



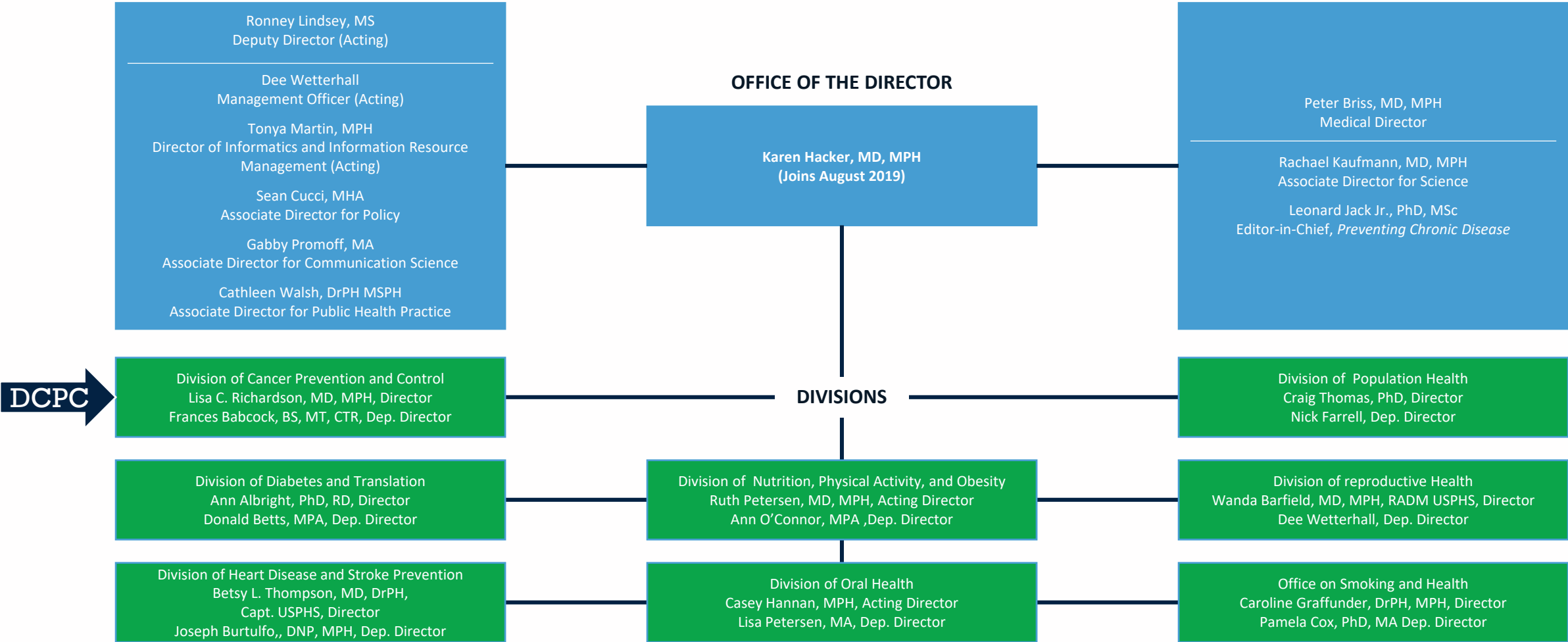
CDC's Role in Cancer Control

Lisa C. Richardson, MD, MPH
Director, Division of Cancer Prevention and Control, CDC

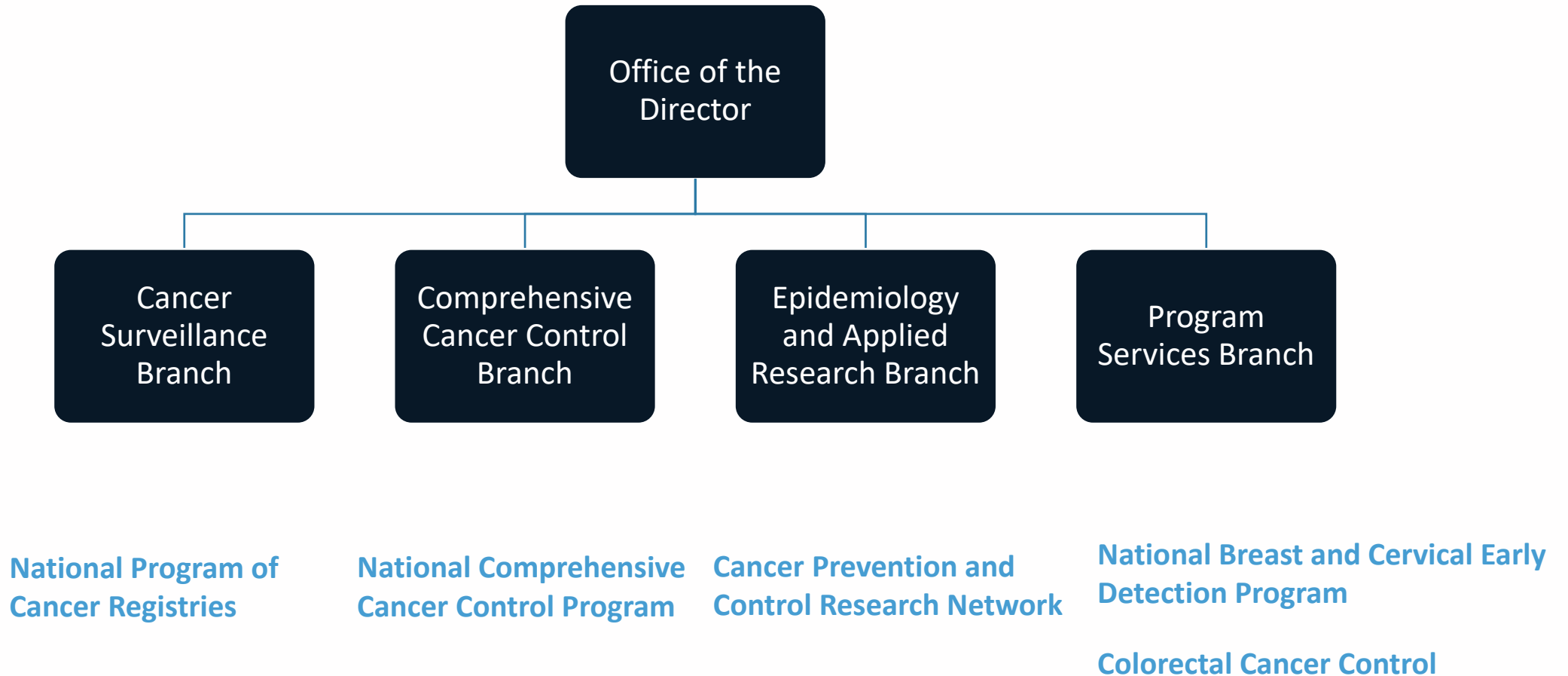
Advisory Committee on
Breast Cancer in Young Women
August 19, 2019



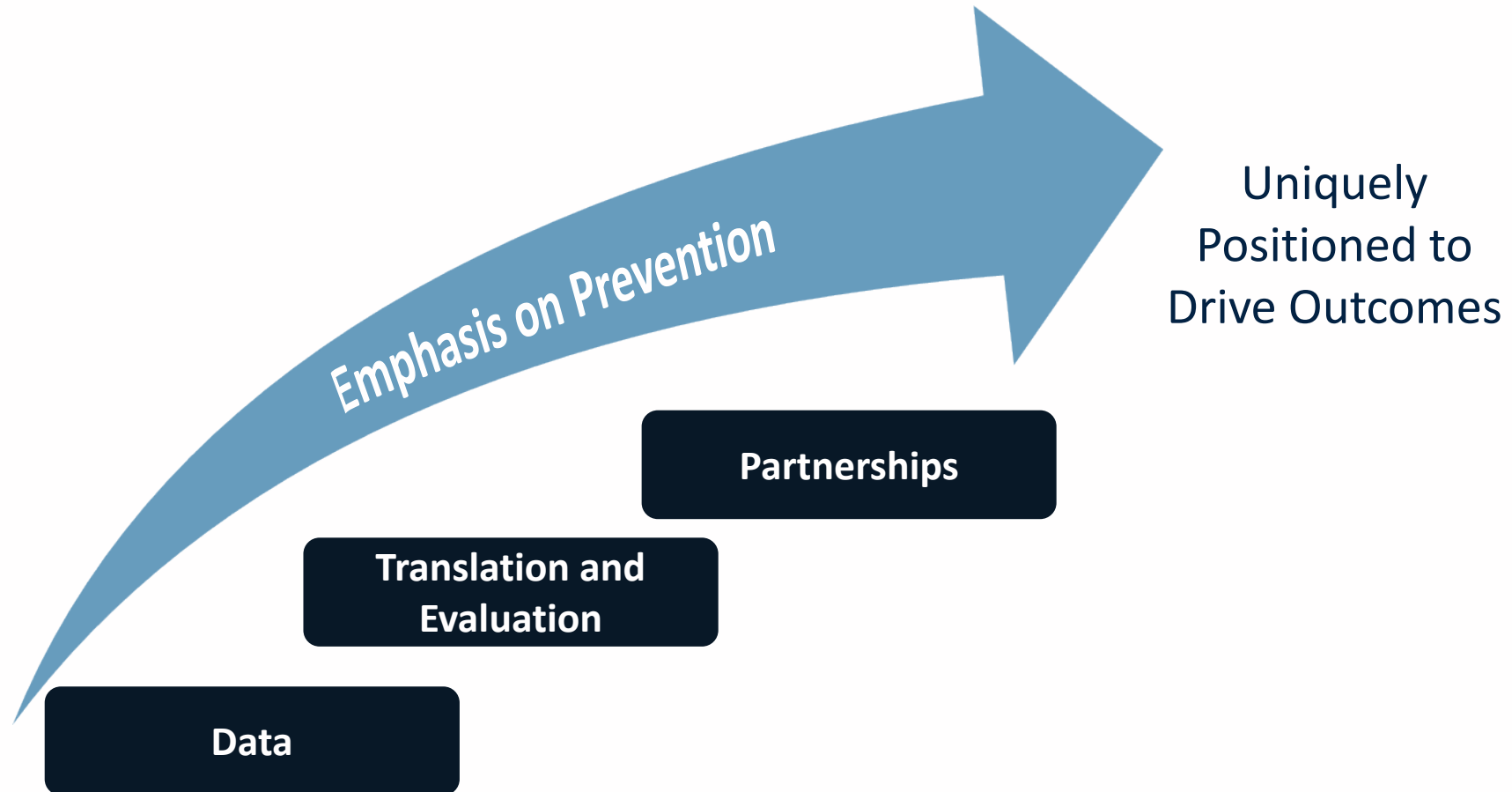
National Center for Chronic Disease Prevention and Health Promotion



Division of Cancer Prevention and Control



CDC's Approach to Cancer Prevention and Control



All People Free of Cancer

Aspirations

Elimination of preventable cancers


All people get the right care at the right time for the best outcome

Cancer survivors live longer, healthier lives




Strategic Priorities

Reduce the incidence of preventable cancers by reducing modifiable risk factors and promoting healthy behaviors



Scale our best practices to increase impact of screening continuum



Improve health outcomes for cancer survivors



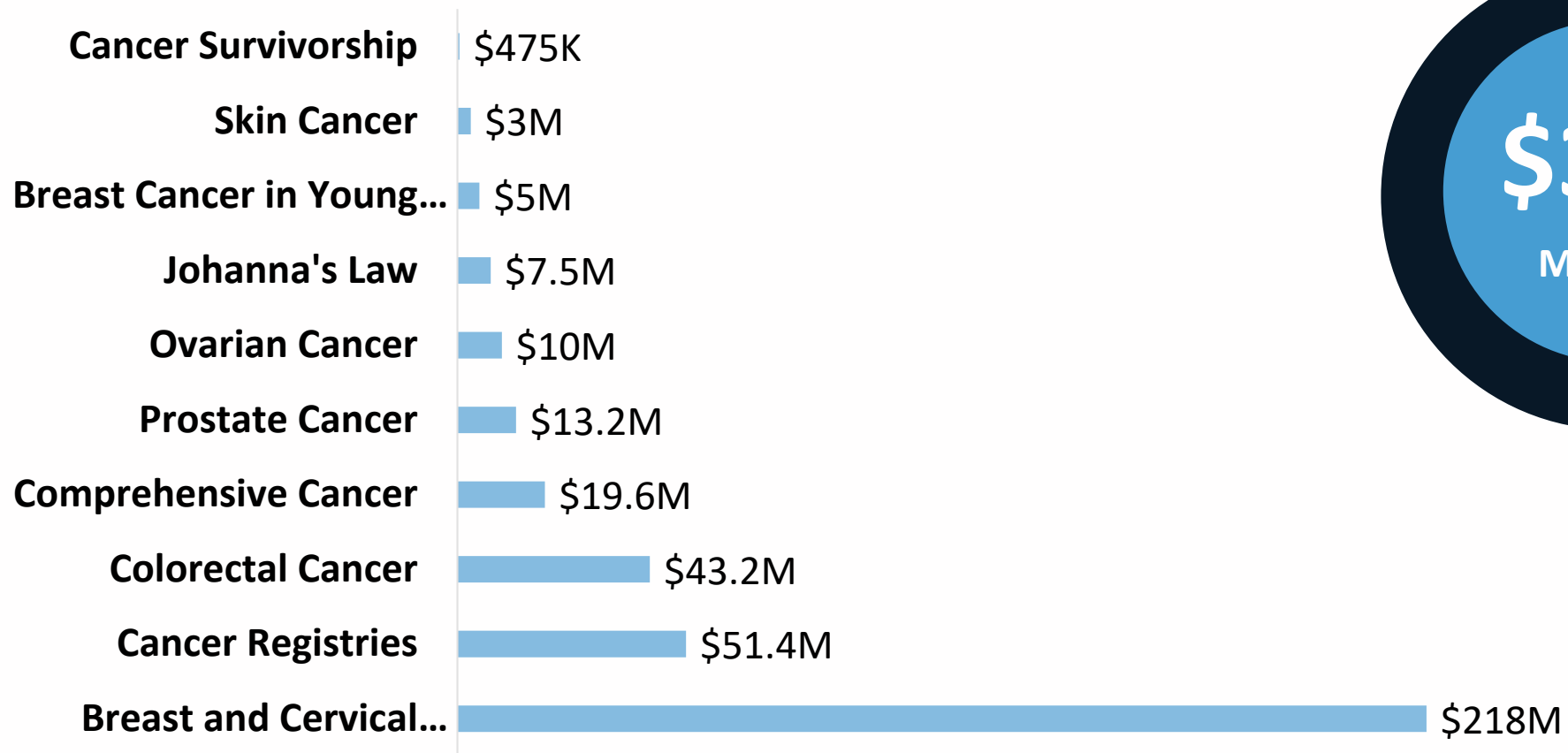
Our Guiding Principles

<i>Address Health Disparities</i>	<i>Define Expected Outcomes Upfront</i>	<i>Collaborate</i>	<i>Communicate: Tailor to a Specific Audience</i>
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Our Key Strengths

<i>Data</i>	<i>Translation & Evaluation</i>	<i>Partnership</i>
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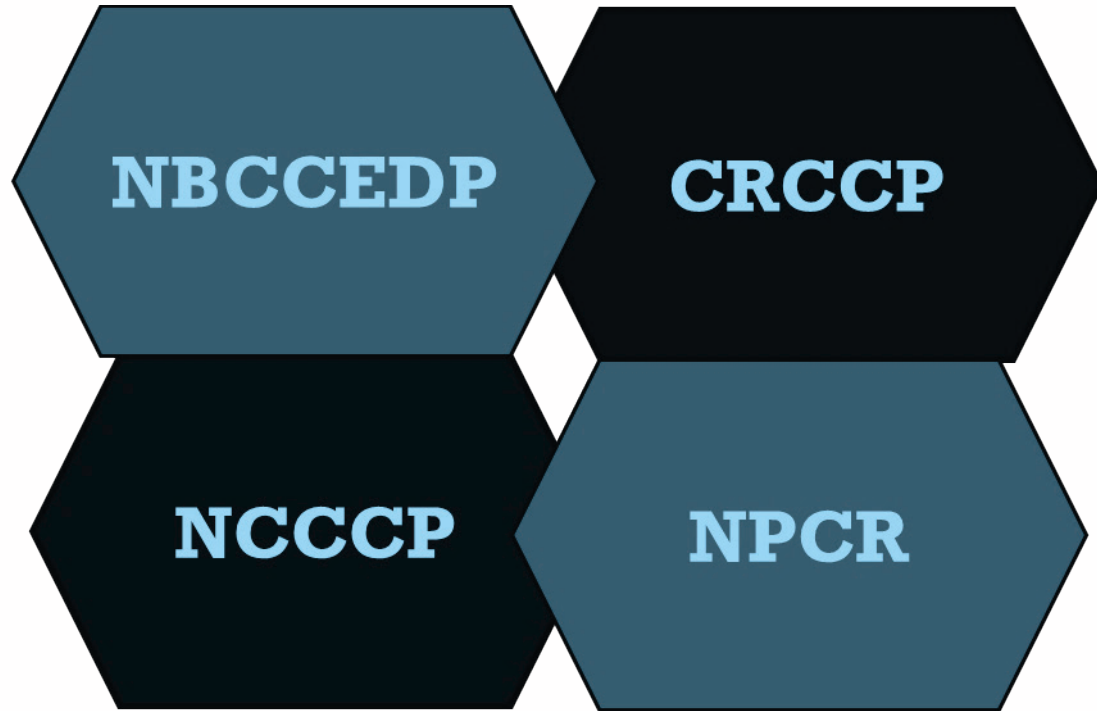
2019 Appropriations



Division of Cancer Prevention and Control Programs



Coordination and Collaboration Across Cancer Programs



National Breast and Cervical Cancer Early Detection Program (**NBCCEDP**)

Colorectal Cancer Control Program (**CRCCP**)

National Comprehensive Cancer Control Program (**NCCCP**)

National Program of Cancer Registries (**NPCR**)

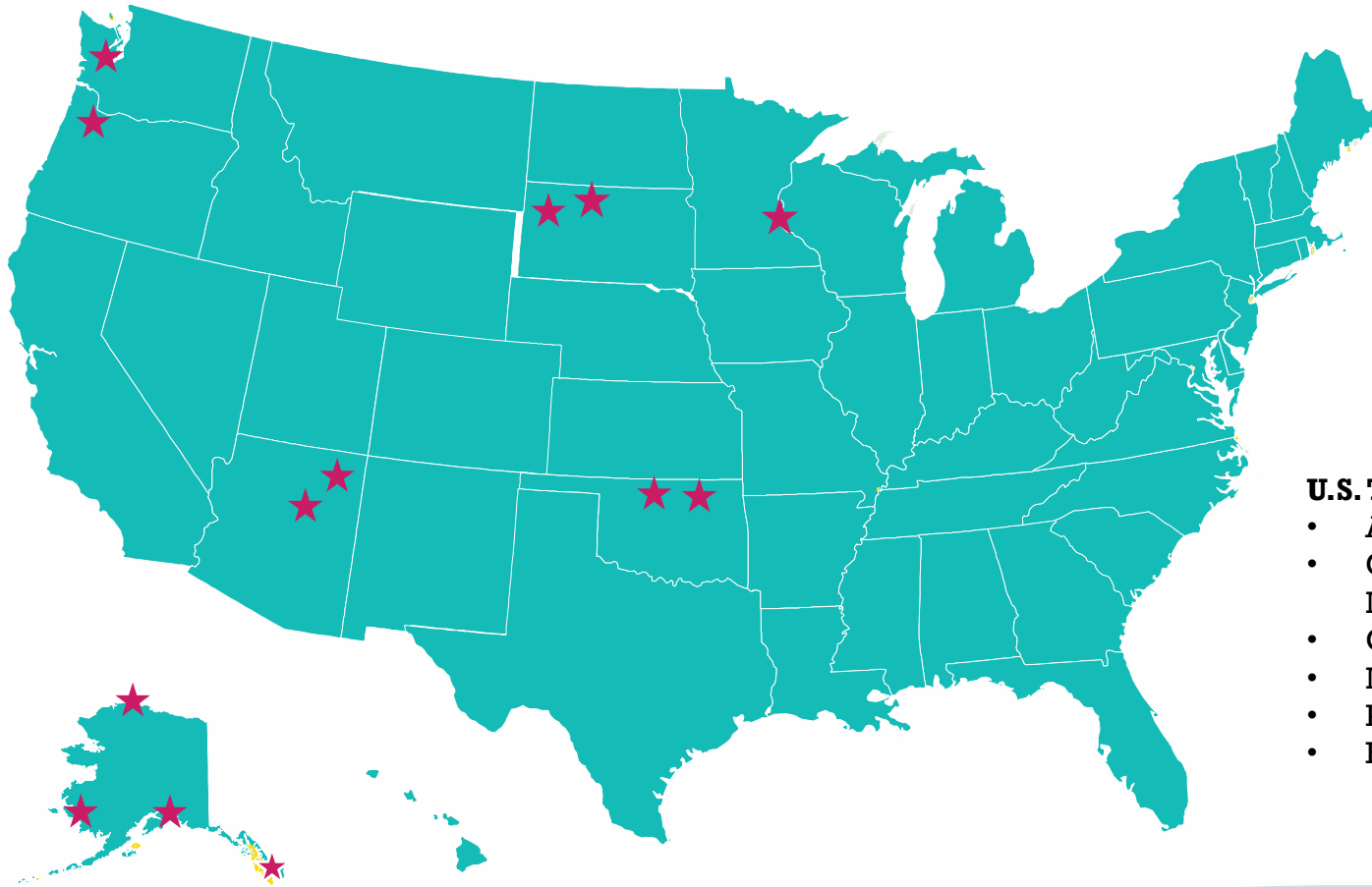
National Breast & Cervical Early Detection Program

Nearly 30 Years of outreach, education, screening, diagnostic testing



- Serves low-income, underserved women
- Eligibility criteria
 - Income \leq 250% federal poverty level
 - Uninsured or underinsured
 - Ages 40-64 years for breast cancer
 - Ages 21-64 years for cervical cancer
 - Younger age if high risk of symptomatic
 - 64+ years if not covered by Medicare

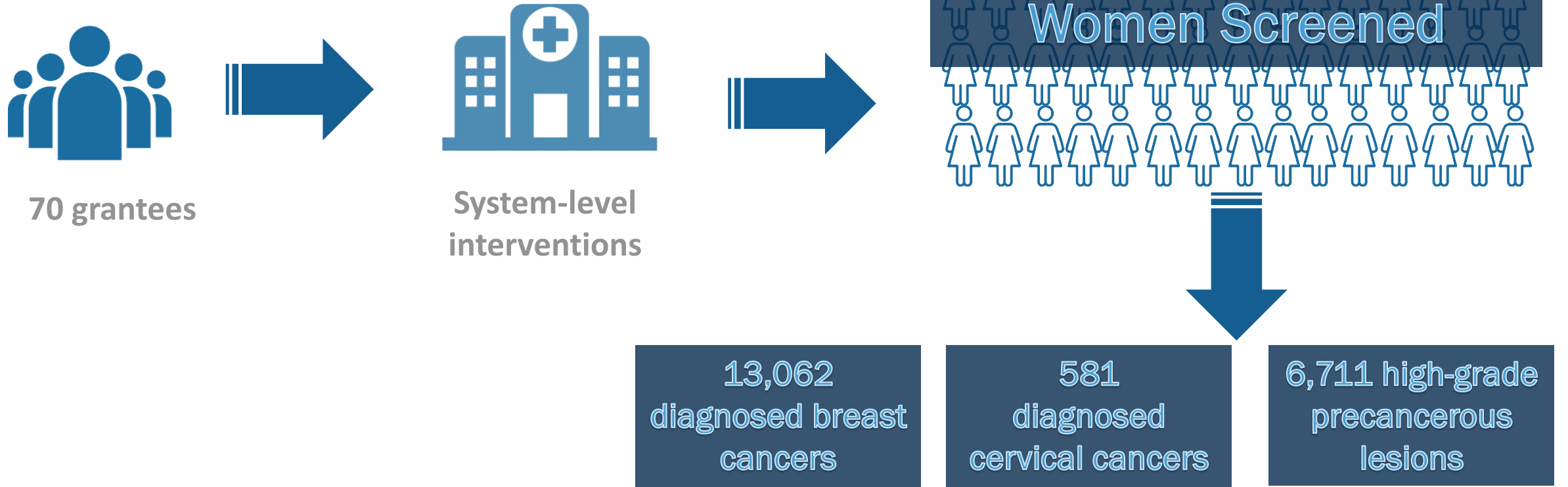
NBCCEDP Reach



- ★ **Tribal Organizations:**
- American Indian Cancer Foundation
 - Arctic Slope Native Association Limited
 - Cherokee Nation
 - Cheyenne River Sioux Tribe
 - Great Plains
 - Hopi Tribe
 - Kaw Nation
 - Native American Rehabilitation Association of the Northwest, Inc.
 - Navajo Nation
 - Southcentral Foundation
 - South East Alaska Regional Health Consortium
 - South Puget Intertribal Planning Agency
 - Yukon-Koskowin Health Corporation
- U.S. Territories (Not Shown):**
- American Samoa
 - Commonwealth of Northern Mariana Islands
 - Guam
 - Marshall Islands
 - Puerto Rico
 - Republic of Palau

By the Numbers

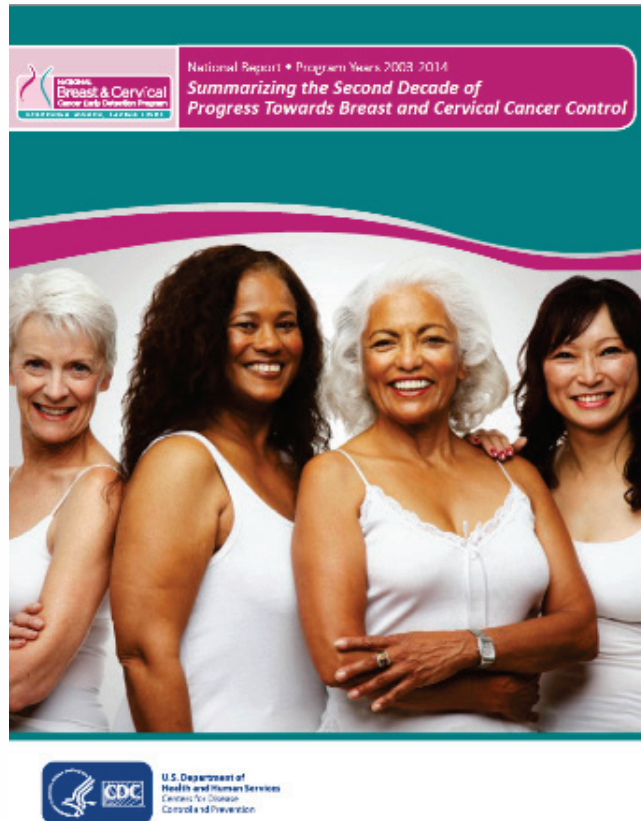
NBCCEDP PY2013-PY2017



Analyses of Life Years Gained From Select Population-based Prevention Programs

Intervention	Target Population	LYs saved per person/year	Data sources, yr
Quitting cigarette smoking	35-year-olds	0.667–0.833	Wright JC, 1998
All childhood immunizations	<5 years old	0.1233	Maciosek MV, 2010
NBCCEDP–Breast cancer screening	40-64 years	0.056	Hoerger TJ, 2011
NBCCEDP–Cervical cancer screening	18-29 years	0.023	Ekwueme DU 2014
NBCCEDP–Cervical cancer screening	30-39 years	0.01	Ekwueme DU 2014
Measles vaccine	<5 years old	0.008	Wright JC, 1998
Rubella vaccine	<5 years old	0.008	Wright JC, 1998
NBCCEDP–Cervical cancer screening	18-64 years	0.006	Ekwueme DU 2014
Breast cancer screening	50+ year-old women	0.0045	Maciosek MV, 2010
Colorectal cancer screening	50 +years FOBT	0.0041	Maciosek MV, 2010
NBCCEDP–Cervical cancer screening	40-64 years	0.003	Ekwueme DU 2014
Influenza immunization	50 + years	0.0024	Maciosek MV, 2010
Cervical cancer screening	21+ years women	0.0002	Maciosek MV, 2010

Important Safety Net Program

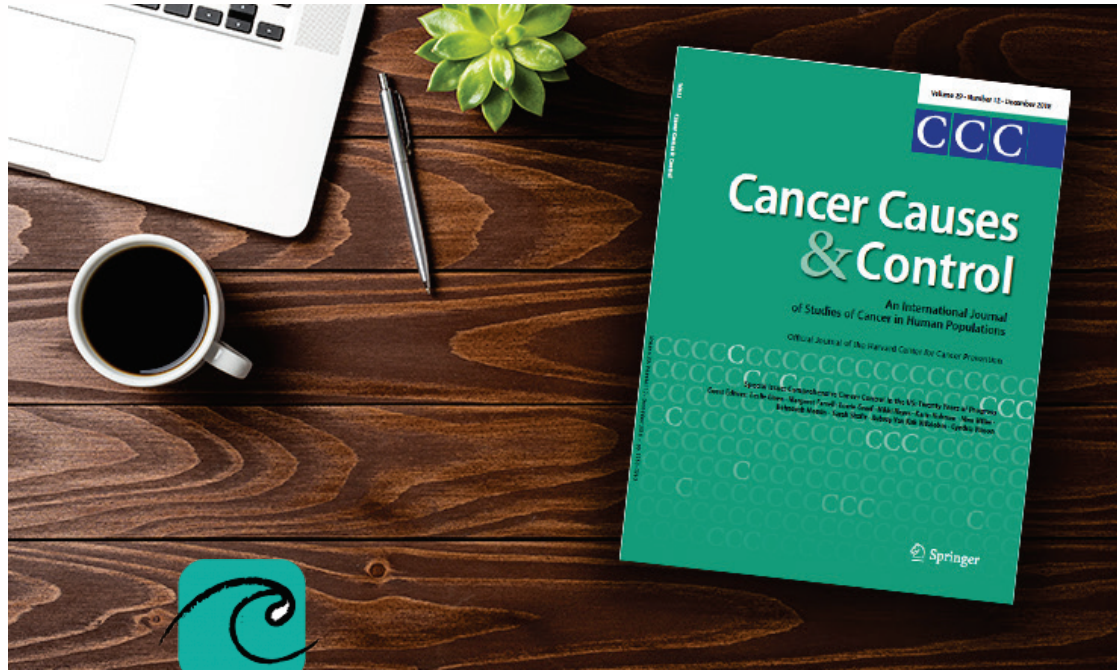


Since 1991, NBCCEDP-funded programs have:

- Served >5.4M women
- Provided >13M screening exams
- Continues to Reach >300,000 women each year

Comprehensive Cancer Control

Collaborating to Conquer Cancer

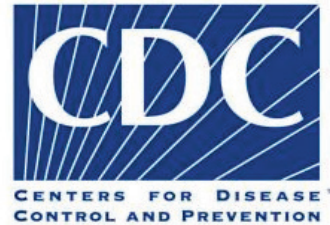


NATIONAL
Comprehensive Cancer Control
PROGRAM
Collaborating to Conquer Cancer

Priorities

- Emphasize Primary Prevention of Cancer
- Support Early Detection and Treatment Activities
- Address the Public Health Needs of Cancer Survivors
- Implement PSE Changes to Guide Sustainable Cancer Control
- Promote Health Equity as it relates to cancer control
- Demonstrate Outcome through Evaluation

Comprehensive Cancer Control National Partnership



Who Are Our Partners?



**95% include
representatives from
academic & medical
institutions**



**85% include
representatives from
business & industry**



**94% include members of
professional associations**



**72% include
government partners**



**100% include
representatives from
public health
programs**



**76% include policy
makers**



**95% include representatives
from community-based
organizations**

NPCR & SEER – USCS Public Use Databases

- Incidence and demographic data for all new cancer cases
- 100% population coverage for the U.S. and Puerto Rico



www.cdc.gov/cancer/public-use

CDC's National Program of Cancer Registries



1.7 million	New cancer cases each year
200+ data items for each case	Cancer site and histology Patient demographics Stage at diagnosis First course of treatment



WHO

is getting cancer (for instance, by race, age, or sex)?



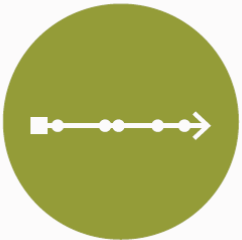
WHAT

types of cancer are increasing or decreasing?



WHERE

will prevention efforts have the biggest impact?



WHEN

are screening or prevention strategies working?



HOW

far has the cancer spread, and are we catching cancer early?

CDC Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives, Protecting People™

USCS
 U.S. Cancer Statistics
 The Official Federal Cancer Statistics

United States Cancer Statistics: Data Visualizations
 The official federal statistics on cancer incidence and deaths, produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).

Technical Notes Download Data Archive Cancer Data and Statistics Tools About USCS Questions and Answers Glossary

Overview Demographics Trends State/County Congressional Districts Survival Prevalence Special Topics Related Data

Area: United States
 New Cases (Incidence) or Deaths (Mortality): Rate of New Cancers
 Sex: Female Male Male and Female
 Cancer Type: Mesothelioma
 Year: 2015 2011-2015

Leading Cancer Cases and Deaths, Male and Female, 2011-2015

From 2011-2015, 16,420 new cases of Mesothelioma were reported, and 12,837 people died of Mesothelioma in the United States. For every 100,000 people, 1 new Mesothelioma cases were reported and 1 died of cancer.

Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One of every four deaths in the United States is due to cancer.

Rate of New Cancers in the United States

Mesothelioma, All Ages, All Races/Ethnicities, Male and Female
 Rate per 100,000 people

Map Table Chart Export

Rate per 100,000 people

0.5 - 0.8 0.9 - 0.9 1.0 - 1.1 1.2 - 1.4

Tabs – different statistics

Area (US or by state)

Measure (incidence or mortality; rates or counts)

Sex (female, male, or combined)

Format (map, table, chart, export)

Banner – links to more information

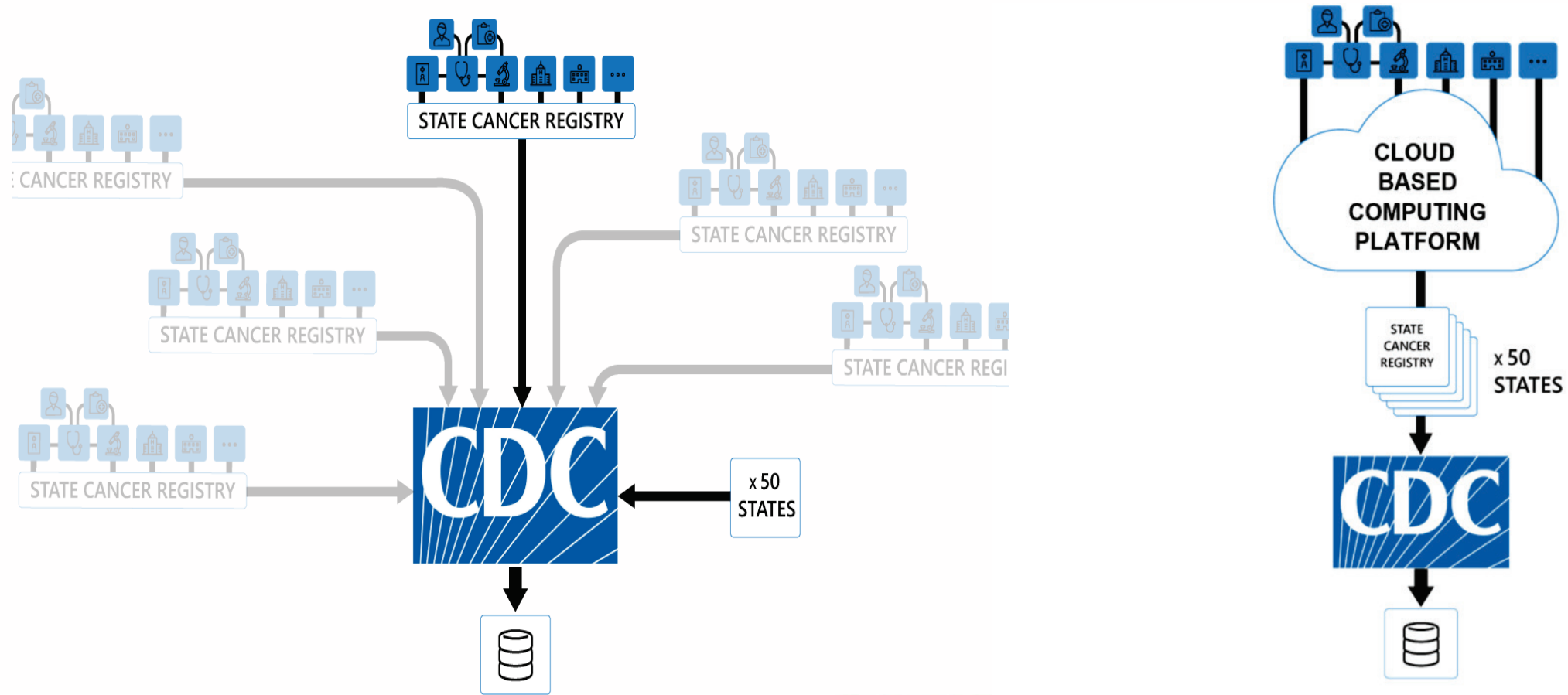
Year (single or 5-year aggregate)

Cancer type

Interpretive text

Source: USCS Data Visualization Tool <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

Current State versus Future State



Colorectal Cancer Screening

Increasing population-level Colorectal Cancer Screening Rates



Colorectal Cancer Control Program

- System-level integration into primary care systems
- Evidence-based strategies
- Continuous evaluation and improvement



Colorectal Cancer Control Program

Funded by the Centers for Disease Control and Prevention

Tenets of the CRCCP Model



**Integrate public health
and primary care**



**Focus on defined,
high-need populations**



**Establish partnerships to
support implementation**



**Implement sustainable
health system changes**



**Use evidence-based
strategies to maximize
limited public health dollars**



**Encourage innovation in
adaptation of EBIs**



**Use data for program
improvement and
performance management**

The reach of the CRCCP grantees is significant.



240

Health
systems



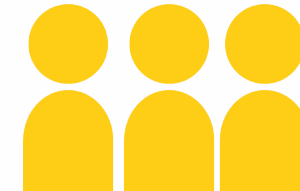
761

Clinics



6,039

Providers



1,240,336

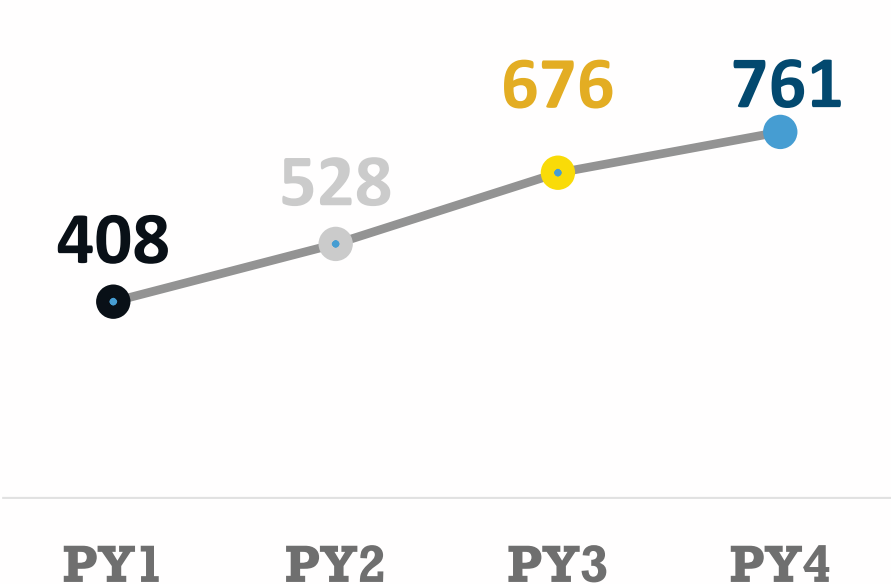
Patients
aged 50-75

Source: Clinic data submission, April 2019, (Includes clinics recruited in PY1, 2, 3 and through April. 2019 of PY4)

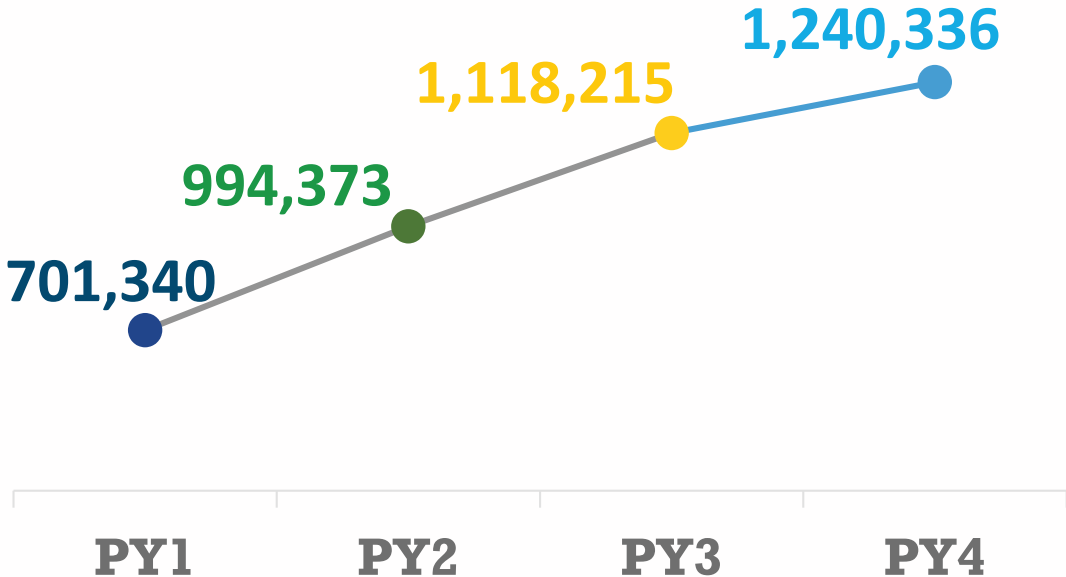
Reach continues to grow as new clinics are recruited.



This graph shows growth in the # of clinics



This graph shows growth in the # of patients, age 50-75



Source: Clinic data submission, April 2019, (Includes clinics recruited in PY1, 2, 3 and through April, 2019 of PY4)

A closer look at CRCCP clinics



761
CRCCP
Clinics

70%

are Federally-
Qualified Health
Centers (FQHCs)

27%

serve high
percentages of
uninsured patients
(>20%)

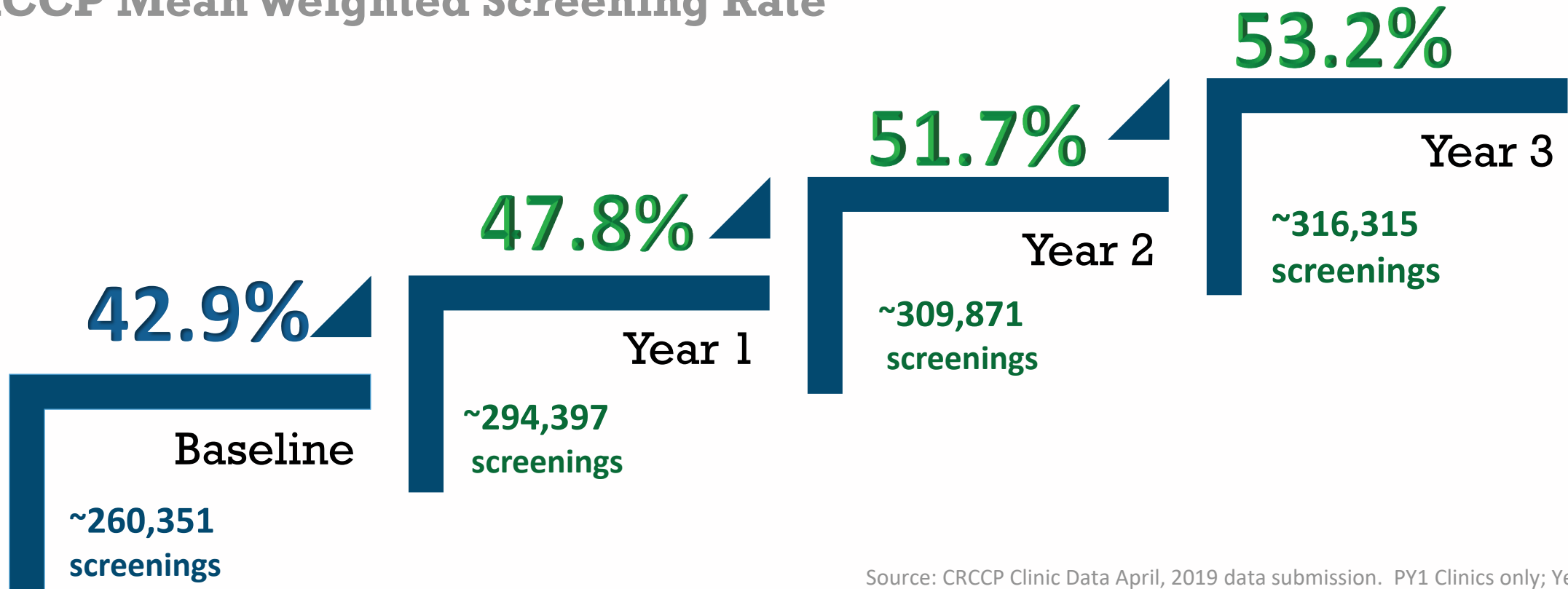
50%

use FOBT/FIT tests
as the primary CRC
screening test type

Source: Clinic data submission, April 2019, (Includes clinics recruited in PY1, 2, 3 and through April. 2019 of PY4)

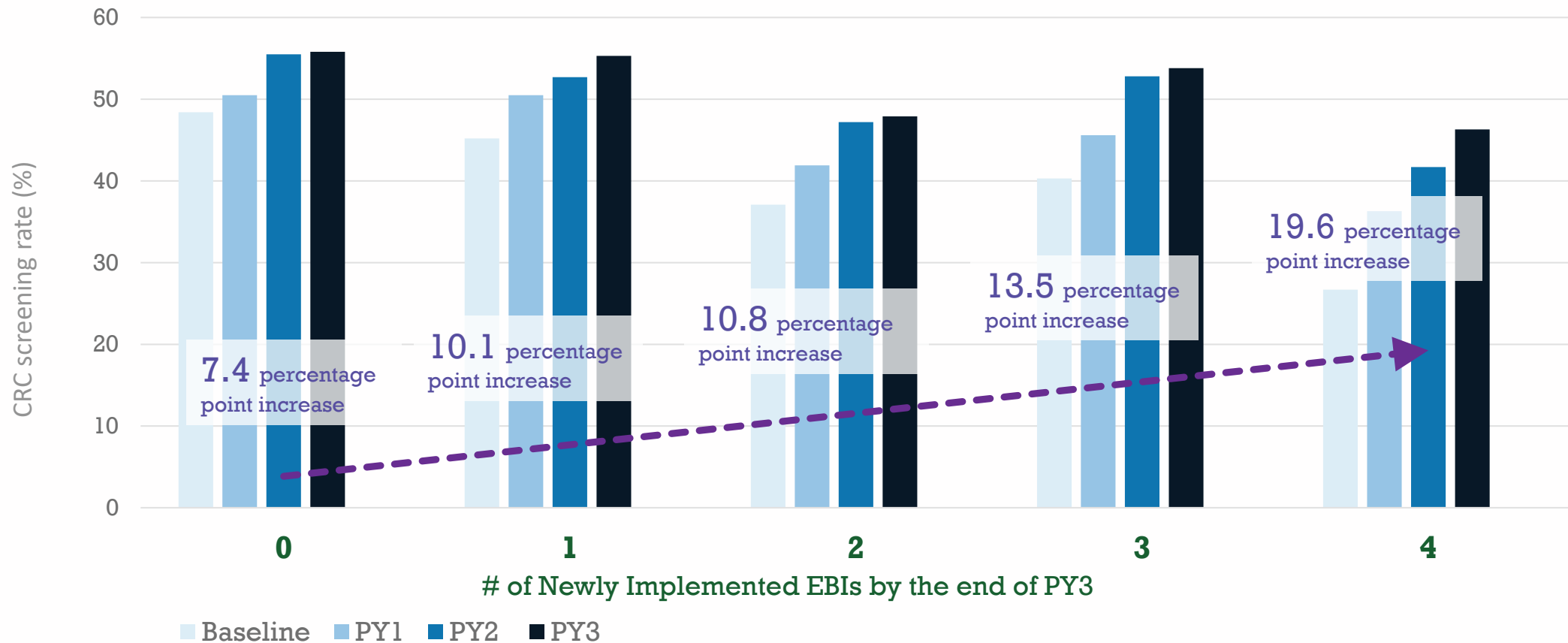
Among clinics enrolled in the first year of CRCCP, CRC screening rates rose an average of 10.3 percentage points (an additional 55,964 screenings) since baseline.

CRCCP Mean Weighted Screening Rate



Source: CRCCP Clinic Data April, 2019 data submission. PY1 Clinics only; Years 1-3.

CRC screening rates through PY3 Increase with each additional EBI implemented



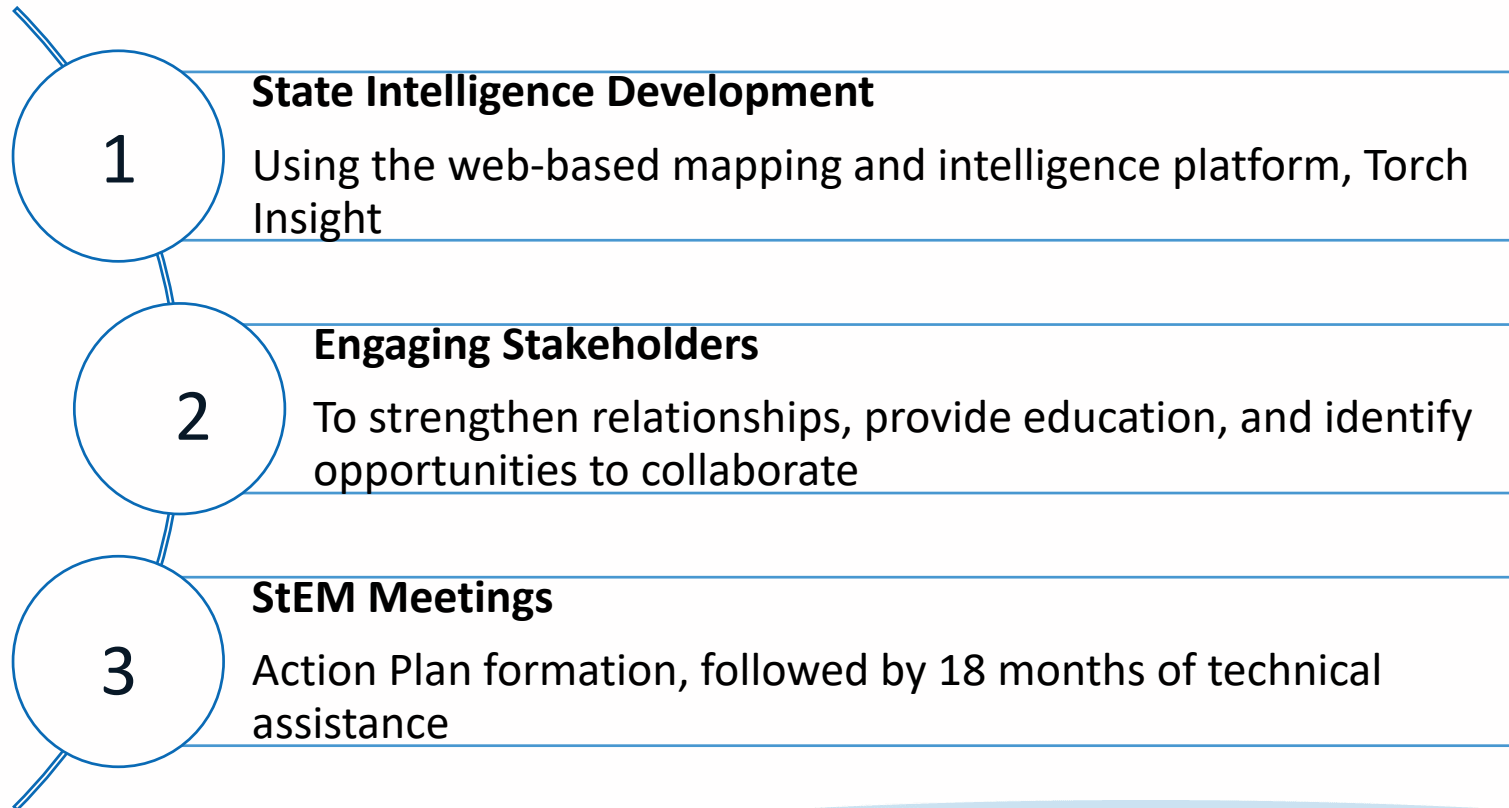
Source: CRCCP Clinic Data April, 2019 data submission. PY1 Clinics only; Years 1-3.

Major Initiatives



The StEM Project

- NACDD, CDC, and Leavitt Partners have come together to increase colorectal cancer screening rates in six states. We will do this by implementing the **State Engagement Model (StEM)**:



StEM Meeting Participants

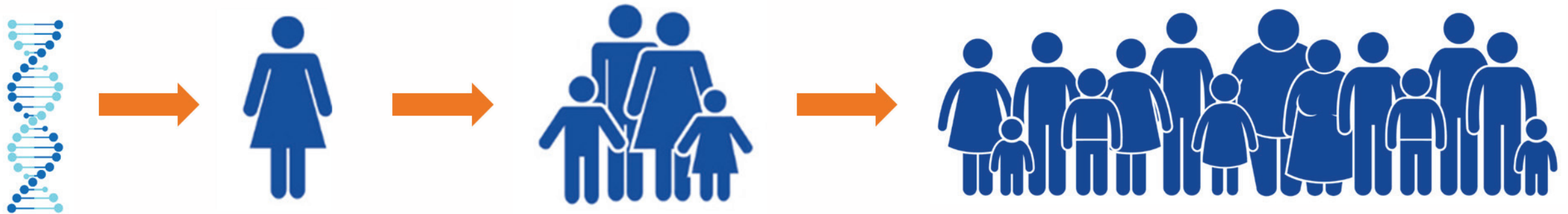
Six States 2019

- Alaska
- Georgia
- Louisiana
- Mississippi
- Oklahoma
- West Virginia



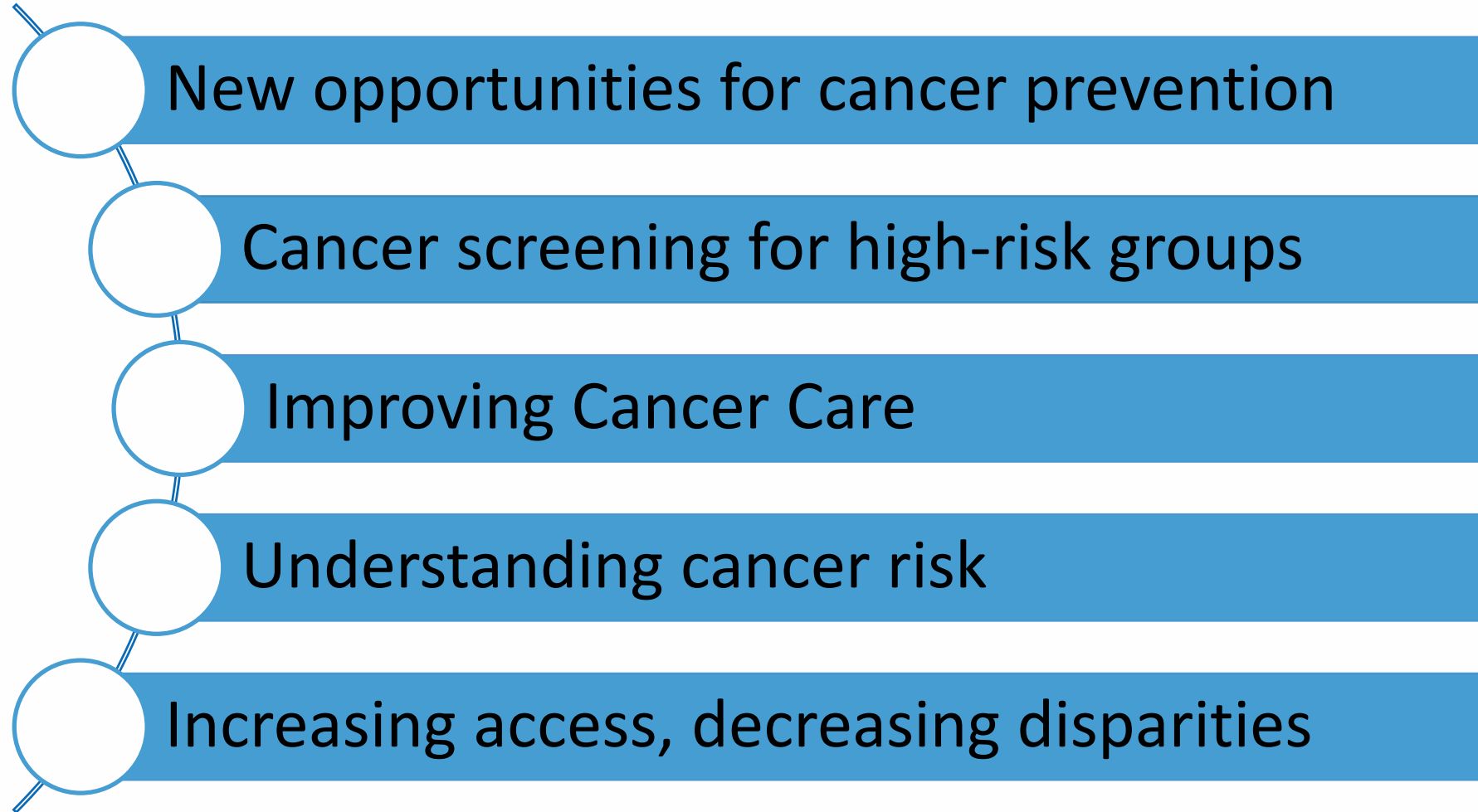
CDC's Cancer Genomics Program

Translating Evidence for Implementation in public health programs that benefit people, families and communities



www.cdc.gov/cancer/dcpc/about/genomics/

CDC Cancer Genomic Program Priorities



Division of Cancer Prevention and Control Initiatives and Campaigns



A Legacy of Improving Survivor Health and Quality of Life



A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies

CDC and LiveStrong co-sponsor development of “A National Action Plan for Cancer Survivorship.”



CDC Morbidity and Mortality Weekly Report, “Cancer Survivorship --- United States, 2007” analyzes data on cancer incidence and follow-up care from nine SEER registries.



DCPC Launches Bring your Brave Campaign to increase education, awareness and support for your Women with breast Cancer



Survivors and Caregivers
Tips for cancer survivors, their caregivers and health care providers.

Health Tips for Survivors

DCPC relaunches Division website with a focus on cancer survivors.

2004

2005

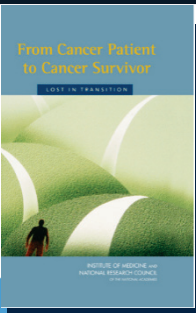
2011

2012

2014

2015

2018



CDC, National Cancer Institute, and the American Cancer Society support study, “From Cancer Patient to Cancer Survivor: Lost in Transition.”

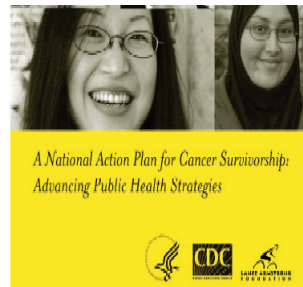
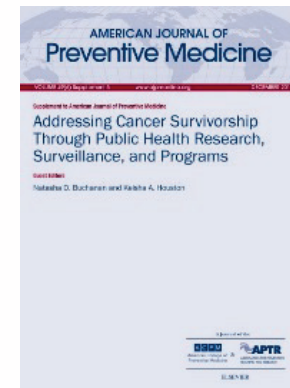
“Surveillance of Demographic Characteristics and Health Behaviors Among Adult Cancer Survivors — Behavioral Risk Factor Surveillance System, United States, 2009”

CDC publishes supplemental report. “Addressing Cancer Survivorship Through Public Health Research, Surveillance, and Programs” in *American Journal of Preventive Medicine*

DCPC's Role in Cancer Survivorship

- Dissemination of cancer survivorship research and health promotion messages.
- Collection of high quality data on cancer survivorship on national population based surveys (BRFSS, NHIS, MEPS).
- Leveraging cancer registries (NPCR/ SEER) to identify and address the unique needs of cancer survivors.
- Providing technical assistance and programmatic support to the National Comprehensive Cancer Control Program (NCCCP) and other grantees to address the needs of survivors in their communities.

For more information, visit:
cdc.gov/cancer/survivorship



Cancer Survivorship: Breast Cancer in Young Women

Multiple Approaches to Increase Awareness and Support Among Young Women Diagnosed with Breast Cancer Cooperative Agreement

- Create a community through the organizations that serve target populations
- Increase the availability of health information and support services for young breast cancer survivors and their families



JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH



Fighting Hereditary Breast and Ovarian Cancer

LIVING
BEYOND
BREAST
CANCER®
LBBC.ORG



DANA-FARBER
CANCER INSTITUTE



SHARSHERET®
Your Jewish Community Facing Breast Cancer

**Sharing our Thought Leadership
and Expertise**



DCPC Digital Snapshot: January 1 – December 31, 2018

Web Page Views

English + Spanish

13,307,460

English: 10,252,247
Spanish: 3,055,213

Total Followers as of 12/31: 108,224
Increase in Followers: +6,698
Tweet Impressions: 4,942,621
Engagements: 69,007



Video Views: 1,550,771

YouTube

Lifetime (Total #) YouTube Video Views:
12,110,051*



*Estimated, based on current and deleted playlist videos

Total Followers as of 12/31: 21,426
Increase in Followers: +536
Impressions: 2,183,123
Engagements: 12,120

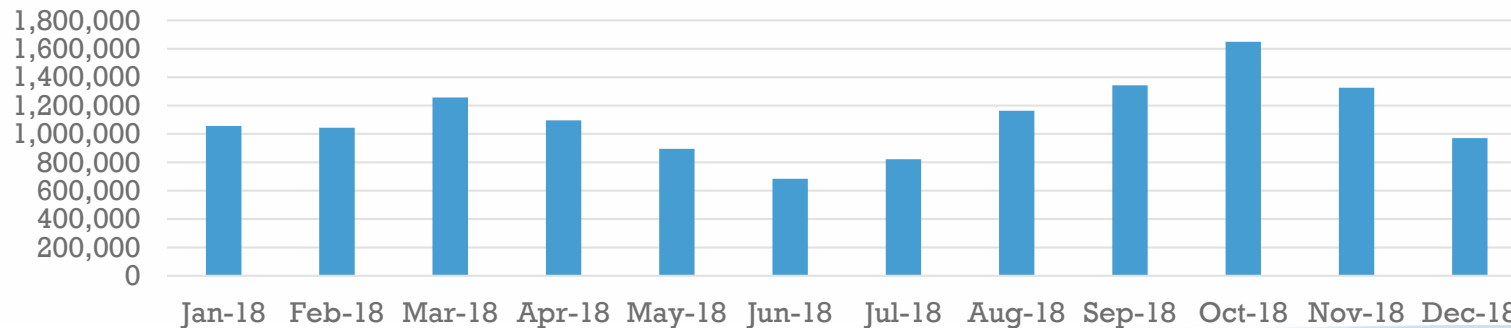


Tumblr

Total Followers as of 12/31: **507**
Impressions: **58,069**
Engagements: **689**

Web Page Views by Month

English + Spanish
Total: 13,307,460



Email Bulletins

January – December 2018

Bulletins Sent	26
Recipients Per Email (Avg)	117,828
Open Rate	9.4%
Click Rate	0.9%

Getting Our Message Out

Breast cancer mortality is **decreasing** for both black and white women, especially among younger women.

However, even though death rates are going down, we need to do more to **level the field**.



LUNG CANCER

is the biggest cancer killer in both men and women.

Every year, about **200,000** people are diagnosed and **150,000** people die.

Cigarette smoking is the **#1 cause of lung cancer.** It is linked to **85% to 95%** of lung cancer.

Large can lower the risk of lung cancer.

Cancer Registries: Measuring Progress. Targeting Action.

Cancer Registries: Measuring Progress. Targeting Action

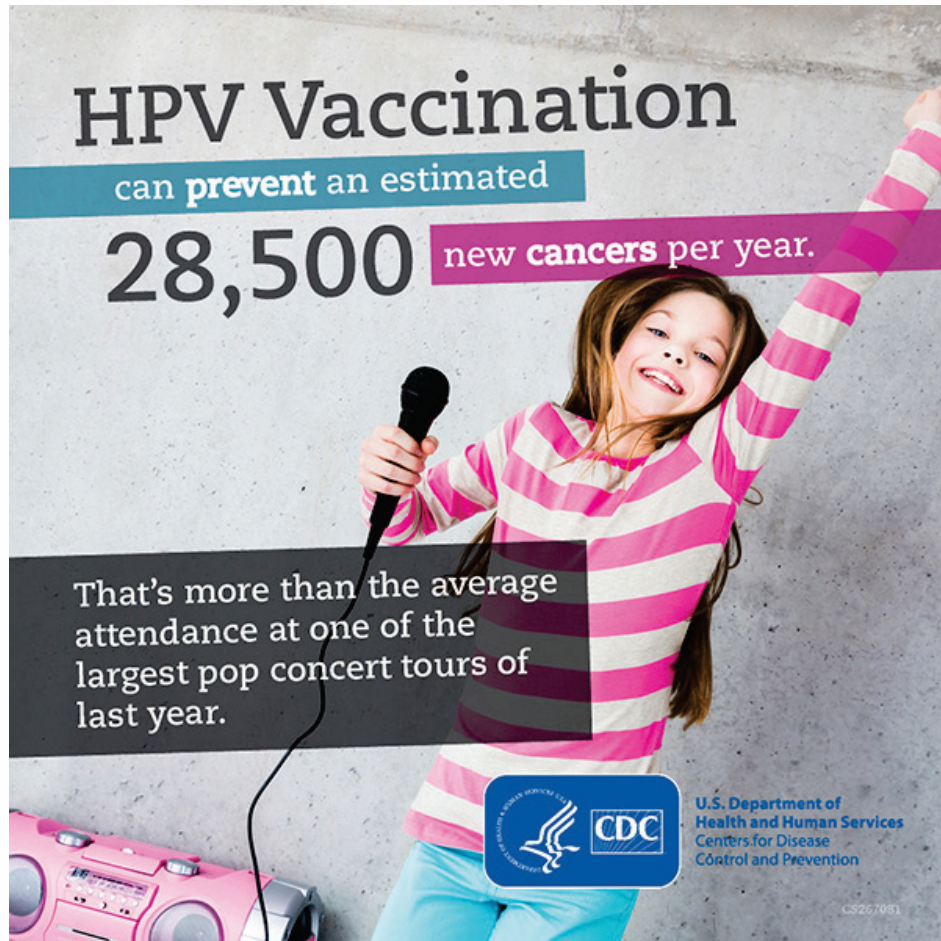
0:07 / 3:54

Screening for Prostate Cancer: A Decision for You and Your Doctor

Most prostate cancers grow slowly and don't cause any health problems in men who have them. Most prostate cancers found by screening are small and slow growing. Many men will never have symptoms.

The decision to get screened is a personal one, and men can work with their doctor to understand the benefits and harms of screening. If you decide not to get screened, you can always change your mind later. If you decide to get screened and a cancer is found, it does not mean you have to be treated right away. Treatment can cause serious side effects. You should discuss each step with your doctor.

Prevention and Diagnosis Work Group Priorities: HPV Vaccination



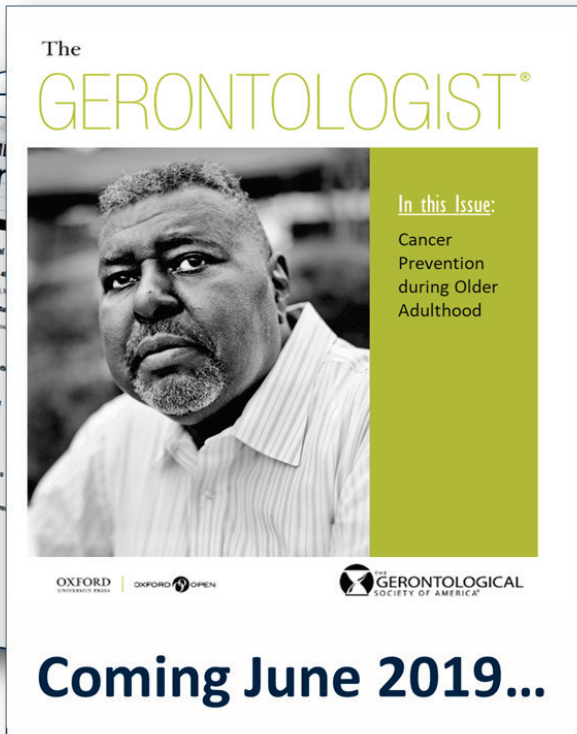
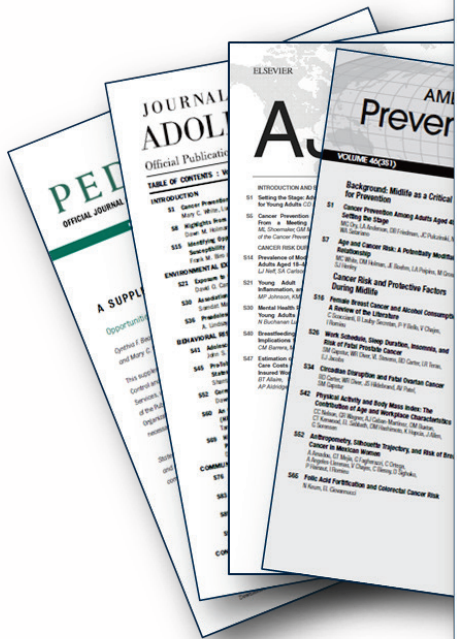
Strategy: Promote HPV as Cancer Prevention

- National HPV Vaccination Roundtable
 - American Cancer Society, CDC (DCPC and NCIRD), and other partners
- Expand reach of current CDC Immunization and Comprehensive Cancer Control programs
- Establish HPV Vaccination State Affinity Groups (CMS, CDC, and HRSA)

Cancer Prevention Across the Lifespan

Prenatal-Childhood Adolescence Early Adulthood Midlife Older Adulthood

Fostering innovative public health approaches to cancer prevention



- What's important? What's missing?
- What can we do now, and how do we do it?
- How do the answers to these questions differ across the lifespan?

cdc.gov/cancer/dcpc/prevention/lifetime

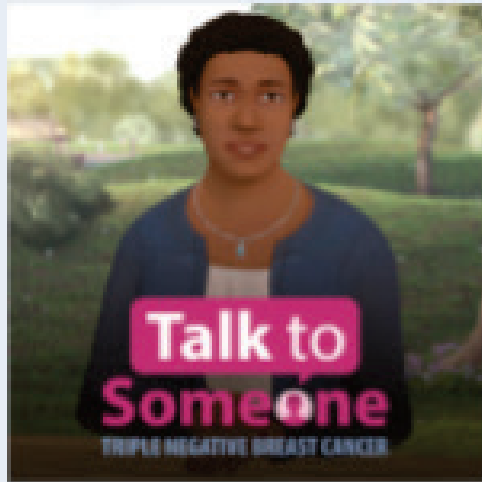
Skin Cancer Prevention: Making Progress Together!

- Surveillance
 - Behaviors
 - Health outcomes
 - Policies and legislation
- Applied research
- Health communication
- Working with partners



Health Literacy & Professional Development

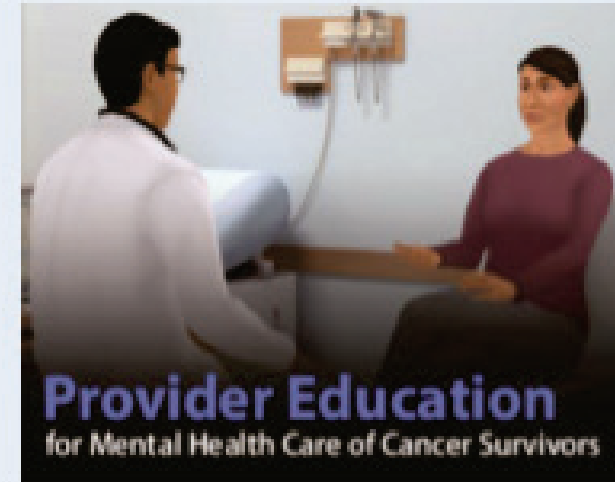
Utilizing Virtual Humans to Overcome Barriers and Improve Patient-Provider Communication



Talk to Someone: Triple Negative Breast Cancer allows people the ability to have a conversation with Linda, a virtual coach, and ask questions in a safe environment.



Talking about Infection and Neutropenia Awareness (TINA) helps to educate patients and providers about preventing infection during chemotherapy.



Provider Education for Mental Health Care of Cancer Survivors helps to improve knowledge about mental health care for cancer survivors and promotes recommended distress screening.

Thank you!

Visit the official federal source of cancer prevention information:

www.cdc.gov/cancer



Division of Cancer Prevention and Control
Reliable. Trusted. Scientific.