

Comprehensive Cancer Control:

Collaborating to Conquer Cancer



What Is Comprehensive Cancer Control?

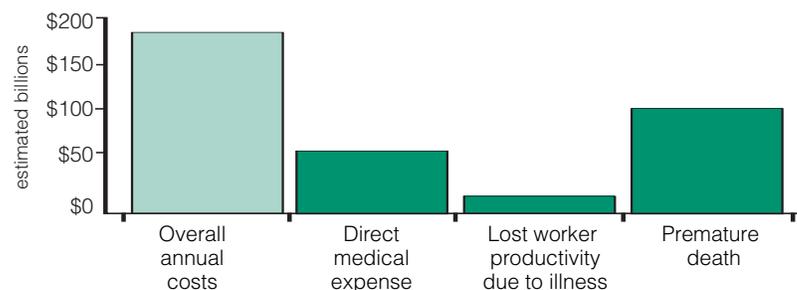
Comprehensive cancer control (CCC) is an emerging model that integrates and coordinates a range of activities to maximize the impact of limited resources and achieve desired cancer prevention and control outcomes. A key component to the success of this approach is establishing partnerships between public and private-sector stakeholders whose common mission is to reduce the burden of cancer.

Cancer is the second leading cause of death in the United States. In 2004, about 1.4 million new cases

of cancer (excluding nonmelanoma skin cancers and noninvasive cancers, except urinary bladder) will be diagnosed, and more than 563,700 Americans—about 1,500 people a day—will die of the disease. The financial cost of cancer is also significant. According to the National Institutes of Health, in 2003, the overall cost for cancer in the United States was \$189.5 billion: \$64.2 billion for direct medical expenses, \$16.3 billion for lost worker productivity due to illness, and \$109 billion for lost worker productivity due to premature death.

Source: American Cancer Society, *Cancer Facts and Figures 2004*.

The Financial Cost of Cancer in 2003



Source: National Institutes of Health.

Comprehensive cancer control is based on the following principles:

- Scientific data and research are used systematically to identify priorities and inform decision making.
- The full scope of cancer care is addressed, ranging from primary prevention, early detection and treatment, to rehabilitation, pain relief, and patient and family care during survivorship.
- Many stakeholders are engaged in cancer prevention and control, including the medical and public health communities, voluntary agencies, insurers, businesses, survivors, government, academia, and advocates.
- All cancer-related programs and activities are coordinated, thereby creating integrated efforts and fostering leadership.
- The activities of many disciplines are integrated. Appropriate disciplines include administration, basic and applied research, evaluation, health education, program development, public policy, surveillance, clinical services, and health communications.

A Coordinated Public Health Approach

The Centers for Disease Control and Prevention (CDC) has developed the *building blocks* model for comprehensive cancer control planning, a strategy for building a coordinated public health response to cancer. This model provides a way to assess and then address the cancer burden within a state, territory, or tribe. It builds on the achievements of, and enhances the infrastructure created for, existing cancer programs—many of which address individual cancer sites or risk factors.

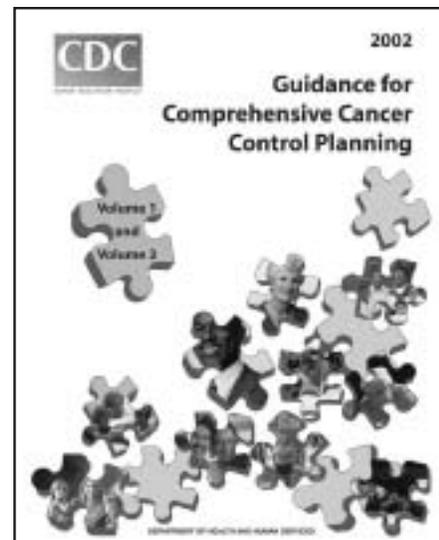
CCC is achieved through a broad partnership of public- and private-sector stakeholders whose common mission is to reduce the overall burden of cancer. These stakeholders review epidemiologic data and research evidence, including program evaluation data, and jointly set priorities for action. The partnership then mobilizes

support for implementing specific cancer prevention and control activities and puts in place a systematic plan for establishing CCC. This structured approach provides the means to coordinate activities, track progress over time, monitor emerging developments in cancer and related fields, and periodically reassess priorities.

CDC is working to define criteria through which CCC implementation can be monitored and evaluated, and continues to study emerging CCC programs to identify components that appear important for program success. This evaluation is helping CDC and others to provide sound guidance and technical assistance related to CCC program development, thereby enabling national, state, territorial, and tribal partners to more effectively contribute to reductions in cancer incidence, morbidity, and mortality.

Guidance for Comprehensive Cancer Control Planning

Guidance for Comprehensive Cancer Control Planning, published in 2002, serves as a road map for CCC planning. The information in this document is based on the experiences of several states that undertook CCC planning in recent years. Each of the states worked with CDC and the Battelle Centers for Public Health Research and Evaluation to develop a CCC plan. These planning efforts resulted in the development of the *Guidance* document. This resource recommends core components, or building blocks, which can help partners, experts, and stakeholders work together to optimize resources and coordinate cancer control activities within a state, territory, or tribe. The publication also includes a toolkit containing materials that planners can adapt for use in their own programs.



<http://www.cdc.gov/cancer/ncccp/guidelines/index.htm>

National Leadership Efforts

To help coordinate and leverage comprehensive cancer control efforts made at federal, state, and local levels, CDC has partnered with the following national organizations:

- American Cancer Society (ACS)
- American College of Surgeons (ACoS)
- Association of State and Territorial Health Officials (ASTHO)
- C-Change (formerly the National Dialogue on Cancer)
- Chronic Disease Directors (CDD)
- Health Resources and Services Administration (HRSA)

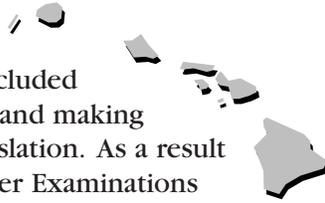
- Intercultural Cancer Council (ICC)
- National Cancer Institute (NCI)
- National Conference of State Legislatures (NCSL)
- National Governors Association (NGA)
- North American Association of Central Cancer Registries (NAACCR)

During 2000–2002, CDC worked with many of these partners—ACS, ACoS, C-Change, CDD, ASTHO, ICC, NCI, and NAACCR—to sponsor a series of regional CCC leadership institutes. Representatives from all states

CCC programs across the country are making significant progress in coordinating and integrating cancer prevention and control efforts. Several state examples underscoring this progress follow.

Leveraging Legislative Support in Hawaii

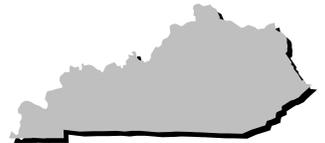
Part of Hawaii's CCC efforts included reviewing outdated legislation and making recommendations for new legislation. As a result of this effort, HRS 321-45 Cancer Examinations was passed. This bill highlights the need for the Health Department to work with other government agencies, health care providers, health insurers, and others to improve the overall rates of screening, early diagnosis, and treatment of cancer.



threefold, resulting in a total investment of \$1 billion. Some of the efforts of the coalition include establishing Regional Programs of Excellence and a Distinguished Cancer Clinicians and Scientists Program. The Regional Programs of Excellence will increase access to quality cancer care for all Georgians through coordination of community-based oncology health services. The Distinguished Cancer Clinicians Program, which will recruit renowned cancer clinicians and scientists to Georgia, has been established to advance scientific discovery and infrastructure, as well as to increase economic resources in the state for addressing cancer.

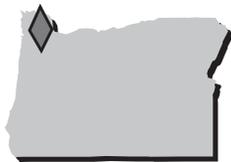
Building Partnerships for Cancer Control in Kentucky

To define its priorities and select targets for intervention, the Kentucky Cancer Program administered a needs survey to cancer stakeholders throughout the state. It then used data from this survey, as well as information gleaned from a review of existing categorical plans and *Healthy Kentuckians 2010* goals, to develop an action plan. The plan contains 14 recommended actions and from one to four priority strategies for executing each of the recommendations. The state also developed Regional Cancer Partnerships to help involve more local cancer control partners in developing implementation strategies that address cancer plan priorities. Fifteen regional meetings were held in 2003 to provide an orientation on community and statewide comprehensive cancer control.



Assessing the Cancer Burden Among American Indians/Alaska Natives

Although American Indians/Alaska Natives are generally thought to have disproportionately low cancer incidence and mortality rates, official rates tend to be underestimated because many health registries do not accurately code race. Using record linkages between the Northwest Tribal Registry (Northwest Portland Area Indian Health Board) and state health registries, the Northwest Tribal Registry showed that the true incidence of cancer among its tribal members was 267.5 per 100,000 population rather than 153.5 per 100,000 as reported previously. These more accurate data gave the Board the factual support it needed in advocating for additional cancer control resources.



Enhancing Infrastructure in Georgia

Georgia used money from the 1998 tobacco settlement and other sources to fund the creation of a strategic plan for the Georgia Cancer Coalition (GCC). State government support for the GCC is expected to total several hundred million dollars over the next 5 to 7 years. The governor has issued a challenge to stakeholders to leverage this amount



CDC's Future CCC Activities

- Expand national partnership activities.
- Engage in implementation research.
- Provide ongoing technical assistance.
- Expand the leadership institutes to address implementation challenges.
- Evaluate the impact of CCC.
- Expand the CCC program, as funding allows.
- Develop a national marketing plan for CCC.

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