

Investments in Cancer Prevention, Early Detection, Outreach, and Education




Provide at least \$559 million for the Division of Cancer Prevention and Control (DCPC) at the CDC

The Centers for Disease Control and Prevention's (CDC) state-based cancer programs play an indispensable role in the prevention, detection, and treatment of cancer. They save lives. Nearly half of cancer cases can be prevented and the substantial cost of the treatment of advanced disease could be reduced through the use of existing evidence-based prevention and early detection strategies supported by CDC's cancer programs. Early detection of cancer through screening reduces mortality from colorectal (CRC), breast, cervical, and lung cancers. However, access to these potentially lifesaving screenings is not always equitable, creating significant disparities in cancer outcomes. The consequence of such disparities is that cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival decreased. For FY2021, ACS CAN requests funding levels that will enable these proven programs to accomplish even more.

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM: \$275 MILLION

DID YOU KNOW?

Breast cancer was more likely to be found at an earlier stage among White women than among Black women. As a consequence, although Black women and White women get breast cancer at about the same rate, death rates are 40 percent higher for Black women. Additionally, Hispanic women are 40 percent more likely to be diagnosed with cervical cancer, and 20 percent more likely to die from cervical cancer, as compared to White women.

 CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides timely access to breast and cervical cancer screening and diagnostic services to low-income, uninsured, and underinsured women in all 50 states, the District of Columbia, six U.S. territories, and thirteen tribes. NBCCEDP programs use population-based approaches, such as public education, outreach, patient navigation, and care coordination, to reach underserved populations in order to increase screening. Unfortunately, the program reaches only a fraction of NBCCEDP eligible women because of insufficient funding. OVAC's funding request for FY 2021 would allow thousands of additional women to be screened so that any cancer can be found earlier when treatment is more effective and less expensive.

COLORECTAL CANCER CONTROL PROGRAM: \$70 MILLION



Despite strong scientific evidence that colorectal cancer screening is an effective way to reduce colorectal cancer incidence and mortality and to save money, more than one in three adults 50 years and older are not screened as recommended. CDC's Colorectal Cancer Control Program (CRCCP) currently provides funding to 23 states, six universities, and an American Indian tribe. The program supports evidence-based, population-level interventions to increase colorectal cancer screening rates among low-income, uninsured or underinsured men and women aged 50–75 years. Additionally, the program provides screening services to at-risk populations, but only a limited number primarily because of low funding levels for this CDC program. This funding request would support nationwide expansion of the program to all 50 states and expand the use of life-saving, cost-effective screening for all eligible Americans.

NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM: \$50 MILLION



The National Comprehensive Cancer Control Program (NCCCP) has helped to reduce the burden of cancer by creating coalitions of stakeholders in all 50 states, the District of Columbia, seven Pacific Islands/Territories, and eight tribes or tribal organizations willing to share resources and expertise to address the cancer burden in their area, prioritize evidence-based strategies for cancer control, and create and put into action cancer plans to address needs in their communities. CDC works with NCCCP grantees to

focus on six strategic priorities: emphasizing primary prevention of cancer, coordinating early detection and treatment interventions, addressing the public health needs of cancer survivors, implementing policies to sustain cancer control, eliminating disparities to achieve health equity, and evaluating policies and programs to ensure effectiveness. ACS CAN's request will allow the NCCCP to help more states implement their plans. Additional resources would also enhance CCC coalitions' ability to use this evidence base to develop and to implement environmental and systems-level changes aimed at prevention, early detection, increasing access to care, and improving the quality of life of cancer patients and survivors.

NATIONAL PROGRAM OF CANCER REGISTRIES: \$70 MILLION



The National Program of Cancer Registries (NPCR) is the backbone of our nation's cancer prevention and control initiatives. State-based cancer registries are data systems that gather, manage, and analyze data about incidence, stage at diagnosis, and treatment. This information guides planning and evaluation of cancer control programs; helps allocate health resources; contribute to clinical, epidemiologic, and health services research; and respond to citizen concerns over the presence of cancer in their communities. With the requested additional resources, CDC could increase support to state registries to improve capacity for using cancer data to develop and evaluate interventions and would allow the CDC to create a cloud-based system that would record data in real time and to modernize its system of capturing data.

PROSTATE CANCER AWARENESS CAMPAIGN: \$35 MILLION



Prostate cancer strikes one in nine men and is the most common cancer in American men other than skin cancer. More than 191,930 men will be diagnosed with prostate cancer this year alone, and over 33,300 will die from the disease. Continued funding for this program will enhance prostate cancer data in cancer registries, especially information about the stage of disease at the time of diagnosis, quality of care, and the race and ethnicity of men with prostate cancer. This funding also helps ensure men make the most informed decisions possible for their specific circumstances. The need for these resources is stronger than ever as men weigh screening decisions and an increasing number of treatment options, including watchful waiting.

NATIONAL SKIN CANCER PREVENTION EDUCATION PROGRAM: \$5 MILLION



Skin cancer is the most commonly diagnosed cancer in the United States and is largely preventable. OVAC's request will allow the program to educate the public about protecting themselves from ultraviolet radiation and reducing their skin cancer risk.

OVARIAN CANCER CONTROL INITIATIVE: \$12 MILLION



The Ovarian Cancer Initiative partners with academic and medical institutions to spur discovery of techniques that will detect this cancer and develop more successful treatments. This program supports professional awareness of the symptoms and best treatments for ovarian cancer.

GYNECOLOGIC CANCER AND EDUCATION AND AWARENESS (JOHANNA'S LAW): \$15 MILLION



Early detection is a key element to surviving gynecological cancers, but these cancers rarely have early detectable symptoms. The survival rates for the most common gynecologic cancers are over 90 percent when diagnosed early, dropping to 29 percent or less for cancers at late stage (distant) diagnosis. Johanna's Law established this education and awareness campaign to educate providers and to increase women's awareness of the signs, symptoms, and risk factors associated with gynecological cancers.

CANCER SURVIVORSHIP RESOURCE CENTER: \$900,000



Cancer patients are now increasingly likely to survive, with 69 percent of patients living five years or more following their diagnoses. Well over one million new cancer patients are added each year to the 16.9 million survivors alive today. This program supports states, tribal groups, and territories as well as national organizations that address cancer survivorship through comprehensive cancer control initiatives and the development of survivorship activities and materials.