



# SOUTH DAKOTA ACADEMY OF FAMILY PHYSICIANS NEWS

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## President's letter:

I hope this summer is going well for everyone. As usual, it seems as though things go too quickly.

We had a nice team representing the SDAFP at the Annual Leadership Forum in Kansas City in April. Dr.'s Aaron Shives, Susan Anderson, Jason Knudson, Dan Reiffenberger and Carletta and I were all in attendance. We were able to visit with Family Physicians from around the country, as well as some of the AAFP leadership about the many issues facing Family Physicians, and primary care at this time. We were invited to dinner by the North Carolina chapter, and had an opportunity to visit extensively with their board members and staff. Many of the issues they are dealing with on the east coast are the same we are hearing about here in the Midwest. It seemed like most of the Family Physicians from larger metropolitan areas are transitioning or have transitioned to outpatient primary care, and have utilized hospitalists to handle their patient's inpatient needs. It is a reflection of how diverse a group of physicians we are as Family Physicians.

Healthcare reform is of course capturing most if not all of the attention of the AAFP. Any specific comments I would make at this time would likely be obsolete by the time this newsletter is printed. Things are happening quickly and it is very important that we all stay as informed as we can. I would encourage all SDAFP members to join AAFP's- "Connect for Reform". This is available via the AAFP website, and will keep you informed

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as to changes and important issues affecting primary care via email. There is opportunity to ask questions through this website, and tools to assist in providing input and opinion to the AAFP leadership, as well as links that allow you to contact legislators. This is a very fluid and politically charged issue, and it is very difficult for us at the state chapter level to keep everyone informed, and be actively involved on a daily basis. The board (all fulltime practicing FPs) are trying to keep up with issues and providing input to the AAFP as needed. We simply do not have the resources to have someone in Washington ourselves....so we will continue to rely on the AAFP to be our advocates. Thus far, I feel they are doing a great job at being “at the table” during the discussions that are taking place in Washington.

The SDAFP will be working on developing a primary care coalition of sorts within South Dakota that will hopefully develop into an organization that our state and national level politicians can go to for information and opinion regarding policy that will affect healthcare in our state. Currently, the SDSMA has been the main organization for political leaders to go to for input on health matters. Fortunately, lately we have had great primary care leaders in that organization... but we want to assure that as time goes on our interests remain well represented... so we are trying to be proactive and have a meeting with the other primary care specialties to discuss our mutual concerns.

We are planning a SAM Session in August and hope to see many of you there. Have a great rest of the summer!

Mike Holland President SDAFP

**Sanford School of Medicine  
Department of Family Medicine  
Announces the Following Awards:**

1. 2009 Department of Family Medicine Educator and Scholar Award (academic faculty) – Mark Mabee, MD
2. 2009 Department of Family Medicine Resident Teaching Award (academic faculty) – Dave Brechtelsbauer, MD
3. 2009 Department of Family Medicine Resident Teacher Award(resident) –Jason Knutson, DO
4. 2009 Edward J. Batt, MD Memorial Award (clinical faculty) –Scott Boyens, MD
5. 2009 Class of 1954 Warren L. Jones, MD Faculty Award (Alumni Relations Council academic faculty award)

Submitted by H. Bruce Vogt, MD

**Legislative and Policy Report  
Tom Dean MD, SDAFP VP  
SDAFP Legislative Committee**

At the winter seminar we discussed the need for a more effective presence for the SDAFP at the SD Legislature. Various options were reviewed. The one which got the most support was to contract with a professional lobbyist for a small amount of time to monitor active legislation. That person could then notify us as to when issues relevant to SDAFP were coming up and give us some perspective on the politics of the issue, who the supporters and opponents were and how we might approach the issue. In order to control costs we would not have that individual do any actual lobbying. The contacts with legislators would be done by Carletta, members of the SDAFP board or SDAFP members in the legislators’ districts.

The board reviewed this issue on a conference call in June. They reviewed options of lobbyists who expressed interest in this arrangement and the costs involved. The decision was to hold off with specific contracting until this fall.

We discussed the importance of support for Family Medicine in the medical education system and the need to get students into medical school who are interested in Family Medicine and who have a prospect of practice in small and rural communities. In this regard the need for family doctors on the medical school admissions committee was emphasized.

We also need to continue to push the state to provide better support for the USD School of Medicine.

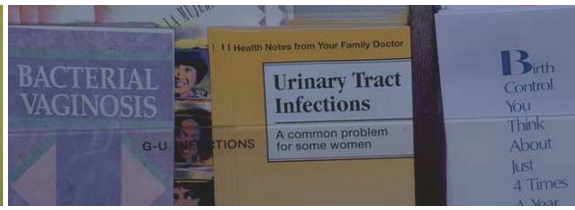
Additionally we discussed the development of a “Primary Care Coalition” by bringing together representatives of other primary care physician groups. The goal would be to develop a united approach to push for a central role for primary care in any reformed health care system. The group has not yet met but an exploratory meeting is scheduled for mid August.

**MedPAC**

As many of you know I have had the opportunity for the last two years to serve on the Medicare Payment Advisory Commission (MedPAC). During this time the dominant issue in MedPAC discussions has been a search for ways to make Medicare function more efficiently and to stabilize the financial foundation of the program. This year the Medicare Trustees changed the date of projected insolvency for the Part A trust fund from 2019 to 2017. Given that looming treat it is essential that Medicare costs be more effectively controlled.

There has been general agreement on the commission that there is significant overuse of services in some geographic areas with

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differences in expenditures for beneficiaries varying 2 to 3 fold between high and low cost areas. There is little difference in outcomes between high and low cost areas and where differences are seen patients in the low cost areas (like the upper Midwest) generally do better.

The commission has expressed strong support for primary care and has proposed on several different occasions that reimbursement for primary care be increased. In areas where primary care is strong costs tend to be lower and quality better.

The commission has also expressed strong support for the “Medical Home” model and has urged Congress and CMS to move toward that structure.

The role that MedPAC will play in the future is a topic of vigorous discussion in the health care reform debate. At this time the commission is purely an advisory body that reports directly to Congress and any action on MedPAC recommendations requires Congressional action. There is now legislation in Congress to give the commission more authority to implement changes in the Medicare program directly. How that will play out remains to be seen.

## H1N1 Update from the South Dakota Department of Health

The H1N1 virus may have faded from news headlines but cases are still being reported around the world and in South Dakota as well. As of July 24, South Dakota had reported 48 cases in 18 counties and specimens continue to be submitted to the state’s Public Health Laboratory. There have been two hospitalizations and no deaths in the state.

As the flu season approaches, state and federal health officials are working to prepare for increased H1N1 activity. Health care providers are a key partner in those preparations and the Department of Health is committed to providing timely and accurate information to providers throughout the response to H1N1.

This article is intended to provide a brief update of the current status of those efforts. To stay posted about the latest on H1N1 in South Dakota, visit the department’s web site at <http://doh.sd.gov/H1N1.aspx>. The site is regularly updated and includes surveillance information, links to guidance documents from the federal Centers for Disease Control and Prevention, education materials, and a variety of other resources.

Nationally, clinical trials are underway on a vaccine for

the H1N1 virus. Federal officials have indicated that any vaccination campaign will be voluntary, with the federal government purchasing and distributing to states the vaccine and the supplies necessary to administer it. An ample supply of vaccine is expected throughout the season; however, it will come in waves, which is why high risk groups are prioritized to receive the initial supply. Based on the July 29 meeting of the federal Advisory Committee on Immunization Practices, the current priority groups for the vaccine are:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency services personnel,
- persons between the ages of 6 months through 24 years of age, and
- people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

Federal officials urge states to be prepared but recognize that plans and recommendations could change based on such issues as the severity of illness, transmission, antiviral resistance, etc. The goal is not to raise alarm, but rather to be prepared. The four pillars of those preparations are surveillance, mitigation, vaccination and communication.

The federal government has awarded South Dakota \$889,128 in supplemental funding for the H1N1 response. That total includes \$501,667 for vaccination, antiviral distribution / dispensing and administration, community mitigation, and related activities; \$167,222 for lab, epidemiology, surveillance, and related activities; and \$230,239 for pass-through to hospitals to support H1N1 efforts.

If you have questions or concerns, feel free to contact the department at 1-800-738-2301. While it’s not possible to stop H1N1, working together we can minimize death and illness in South Dakota and reduce social disruption.



# 2009– South Dakota Family Doctor of the Year – 2009

The deadline date for nominations is November 15, 2009

Criteria for Selection:

- A. Nominee must be an active member of the SDAFP, holding this membership for at least 15 years.
- B. Nominee must be and have been actively engaged as a family physician in South Dakota, a majority of which time must have been in active practice.
- C. Nominee must be certified and hold a current recertification certificate from the American Board of Family Practice.
- D. Nominee must be of good moral quality and standing, and hold an unrestricted license to practice medicine in South Dakota.
- E. Nominee must be an active member of at least one hospital staff.

Other criteria for selection may include:

Medical Student and/or Resident Teaching; Publications; Clinical research; Other medical society activities; Community service; Public service; Religious activities; Family activities; Philanthropy

Completed Nominations Must Include: 1. A nominating letter of no more than two pages, setting out the reasons why this individual is worthy of consideration. 2. A current curriculum vitae

Previous winners are not eligible for nomination.

## Eligible Members

Paula M Adam Burchill, MD.....Sioux Falls	Bernard F Heilman, MD.....Madison	James L Richardsson, MD .....Sioux Falls
E Paul Amundson, MD.....Sioux Falls	Harland T Hermann, Jr, MD.....Sturgis	Glenn A Ridder, MD.....Freeman
Wayne J Anderson, MD.....Spearfish	Richard Scott Hieb, MD.....Brookings	Dennis D Ries, MD.....Madison
David J Barnes, MD.....Yankton	Reid E Holkesvik, MD.....Aberdeen	Richard G Sample, MD.....Sioux Falls
Kathryn A Barrett, MD.....Rapid City	Joel B Huber, MD.....Miller	Charles W Shafer, MD.....Sioux Falls
Lois J Becker, MD.....Rapid City	Samuel William Huot, MD.....Rapid City	Aaron Burl Shives, MD.....Watertown
Mary W Beecher, MD.....Madison	David A Johnson, MD.....Rapid City	Larry L Sittner, MD.....Sioux Falls
Mark Edmund Belyea, MD.....Huron	Kenneth M Johnson, MD.....Watertown	Donna M Small, MD.....Aberdeen
Margaret Ann Benson, MD.....Sioux Falls	John Boyd Jones, MD.....Chamberlain	Sandra B Smith, MD.....Sioux Falls
Jerome W Bentz, MD.....Platte	Kim Jundt, MD .....Aberdeen	Robert A Snortum, MD.....Mitchell
Judy Carol Beumer, MD.....Sisseton	Richard Lee Kafka, MD.....Gregory	Suzannah H Spencer, MD.....Sioux Falls
Kevin Leroy Bjordahl, MD.....Milbank	David Lyle Kapaska, DO.....Sioux Falls	David W Staub, MD.....Sisseton
Alan R Bloom, MD.....Webster	Earl D Kemp, MD.....Sioux Falls	Kurt A Stone, MD.....Rapid City
Daniel Walter Blue, MD.....Sioux Falls	Brian Keith Kidman, MD.....Sioux Falls	Fredric H Thanel, MD.....Sioux Falls
Jeff Scott Bock, MD.....Aberdeen	Kenneth T Kirton, Jr, MD.....Freeman	George M Tibbitts, MD.....Sioux Falls
Rock Francis Boyd, MD.....Volin	David C Krohn, MD.....Yankton	Brian D Tjarks, MD.....Mitchell
Forrest S Brady, MD.....Spearfish	Lori A Krome, MD.....Dell Rapids	William R Tschetter, MD.....Rapid City
John Warren Brady, MD.....Yankton	Deborah Ann Kullerd, MD.....Spearfish	Margaret L Upell, MD.....Eagle Butte
Verdayne Brandenburg, MD.....Sioux Falls	David Allen Larsen, MD.....Sioux Falls	Gary P Van Ert, MD.....Chamberlain
Douglas A Bright, MD.....Rapid City	John J Lassegard, MD.....Rapid City	H Bruce Vogt, MD.....Sioux Falls
Leona M Cammock, MD.....Yankton	Larry Alan Lemaster, MD.....Garretson	Steven Thomas Vosler, MD.....Spearfish
Noel Denis Chicoine, MD.....Pierre	Janet C Lindemann, MD.....Sioux Falls	David Michael Wachs, MD .....Aberdeen
Andrew Neil Clark, MD.....Gregory	Nathan H Loewen, MD.....Huron	Melvin Lynn Wallinga, MD.....Tyndall
Michael P Crandell, MD.....Sioux Falls	Marlys Schulz Luebke, MD.....Corsica	Steven Edward Waltman, MD..Rapid City
Shawn Robert Culey, MD.....Dell Rapids	Janice Sandra Lumnitz, MD.....Bowdle	Merritt G Warren, MD.....Brookings
Richard P Day, MD.....Sioux Falls	Mark J Mabee, MD.....Yankton	Mary E Watson, MD.....Canton
Douglas R De Haan, MD.....Sioux Falls	Gregory L Magnuson, MD.....Sioux Falls	Scott A Weber, DO.....Tyndall
Thomas M Dean, MDWessington Springs	John A Malm, MD.....Gregory	Gary Lee Welsh, MD.....Rapid City
Williams J Dendinger, MD.....Vermillion	Richard D Miller, DO.....Des Moines	Robert St Clair Wenger, MD.....Brandon
Margaret R Devick, MD.....Canton	Pat William Mitchel, MD.....Hot Springs	Alvin E Wessel, Jr, MD.....Rapid City
Kenneth C Diamond, MD.....Rapid City	James L Nielsen, MD.....Dell Rapids	James R Wilde, MD.....Sioux Falls
Timothy Donelan, MD.....Sioux Falls	Wesley J Nord, MD.....Sioux Falls	Danny Wolfgram, MD.....Aberdeen
Mark T Doohen, MD.....Sioux Falls	Jason R Ostby, MD.....Sioux Falls	Charles C Yelverton, MD.....Vermillion
Scott W Ecklund, MD.....Sioux Falls	Susan M Ostrowski, MD.....Eureka	Carol Zielike, MD.....Rapid City
David A Ellerbusch, MD.....Sioux Falls	Kim Alan Pederson, MD.....Sioux Falls	
Michael Philip Elston, MD.....Rapid City	Patricia Annette Peters, MD.....Sioux Falls	
David K Erickson, MD.....Sioux Falls	Terri A Peterson-Henry, DO.....Sioux Falls	
Michael E Farritor, MD.....Sioux Falls	Jeffrey D Pinter, MD.....Winner	
Barbara Ruth Fetters, MD.....Hot Springs	Paul Hunter Rasmussen, MD.....Mitchell	
Stephen Thomas Foley, MD.....Sioux Falls	George Daniel Rath, MD.....Canton	
Terry Michael Graber, MD.....Custer	Arthur John Raymond, MD.....Hot Springs	
Thomas J Groeger, MD.....Deadwood	Steven T Redmond, MD.....Aberdeen	
Craig K Hansen, MD.....Rapid City	Eugene Roy Regier, MD.....Canton	
Harvey James Hart, MD.....Aberdeen	Dan Reiffenberger, MD.....Watertown	
Valerie Lynne Hearn, MD.....Sioux Falls	Sarah Reiffenberger, MD.....Watertown	
Karen J Heiling, MD.....Sioux Falls	Michael Richardson, MD.....Pierre	



Physicians: Your Help Needed With...

# Influenza Sentinel Provider Surveillance

Especially important this year. Only Takes a Few Minutes a Week!

## What is an influenza sentinel provider?

An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the South Dakota Department of Health and the Centers for Disease Control and Prevention. Data reported by approximately 2,400 sentinel providers nation-wide, in combination with other influenza surveillance data, provide a national picture of influenza virus and ILI activity in the United States. South Dakota has only a few participants and needs more sentinel physicians.

## What and How to report.

Sentinel providers report the total number of patient visits each week and the number of patient visits for influenza-like illness by age group (0-4 years, 5-24 years, 25-64 years,  $\geq 65$  years). These data are transmitted weekly to CDC by internet or fax. It takes them **less than 30 minutes a week** to compile and report the data. In addition, sentinel providers can submit specimens from a subset of patients for virus isolation **free of charge** to the state public health laboratory.

## Who can be an Influenza Sentinel Provider?

Providers of any specialty (e.g., family practice, internal medicine, pediatrics, infectious diseases) in any type of practice (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) are eligible to be sentinel providers. Practice settings that are **not eligible** are elementary, middle, or high school health centers, and any type of institutional setting such as nursing homes or prisons.

## Why Volunteer?

Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 36,000 deaths) almost every winter. Data from sentinel providers are critical for monitoring the impact of influenza and, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care. Sentinel providers receive feedback on the data submitted, summaries of regional and national influenza data, and a free subscription to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases* journal. The most important consideration is that the data provided are critical for protecting the public's health.

**Please contact Vickie Horan, South Dakota Influenza Surveillance Coordinator, at (605) 773-6195 or 800-592-1861**



For more information about this important service you may contact  
Dr. Mark Owens at the Redfield Clinic 605-472-0510

# Nutrition Fact Sheet

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## A Positive Approach: Choose Nutrient-Rich Foods for the Most Nutrition

What to eat or what not to eat? That's the question many of us struggle with every day. For decades nutrition advice has told us how to answer the question by telling us what foods and nutrients to avoid. As a result, most Americans are overweight yet undernourished.

It's time for a change in the way we think about food. By choosing nutrient-rich foods that provide the most nutrients per calorie, we can build healthier diets and start down a path of health and wellness.

The nutrient-rich foods way of eating emphasizes choosing foods based on their total nutrient package, including vitamins and minerals, instead of choosing foods based only on what they don't contain—saturated fat, sugar and salt. It offers a positive foundation to help you build overall healthier eating habits and meet personal nutrition needs over a lifetime.

Choosing nutrient-rich foods first is a positive and realistic way to think about eating and focuses on enjoying food instead of avoiding it. Because nutrient-rich foods are familiar, easy to find and represent the five basic food groups, achieving balance and building a healthier diet is simple and stress-free.

Selecting nutrient-rich foods and beverages first is a way to make better choices within your daily eating plan. Choose first among the basic food groups:

- Brightly-colored fruits and 100% fruit juice
- Vibrantly-colored vegetables and potatoes
- Whole, fortified and fiber-rich grain foods
- Low-fat and fat-free milk, cheese and yogurt
- Lean meats, poultry, fish, eggs, beans and nuts

*The contents of this fact sheet have been reviewed by the American Dietetic Association's Fact Sheet Review Board. The appearance of this information does not constitute an endorsement by ADA of the sponsor's products or services. This fact sheet was prepared for the general public. Questions regarding its content and use should be directed to a registered dietitian.*

Here are some additional practical tips for you to add nutrient-rich foods and beverages to your daily diet:

- Make a creamier oatmeal by adding fat-free milk instead of water. Mix in some raisins, dried cranberries, cherries or blueberries, too.
- Create sandwiches on whole grain bread such as whole wheat or whole rye. Add slices of avocado, tomato or cucumber. Choose sandwich fillings such as lean roast beef, ham, turkey, or chicken.
- Try whole wheat macaroni in macaroni and cheese—a great way to enjoy a whole grain food with a serving of dairy.
- When eating out, look for nutrient-rich choices such as entrée salads with grilled seafood and low-calorie dressing, baked potatoes topped with salsa, grilled vegetables and reduced-fat cheese and yogurt parfaits made with strawberries and blueberries.
- Choose nutrient-rich beverages such as low-fat or fat-free plain or flavored milk or 100% fruit juice.
- Savor the first few bites of any dish. Top foods with chopped nuts or reduced-fat shredded sharp cheese to get crunch, flavor and nutrients in every bite.
- Spend a few minutes to cut and bag veggies to increase nutrients in the diet of every family member. Try some ready-to-eat favorites like red, green or yellow peppers, broccoli or cauliflower flowerets, carrots, celery sticks, cucumbers, snap peas or whole radishes. Keep cut vegetables handy to use as mid-afternoon snacks, side dishes, lunch box additions or as a quick nibble while waiting for dinner.
- Serve meals that pack multiple nutrient-rich foods into one dish - like hearty, broth-based soups that are full of colorful vegetables, beans and lean meat. Try chili with a dollop of low-fat yogurt. Serve these with whole grain breads or rolls.
- For dessert, enjoy a tropical treat by blending mango, plain low-fat milk, ice and a splash of pineapple juice. Stir chocolate syrup into a cup of coffee-flavored yogurt, freeze and enjoy.

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**For a referral to a registered dietitian and for additional food and nutrition information visit [www.eatright.org](http://www.eatright.org)**

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The American Dietetic Association is the world's largest organization of food and nutrition professionals. ADA is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.

*This Nutrition Fact Sheet has been sponsored by*



For more nutrient-rich recipes and eating tips, visit [www.3aday.org](http://www.3aday.org) and for more information on nutrient-rich dairy, visit [www.nationaldairyCouncil.org](http://www.nationaldairyCouncil.org).



# SOUTH DAKOTA ACADEMY OF FAMILY PHYSICIANS

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## **South Dakota Gets Mixed Review on Policies to Prevent and Fight Cancer New Report Details State Legislative Progress on Issues Key to Eradicating the Disease**

According to a recent report, South Dakota receives a mixed review for its legislative efforts to combat cancer. *How Do You Measure Up?: A Progress Report on State Legislative Activity to Reduce Cancer Incidence and Mortality* evaluates each state's legislative activity on six issues key to winning the fight against cancer. Developed by the American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society, the report finds that South Dakota measured up to benchmarks in only one of the six issues.

*How Do You Measure Up?* details state efforts around health care coverage, prevention and quality of life measures. The report measures state policies (as a result of a legislative vote or a ballot initiative) on six specific issues: breast and cervical cancer early detection program funding; access to care for the uninsured; colorectal screening coverage laws; smoke-free laws; pain management; and tobacco taxes. A color-coded system is used to identify how well a state is doing. Green represents the benchmark position with well-balanced policies and good practices; yellow indicates moderate movement toward the benchmark and red shows where states are falling short.

In addition to the specific areas that were rated, the report also examines how states are measuring up on issues such as the affordability of health coverage on the individual market or through Medicaid for low-income populations. It also details state efforts to fund tobacco prevention and cessation programs and as well as state investments in nutrition and physical activity promotion.

How South Dakota measures up:

Breast and Cervical Cancer Early Detection Program Funding- Yellow; The Uninsured -Yellow; Colorectal Screening Coverage Laws-Red; Smoke-free Laws-Yellow; Pain Management-Red; Tobacco Taxes - Green

Throughout the past year, state legislatures across the country have made great advances in the fight against cancer. In the last year, 12 states and the District of Columbia have passed or implemented tobacco tax increases, bringing to 46 the total number of states with tobacco tax increases since 2002. Six more states implemented comprehensive smoke-free laws, protecting workers and patrons from the hazards of secondhand smoke. And many states are working on policies and programs to reduce cancer risk related to poor nutrition, lack of physical activity and obesity.

In addition, many state legislatures fought hard to preserve coverage for lifesaving cancer screenings and treatments and to stave off attempts to cut state funds that support these programs, such as the National Breast and Cervical Cancer Early Detection Program.

In 2009, more than 1.4 million people in the United States will be diagnosed with cancer and more than 562,000 people will die from the disease. In South Dakota this year, an estimated 4,120 will be diagnosed with cancer and another 1,640 will die of the disease.

State-by-state details or a copy of the complete report are available at [www.acscan.org](http://www.acscan.org)