses. This includes over one million New York State residents. New York's cancer survivors are as diverse as New York's population. As you know, cancer affects people of all ages, genders, races and ethnicities.

Many cancer survivors note that a cancer diagnosis represents a turning point in one's life. A cancer diagnosis yields physical changes, significant emotional adjustments, familial concerns, and the prospect of life-long medical issues. Cancer survivorship is a new and constantly changing way of life. Survivors are at increased risk of secondary cancers, as well as recurrence of the originally-diagnosed cancer, and live with the long-term effects of their treatment. In addition, as we've seen, cancer therapies can continue for years, depending on the type. These life-impacting changes can be a source of emotional distress for many survivors and their families, adding to the challenges of maintaining a healthy lifestyle and addressing the chronic disease and other risks we all face.

This year, in addition to redoubling efforts to make sure every patient receives the recommended cancer screenings for their age, gender, and risk factors, I am asking you to consider the challenges of survivorship and your patients' cancer and treatment histories, as well as the long-term effects of cancer and its treatment, when developing care plans.

As promised, here is a reminder of the recommended screening guidelines from the [Centers for Disease Control and Prevention \(CDC\)](#).

- Breast cancer screening is recommended for all women ages 50 to 74 years, every two years if they are at average risk for breast cancer. Women ages 40–49 years should talk to their doctor about when and how often to be screened. Women who have a high risk for breast cancer may need to begin screening earlier. There is not enough evidence to date to support breast cancer screening in women aged 75 years and older.
- Cervical cancer screening is recommended to begin at age 21, be provided every three years between ages 21-29 years, and is then recommended in women ages 30-65 years with a Pap test every 3 years, or with a combination of a Pap

test and human papillomavirus (HPV) testing every 5 years. Cervical cancer screening in women older than 65 years who have had adequate prior screening and are not at high risk for cervical cancer is not recommended.

- Colorectal cancer screening is recommended to begin at age 50 for all men and women at average risk until 75 years of age, and many recommended screening options exist. The decision to screen for colorectal cancer in adults ages 76-85 years should consider a patient's overall health and prior screening history.
- Lung cancer screening is recommended for men and women between ages 55-80 years who have a history of heavy smoking and who smoke now or have quit within the last 15 years.
- Prostate cancer screening for men at average risk or who do not have symptoms is not recommended by the U.S. Preventive Services Task Force, although other organizations may have other recommendations. The New York State Department of Health (Department) continues to support informed decision making, which encourages men to talk with their doctors to learn the nature and risk of prostate cancer, understand the benefits and risks of the screening tests, and make decisions consistent with their preferences and values.

More information about cancer and cancer screening can be found online at <https://www.health.ny.gov/diseases/cancer/> and <https://www.cdc.gov/cancer/index.htm>. You can also take advantage of resources and continuing medical education opportunities provided by many reputable entities, including the [National Cancer Survivorship Resource Center](#).

The second issue I would like to address this month is domestic violence. While not always perceived as a public health issue, domestic violence is a significant, underlying cause of poor health, and is well-documented as a serious public health issue for New York State residents. An estimated 32% of women and 29% of men report that they have experienced physical violence, sexual violence, and/or stalking by an intimate partner over their lifetime. In 2016, a total of 92,271 calls were made to Domestic Violence and Sexual Violence Hotlines in New York State.

Domestic violence can take many forms. It can include physical, sexual, economic, emotional, social and/or psychological abuse. In addition to being at increased risk for physical harm, people who experience domestic violence are at risk for other complications, which can lead to the need for medical care and other services. Health outcomes of domestic violence can include: physical injury or death, complications of pregnancy and childbirth, gynecologic problems, sexually-transmitted diseases, HIV, chronic somatic disorder, non-adherence with medical treatment, depression, anxiety disorders, suicide, eating disorders, alcoholism, substance abuse and social isolation.

Unfortunately, many victims of domestic violence do not receive the help they need. As a physician and a trusted professional, you have the opportunity to provide health care, supports and resources to individuals who may be victims of domestic violence. Although it is more common for women to report domestic violence, you should consider screening all patients, regardless of gender, age or other demographic characteristics, the gender of their partner(s), or the legal status of the relationship. Domestic violence knows no geographic boundaries and can be found in all types of relationships.

In order to improve the health outcomes of patients impacted by domestic violence, all physicians should:

- routinely screen/assess for domestic violence with all patients;
- educate patients about the impact of physical, psychological and sexual abuse related to overall health;
- provide patients impacted by domestic violence with referrals for services, such as local domestic violence agencies, legal assistance for protective orders, social services and other supports and services to promote their health and safety; and,
- follow-up with these patients to ensure that desired services have been obtained.

There are numerous community services available to people experiencing domestic and sexual violence in New York State. Post the phone number for the NYS Domestic and Sexual Violence Hotline (1-800-942-6906, or in NYC 1-800-621-HOPE (4673) or 311) in the rest rooms in your office. The New York State Coalition Against Domestic Violence also has a list of all county-specific domestic violence hotlines and service providers. Their website is <https://www.nyscadv.org/find-help/program-directory.html>. More information about domestic violence as a public health issue, risk assessment information, and screening questions can be found on the Department's Domestic Violence webpage: <https://www.health.ny.gov/diseases/aids/providers/regulations/domesticviolence/guide.htm>.

Finally, I would like to encourage you to participate in the next Commissioner's Grand Rounds, "Pain Management and Medical Marijuana." The event will be held October 30 from 6:30 to 8:30 p.m. at Flushing Hospital Medical Center. This presentation will enhance knowledge of cannabinoids and their pharmacology, demonstrate how medical marijuana may fit into medical practice for pain management, explain safety, potential risks and benefits of medical marijuana use, provide information on the effect marijuana may have on opioid use and opioid-related risks, and discuss the Medical Marijuana Program's regulatory requirements. Practitioners will have the opportunity to ask questions of the Department, as well as physicians currently using medical marijuana as a treatment option for their patients. [Click here](#) to register.

Sincerely,

Howard A. Zucker, M.D., J.D.  
Commissioner of Health