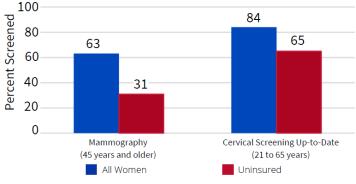
Provide \$462.6 Million for CDC Cancer Programs, Including \$225 Million for the National Breast and Cervical Cancer Early Detection Program in FY23



Breast and Cervical Cancer in the U.S.

- In 2022, an estimated 287,850 women¹ in the U.S. will be diagnosed with invasive breast cancer, and 43,250 will die from the disease.² Additionally, an estimated 14,100 people will be diagnosed with invasive cervical cancer, and 4,280 will die from the disease.²
- Despite the fact that U.S. breast and cervical cancer death rates have been declining for several decades, not all people have benefited equally from the advances in prevention, early detection, and treatments that have helped achieve these lower rates.
- For example, research shows that those who are **uninsured** and underinsured have lower breast and cervical cancer screening rates, resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.³

Breast and Cervical Cancer Screening



*Mammogram within the past year (ages 45-54 years) or past 2 years (ages ≥55 years); Pap Test and/or HPV DNA test as recommended, depending on age.

Source: National Health Interview Survey, 2018

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

The Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC) oversees the **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**. For 30 years the NBCCEDP has decreased disparities in breast and cervical cancer deaths. Through cooperative agreements with states, tribes, and territories, the program provides breast and cervical cancer screenings, diagnostic tests, and treatment referral services to communities that are low-income. The NBCCEDP is the only nationally organized cancer screening program for breast and cervical cancer for people who are underserved in the U.S.

Program Highlights

- Since the program's inception in 1991, NBCCEDP has provided over 15.6 million screening exams to more than 6 million eligible people, detecting over 74,000 invasive breast cancers, over 5,000 invasive cervical cancers, and over 232,000 premalignant cervical lesions.⁴
- In program year 2020 alone, NBCCEDP provided breast cancer screening and diagnostic services to 227,013 eligible people and diagnosed 2,308 invasive breast cancers.⁴ The program also provided cervical cancer screening and diagnostic services to 98,868 eligible people and diagnosed 110 invasive cervical cancers and 5,744 precancerous lesions.⁴

A Successful Delivery Model



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Program Eligibility

People with incomes at or below 250 percent of the federal poverty level (FPL) are eligible for the program at ages 21-64 for individuals with a cervix for cervical cancer screening and women ages 40-64 for breast cancer screening.⁵ **The NBCCEDP is highly effective at detecting and treating breast and cervical cancer in a population that may otherwise not be screened.** The results of not screening in a timely and appropriate fashion can be higher costs and unnecessary suffering and death due to cancers found in later stages.

The Affordable Care Act is helping to improve insurance coverage, raise awareness, and reduce the costs of breast and cervical cancer screenings. However, millions remain underinsured or uninsured and often face structural and economic barriers to lifesaving screenings. Partnerships, an essential component of the NBCCEDP, help address many of the structural and economic barriers low-income people face when it comes to getting screened.



Less than 1 in 10 eligible people received cervical cancer screenings.

> Less than 2 in 10 eligible people received breast cancer screenings.

Need for Adequate Funding for this Lifesaving Program

Due, in part, to funding challenges, the NBCCEDP cannot service all eligible individuals. According to most recent program data, among those eligible for the program, less than 1 in 10 received cervical cancer screenings (2015-2017) and less than 2 in 10 received breast cancer screenings (2016-2017).⁴ Ensuring adequate funding for the NBCCEDP will preserve a critical safety net for those who continue to lack access to lifesaving screening, diagnostic, and treatment services and is an important step toward reducing disparities and advancing health equity in breast and cervical cancer.

Impact of COVID-19 on Breast and Cervical Cancer Screenings and Diagnoses

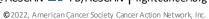
While data are still emerging and the full effect of the COVID-19 pandemic on cancer screenings will not be known for some time, **delays in cancer screening can mean delays in cancer diagnoses and unnecessary loss of life.** As more individuals have become eligible for program services due to steep losses in employment and associated employer-sponsored health insurance as a result of the pandemic, **funding this program is even more essential.**

Thousands count on the National Breast and Cervical Cancer Early Detection Program for lifesaving cancer screenings and diagnostic services.

We urge Congress to provide \$462.6 million for CDC cancer programs, including \$225 million⁶ for the National Breast and Cervical Cancer Early Detection Program for FY23 to ensure access to lifesaving screenings and cancer services.

⁶ Amount does not include the WISEWOMAN heart disease program.

July 2022



¹ Throughout this document *women* refers to individuals assigned female at birth.

² American Cancer Society. Cancer Facts and Figures 2022. Atlanta: American Cancer Society; 2022.

³ American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2021-2022. Atlanta: American Cancer Society; 2021.

⁴ Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program: About the program. Updated February 15, 2022. Accessed July 8, 2022. https://www.cdc.gov/cancer/nbccedo/about.htm.

⁵ Tangka, F., Kenny, K., Miller, J., & Howard, D. H. (2020). The eligibility and reach of the national breast and cervical cancer early detection program after implementation of the affordable care act. Cancer causes & control : CCC, 31(5), 473–489. https://doi.org/10.1007/s10552-020-01286-0