

Impact of Sequestration

Cancer Prevention and Early Detection

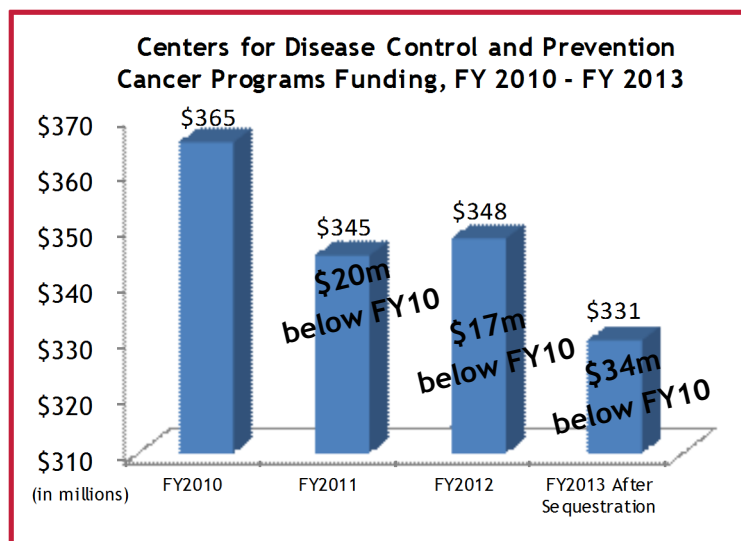


Under sequestration, across-the-board cuts to nearly all government agencies, prevention and public health are taking a severe hit. Core cancer prevention and public health programs at the Centers for Disease Control and Prevention will be slashed by an estimated five percent.

Sequestration's large cuts will be devastating to the public health infrastructure cancer prevention programs. The figure to the right shows the funding levels for federal CDC cancer programs in FYs 2010-2012 and an estimate for FY 2013 after sequestration has taken effect.

It is important to note that federal public health spending was already reduced in fiscal year 2011. Sequestration will reduce that level by an additional 5 percent this year, for a total reduction since 2010 of \$34 million, or 10 percent.

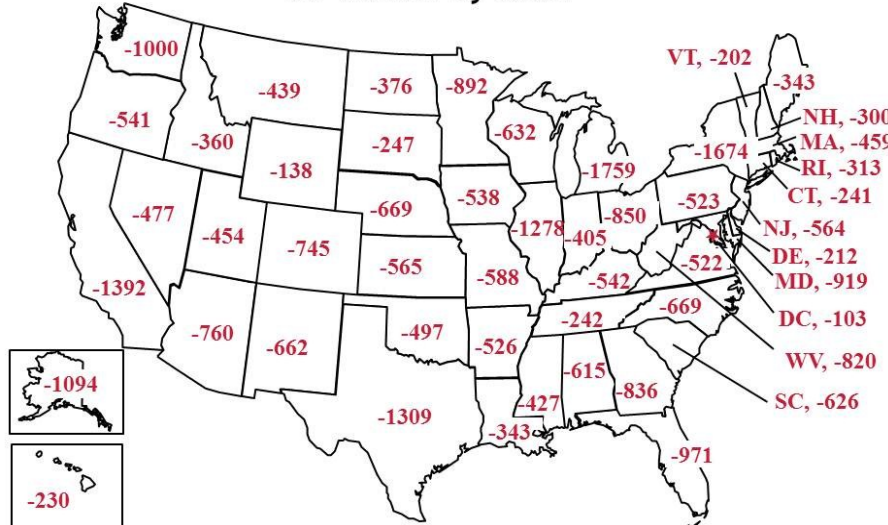
Sequestration will force the CDC to cut support for every state in the country, meaning that Americans will have less access to life-saving cancer screenings and increased health care costs in the long run.



Sequestration's Impact on Breast and Cervical Cancer Screening

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created to reduce breast and cervical cancer deaths among medically underserved women. Available in all 50 states, the District of Columbia, 4 U.S. territories, and 12 American Indian/Alaska Native organizations, NBCCEDP has provided 10 million screening exams to 4.2 million women, detecting approximately 52,000 breast cancers, 3,000 invasive cervical cancers, and 142,000 premalignant cervical lesions.

Number of Fewer Breast and Cervical Cancer Screenings for Women by State



Source: Data from American Cancer Society Cancer Action Network and the Centers for Disease Control and Prevention

Sequestration will mean an estimated 32,000 fewer breast and cervical cancer screenings for women. Any cuts to the NBCCEDP could potentially increase the rates of breast cancer mortality in the U.S. Research suggests that for every 1,000 women screened by the NBCCEDP, there were 0.6 fewer deaths because of breast cancer among women aged 40-64 years.

These cuts to the NBCCEDP come on top of widespread state cuts that have occurred for the past several years and have already severely hurt the nation's public health system. In fiscal year 2012, nearly half of all states reduced funding for their NBCCEDP, limiting access and creating long waiting lists.

Sequestration's Impact on Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer death in the nation. There are 143,000 new cases of colorectal cancer and 52,000 preventable deaths each year. Annually, treatment of colorectal cancer costs about \$14 billion. Colorectal cancer screening detects cancer early, when it can be treated more effectively and at a lesser cost, and prevents colorectal cancer altogether by detecting and removing precancerous polyps.

Sequestration will result in:

- Reduced efforts to initiate and effectively implement recommended evidence-based interventions including patient reminder systems, provider reminder systems, structural changes, provider assessment and feedback, and small media (effective communication and education).
- A reduction in evidence-based interventions implemented to increase population-level screening rates.
- A reduction in critical partnerships between public health and mid-sized and large healthcare systems, insurers, employers, and Medicare that are leveraging increased colorectal cancer screening.
- A reduction in the number of low income, uninsured men and women screened for colorectal cancer in the 29 funded programs.

Sequestration's Impact on the National Program of Cancer Registries

CDC supports central cancer registries in 45 states, DC, Puerto Rico, and the U.S. Pacific Island jurisdictions, collecting data on 96% of the U.S. population. Along with data from the National Cancer Institute's Surveillance, Epidemiology, and End Results Program (SEER), which collects data in 5 states not covered by the National Program of Cancer Registries (NPCR), these data are used to assess the incidence of different cancers, inform and evaluate prevention efforts, and address health disparities. CDC is also working to enhance the innovative public health applications of NPCR data.

Sequestration could result in:

- Loss of support for at least 3 registries and loss of cancer data for entire populations if appropriated funding must be spent on activities related to the Caroline Pryce Walker Act, due to language mandated through congressional appropriations.
- Loss of dozens of jobs at the state level which would decrease the quality and timeliness of data collected by 48 cancer registries.
- Reduced efforts in areas related to electronic reporting and collaboration on inclusion of cancer related data in electronic medical records for reporting to registries.
- Elimination of the collection of data on cancer treatment throughout the U.S. and the collection of more detailed staging information in 30 registries, limiting the ability of registries to assess cancer disparities in diagnosis and treatment in the U.S.

Sequestration's Impact on the National Comprehensive Cancer Control Program

CDC's National Comprehensive Cancer Control Program (NCCCP) funds all 50 states, DC, 7 tribes and tribal organizations, one territory, and 6 U.S. Affiliated Pacific Islands to develop and implement policy, systems-level or environmental changes aimed at preventing cancer, detecting cancers early when they are more treatable, increasing access to treatment, and improving the quality of life of cancer survivors. Funding is used by grantees to foster strong coalitions of key public and private partners and experts to develop and implement specific cancer plans designed to reduce the burden of cancer. Grantees, using data from CDC's National Program of Cancer Registries (NPCR), target their cancer plans to focus on the highest burden cancers in their jurisdiction.

Sequestration will result in:

- Negative impacts to 69 NCCCP grantees' funding levels. A number of full-time positions at the state level would be eliminated.
- Reduced ability of grantees to implement evidence-based interventions that reduce cancer burden and promote sustainable cancer control.
- Reduced ability of CDC to systematically measure the effect of NCCCP interventions.
- The elimination of three new translation and evaluation research projects, and the scaling back or elimination of current research, surveillance, and education activities.