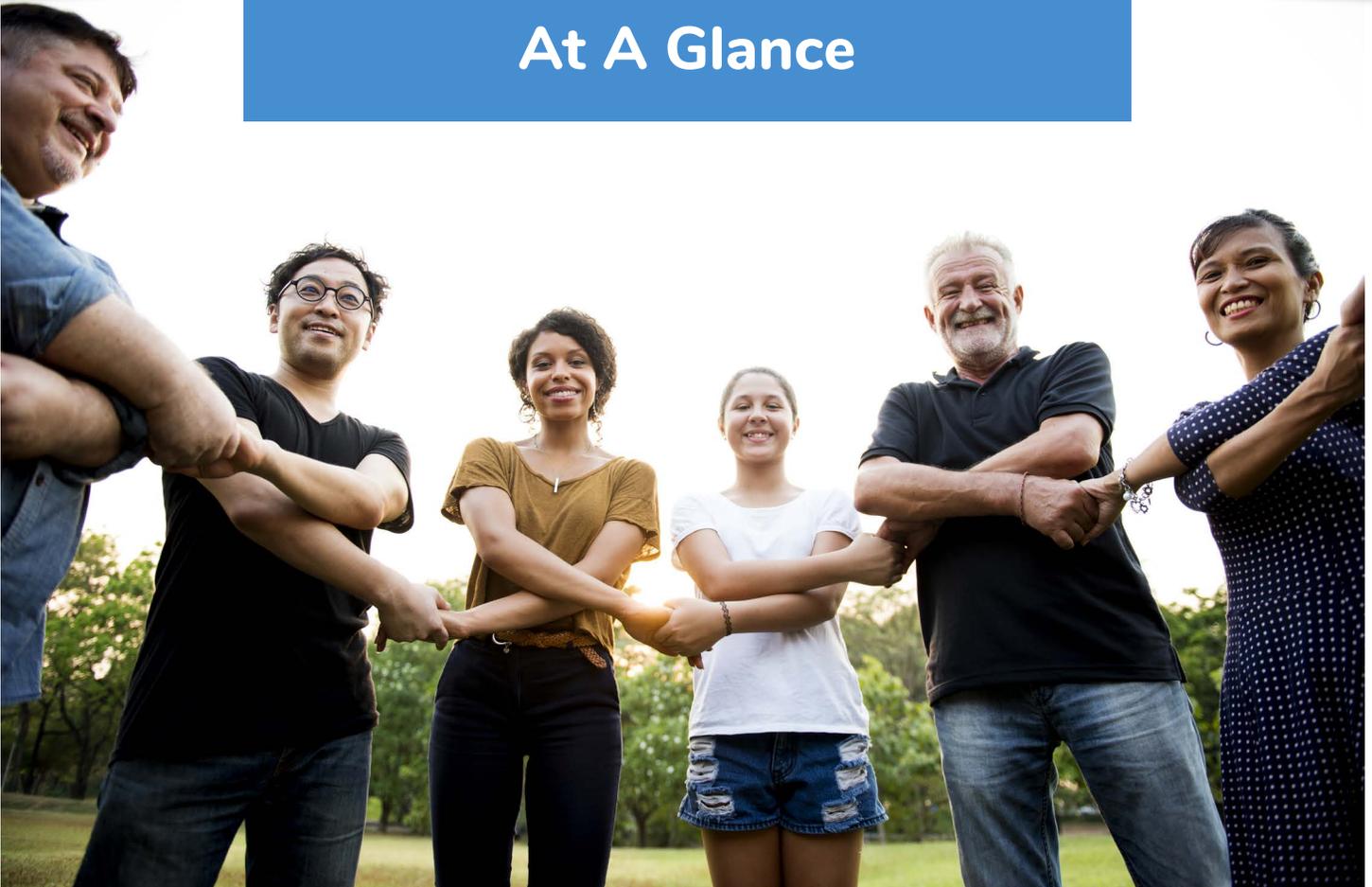


Division of Cancer Prevention and Control

At A Glance



CDC's Division of Cancer Prevention and Control is a leader in efforts to prevent and find cancers early and to improve the health of cancer survivors. The division works with other federal agencies to collect data on notifiable cancer cases in the United States and with national organizations and state and local health agencies to help Americans lower their cancer risk by increasing the use of effective cancer prevention strategies and screening tests.



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

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What We Do

With an FY 2020 budget of about \$355 million, the [Division of Cancer Prevention and Control](#) (DCPC) works to reduce cancer risk factors and promote cancer screenings, especially for groups affected by disparities, which are differences in health across different geographic, racial, ethnic, and socioeconomic groups. To meet this goal, DCPC works to:



Find out how many Americans have cancer.



Study interventions to find out what works best to prevent cancer or catch it early.



Fund and guide states, tribes, and territories to use interventions that work, like cancer screenings.



Share information to help all Americans understand the risk factors for cancer and how to reduce them.

Why We Do It

Each year in the United States, more than 1.7 million people are diagnosed with cancer, and almost 600,000 die from it, making it the nation's second leading cause of death. The cost of cancer care continues to rise and is expected to reach almost \$174 billion by 2020. Research shows that more than half of cancer deaths could be prevented through healthy choices, screening, and vaccinations.



1.7
MILLION

people diagnosed with cancer each year



600,000
DEATHS

from cancer each year



\$174
BILLION

in cancer care costs projected by 2020



1 IN 3
PEOPLE

will have cancer in their lifetime

How We Do It

Collect Data on Cancer Cases and Treatment

To help Americans prevent cancer and catch it early, we need to know what cancers are being diagnosed, among which groups of people, and where. DCPC runs the [National Program of Cancer Registries](#) (NPCR) and coordinates with other federal agencies to collect data for notifiable cancer cases in the United States. Through the NPCR, CDC funds 46 states, the District of Columbia, Puerto Rico, the US Pacific Island Jurisdictions, and the US Virgin Islands to collect cancer registry data.

These data can be used to answer questions such as:

- Are more or fewer people getting colon cancer this year compared to last year?
- Are there geographic areas where women are finding out they have breast cancer at a late stage, when it's harder to treat?
- What groups of people are most likely to get skin cancer?

Data are shared with groups working to prevent cancer, like state comprehensive cancer control coalitions. The coalitions work to fix any identified problems—for example, some people might not be getting the cancer screening tests they need—and then track changes in the cancer registry data to find out if their solutions are working.



Examples of Our Impact

- ▶ In 2014, CDC funded seven NPCR cancer registries to collect and report data on pediatric and young adult cases within 30 days of a diagnosis, which is faster than the traditional reporting time of up to 2 years. To shorten reporting time, registries have increased electronic reporting from multiple sources, including out-of-state children's hospitals.
- ▶ The Rhode Island Cancer Registry, with funding from CDC, used 20 years of cancer surveillance data to show that people with breast cancer were more likely to be overweight or have obesity. In response, the registry and its partners are developing cancer prevention information to educate consumers and public health professionals.

How We Do It



Help People Understand Their Risk of Cancer and the Importance of Screening

In 2015, CDC launched the [*Bring Your Brave*](#) campaign to educate women younger than age 45 about breast cancer. The campaign tells real stories about prevention, risk, family history, and survivorship as a way to inspire young women to learn their risk of breast cancer and talk with their doctor about how to reduce it.

Another CDC campaign, [*Inside Knowledge About Gynecologic Cancer*](#), raises awareness among women and medical professionals about the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar. While these cancers are often discussed as a group, each is unique and has different signs, symptoms, risk factors, and prevention strategies.

In 1999, CDC launched the [*Screen for Life: National Colorectal Cancer Action Campaign*](#) to raise awareness of and increase screening for colorectal cancer. This ongoing campaign is based on extensive research that found that men and women aged 50 or older are at highest risk of getting colorectal cancer.

Examples of Our Impact

- ▶ The *Bring Your Brave* campaign has been seen or heard nearly 115 million times across social media, blogs, digital display ads, and earned media.
- ▶ Since the *Inside Knowledge* campaign began in 2008, its public service announcements (PSAs) have been seen or heard 5.7 billion times, for a donated ad value of nearly \$223 million. Overall, when combined with paid media across search engines, social media, digital display, and paid digital advertising, *Inside Knowledge* has generated 7.4 billion impressions.
- ▶ CDC's *Screen for Life* PSAs have been seen or heard nearly 21 billion times, for a total donated ad value of over \$300 million.

How We Do It

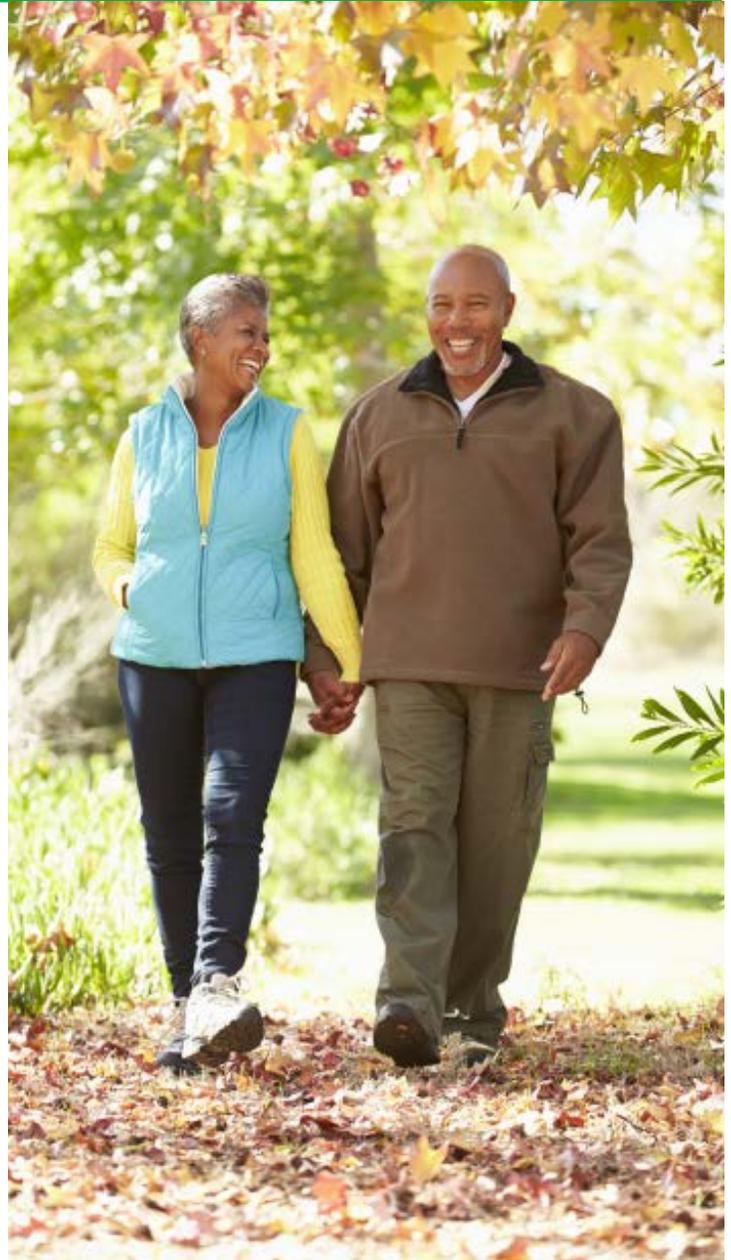
Promote Colorectal Cancer Screening for US Adults

Of cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.

The US Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for adults aged 50 to 75. Despite strong evidence to support this recommendation, only 69% of adults reported being up-to-date with colorectal cancer screening in 2018.

CDC's [Colorectal Cancer Control Program](#) funds 20 states, 8 universities, 2 tribal organizations, and 5 other organizations to increase colorectal cancer screening rates for people aged 50 to 75 by:

- Using [recommendations](#) from the Community Preventive Services Task Force, such as patient and provider reminders in health system clinics.
- Providing screening and follow-up services for a limited number of eligible people.



Examples of Our Impact

- ▶ As of March 2020, Colorectal Cancer Control Program awardees had partnered with 831 health system clinics that serve more than 1.3 million patients who are eligible for colorectal cancer screening. Among clinics recruited in the first program year, screening rates increased 14 percentage points, from a mean rate of 42.4% in 2016 to 56.4% in 2019. In contrast, national screening rates for the United States have consistently increased by 1 to 2 percentage points every 2 years.

How We Do It



Promote Breast and Cervical Cancer Screening

Regular mammograms can lower the risk of dying of breast cancer. The USPSTF recommends that women aged 50 to 74 who are at average risk should have a screening mammogram every 2 years.

Two screening tests can help prevent cervical cancer or find it early. The Pap test can find abnormal cells in the cervix that may turn into cancer, while the human papillomavirus (HPV) test identifies the virus that can cause these abnormal cell changes. The Pap test is recommended for women aged 21 to 65. The HPV test, either with the Pap test or alone, can be used to screen for cervical cancer in women aged 30 to 65.

CDC's [National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP) funds all 50 states, the District of Columbia, 6 US territories, and 13 tribes or tribal organizations to provide breast and cervical cancer screening and diagnostic services to low-income women who have little or no health insurance. These services include mammograms, breast MRI, Pap tests, and HPV tests; follow-up testing if results are abnormal; and referrals to treatment if needed.

Women who are diagnosed with cancer through the NBCCEDP may qualify for access to treatment through Medicaid.

Examples of Our Impact

Since 1991, NBCCEDP-funded programs have:

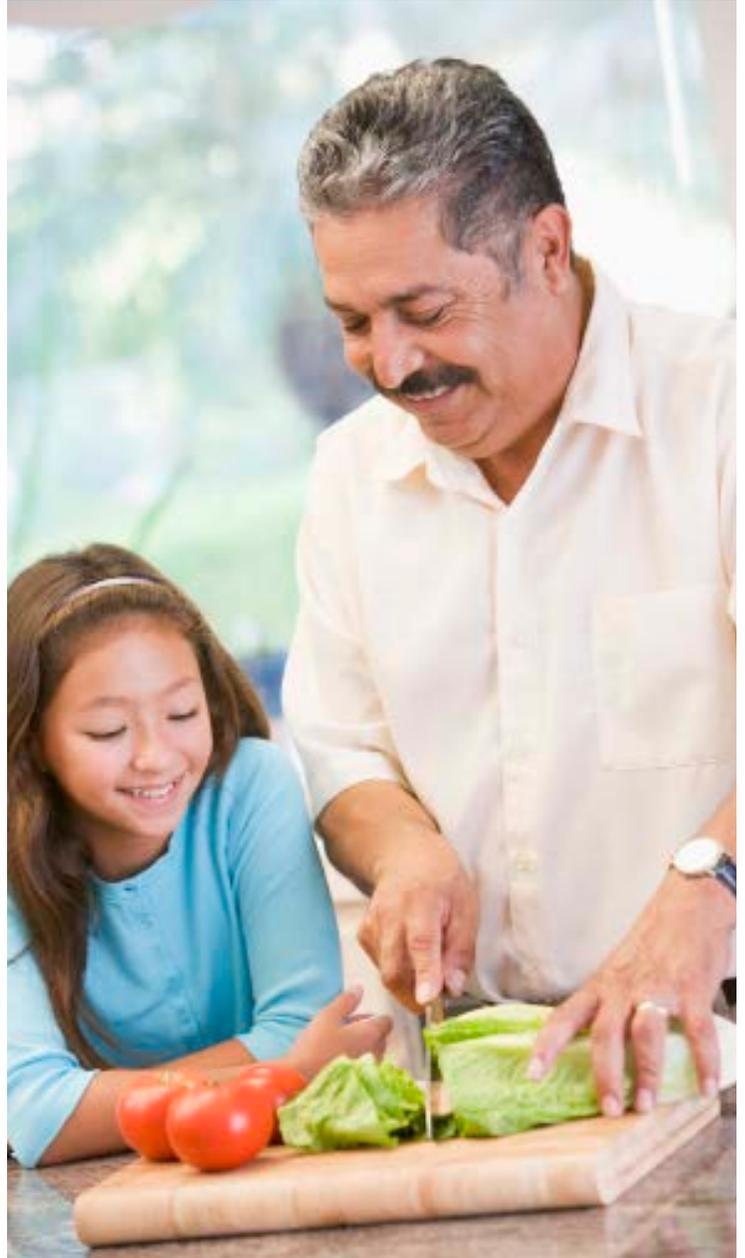
- ▶ Served more than 5.8 million women.
- ▶ Provided more than 15.1 million breast and cervical cancer screening exams.
- ▶ Diagnosed 71,107 invasive breast cancers and 22,594 premalignant breast lesions.
- ▶ Diagnosed 4,863 invasive cervical cancers and 222,091 premalignant cervical lesions, of which 39% were high grade (more likely to progress to cancer).

How We Do It

Fund States to Prevent and Control Cancer

Comprehensive cancer control involves state and local health departments, state and local organizations, researchers, health care providers, cancer survivors, and their families coming together to find ways to reduce cancer and improve the lives of cancer survivors in their communities. CDC's [National Comprehensive Cancer Control Program](#) (NCCCP) funds all 50 states, the District of Columbia, 7 US Associated Pacific Islands, Puerto Rico, and 8 tribes or tribal organizations to:

- Build groups of partners who are willing to share resources and expertise to fight cancer.
- Use data from cancer registries, behavioral risk factor surveys, and other sources to learn more about the cancers and risk factors that affect their communities most.
- Develop and use strategic plans to address these cancers and risk factors.
- Support lifestyle changes to prevent cancer.
- Improve access to screening and treatment.
- Reduce cancer risk factors and improve cancer outcomes for groups with health disparities.
- Respond to the needs of cancer survivors and their families, especially their physical, financial, and emotional well-being.



Examples of Our Impact

- ▶ In 2015, the Louisiana Comprehensive Cancer Control Program and the Geographic Health Equity Alliance worked together to raise awareness and share data about the negative health effects of smoking and secondhand smoke exposure. A coalition of health and cultural organizations also worked with the New Orleans city council to make public spaces and indoor worksites in the city, including bars and casinos, smokefree.

How We Do It

Genomics for Cancer Prevention

CDC is helping to apply the science of genomics—the study of genes and their function in the body—to cancer screening and prevention. People with a family history of cancer need to understand their risk because they may need to be screened earlier and more often. To meet this goal, CDC's [Cancer Genomics Program](#) funds five state health departments to:

- Educate the public about the importance of knowing your family history of cancer.
- Help medical providers talk with their patients about family history.
- Use data from cancer registries, state surveys, and other sources to learn more about hereditary cancers.
- Increase access to and use of clinical services, like genetic counseling and testing, for people at high risk.
- Develop partnerships with health systems and state and local organizations to address the needs of people at high risk.

CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

We Work to Improve Health Across the Life Span

Where People Live, Learn, Work, and Play



Infants

Reduce the leading causes of infant death and illness.



Children and Adolescents

Help support healthy communities, child care programs, and schools so children can eat well, stay active, and avoid risky behaviors.



Adults

Help adults lead healthy and active lives and increase the use of preventive services like cancer screenings.



Older Adults

Promote quality of life and independence for people as they age.

For more information, contact

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[Division of Cancer Prevention and Control](#)

1-800-CDC-INFO (232-4636); TTY 1-888-232-6348

Contact [CDC-INFO](#)

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