Colorectal Cancer Control Program Helps to Prevent Colorectal Cancer & Save Lives

The Centers for Disease Control and Prevention’s (CDC) Colorectal Cancer Control Program (CRCCP) provides grant funding to 20 state health departments, eight universities, two tribal organizations, and five other organizations to help prevent colorectal cancer. Colorectal cancer is the third most common cancer in men and women and the second leading cause of cancer death in the U.S. for men and women combined. An estimated 153,020 men and women will be diagnosed with colorectal cancer in 2023 and 52,550 individuals are estimated to die from the disease. The goal of the CRCCP grant work is to increase colorectal cancer screening rates among high-need groups. Without a continued, dedicated federal investment in colorectal cancer prevention and early detection, the U.S. could experience a reduction in screening leading to increases in preventable colorectal cancer cases and deaths.

Screening Rates for Colorectal Cancer Remain Low in High-Risk Americans

Colorectal cancer screening is the most effective way of preventing cancer before it starts and finding it early when it’s most treatable. During the screening process non-cancerous polyps can be removed, preventing them from becoming cancerous. Cancers that are found at an early stage can be treated more easily, and lead to greater survival. Despite the benefits of screening, only 59 percent of people aged 45 years and older report being screened for colorectal cancer. Disparities in screening rates for colorectal cancer exist among uninsured adults; those without a high school diploma; those between the ages of 45-49; recent immigrants; and those of Hispanic, Asian, and American Indian/Alaska Native descent, contributing to higher death rates from the disease.

Colorectal Cancer Control Program Improves Screening & Saves Lives

From 2015 – 2020 the program has served more than 1.3 million patients aged 50 to 75. Clinics that have participated in the program for 2 years have increased their screening rates by 8.2 percent, those who have participated for 4 years increased screening rates by 12.3 percent. CRCCP grantees are encouraged to incorporate evidence-based interventions from the Guide to Community Preventive Services, including client and provider-oriented interventions. Client-oriented interventions may include the use of small media to raise awareness and reducing structural barriers for patients. Provider-oriented interventions include reminders/recall systems and assessment/feedback. Maintaining or increasing funding for the CRCCP program has the potential to significantly improve screening rates for high-need populations across the U.S. and reduce the burden of colorectal cancer for thousands or even millions of Americans.

Call to Action

The American Cancer Society Cancer Action Network (ACS CAN) strongly supports increased funding for the CRCCP to increase awareness and access to screening to reduce the colorectal cancer burden in the U.S.
The CRCCP is an essential program in the fight against cancer, as it helps to reduce health inequities by serving those at most risk for the disease.

References


7 The American Cancer Society 2018 guideline for colorectal cancer screening recommends that average-risk adults aged 45 years begin colorectal screening. In 2021, the United States Preventive Services Task Force lowered the age to begin screening from 50 to 45.