

The Power of Prevention and Control

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year. In 2016, DCPC emphasized preventing cancer, promoting cancer screening and early detection, conducting research and surveillance, and supporting evidence-based programs throughout the year.

Program and Partnership

DCPC works with local and state health departments; national and community level organizations; cancer survivor groups; and many others to improve cancer prevention, early detection, survivorship, and other cancer prevention activities.

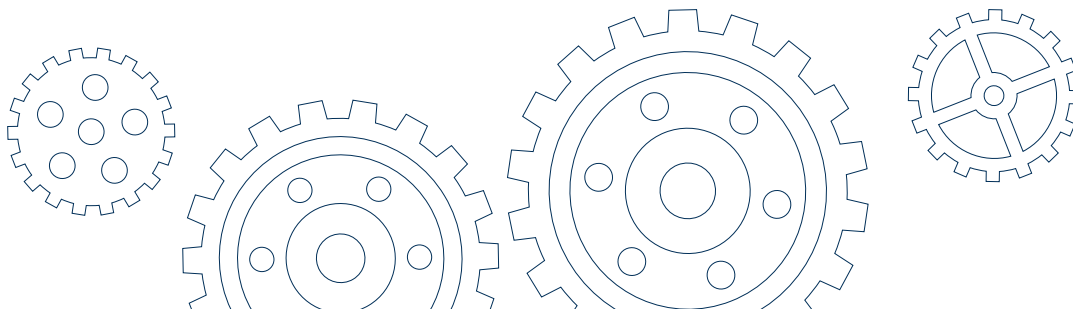
The DCPC-sponsored **American Indian/Alaska Native Cancer Summit** brought together Comprehensive Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, and Colorectal Cancer Control Program grantees and partners to celebrate achievements over the last 10 years and to set the agenda for cancer control over the next decade.

- CDC is collaborating with the **National Colorectal Cancer Roundtable** and the American Cancer Society on achieving the initiative to increase colorectal cancer screening to 80 percent by 2018.
- DCPC, the Comprehensive Cancer Control National Partnership, and the National Center for Immunization and Respiratory Diseases (NCIRD) co-hosted a workshop to help key stakeholders develop action plans for **increasing HPV vaccination coverage** within their states.
- DCPC and the Association of State and Territorial Health Officials supported **Breast Cancer Learning Communities** in 3 states to explore data sources and examine disparities in screening, follow up, and quality of treatment. Data will be used to innovatively address disparities and target interventions.

Shooting for the Moon

In January 2016, the President issued a Presidential Memorandum establishing a White House Cancer Moonshot Task Force, which is charged with enabling progress in the fight against cancer. DCPC's Director, Dr. Lisa Richardson, represented the CDC on the task force and served as co-lead for the work group to Strengthen Prevention and Diagnosis. The work group identified three priority areas: 1. Tobacco Control, 2. HPV vaccination, and 3. Colorectal cancer screening. The task force also featured CDC's work on electronic reporting of clinical cancer data to public health cancer registries.

- CDC (DCPC and NCIRD) and the American Cancer Society co-founded the **National HPV Vaccination Roundtable**, which brings together private, public, and voluntary organizations for the goal of reducing mortality from HPV-associated cancers.
- DCPC is collaborating with 5 states to reduce the burden of **hereditary** breast, ovarian and colorectal cancers. A physician education **CME course has trained over 3,500 doctors** on how to identify individuals at high risk of cancer and refer them to cancer genetic services.
- **30 CRCCP grantees have established partnerships with 118 health systems** composed of 374 clinics and 2,822 providers. The programs are implementing proven interventions to increase colorectal cancer screening rates in health systems among 624,000 patients aged 50-75 served in these health systems.
- DCPC and the New Hampshire Colorectal Cancer Screening Program collaborated to develop a **manual that can help other programs replicate their successful patient navigation model** to increase colonoscopy quality and completion.





Proven Data, Powerful Research

Studies released this year include findings on tobacco-related cancers, the potential impact of the HPV vaccine on cancers in the United States, and prevention of cancer starting before birth, among others.

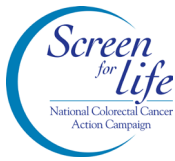
- The **prenatal period and early life** are important in influencing cancer risk later in life. (*Pediatrics*)
- Cancer survivors are twice as likely to report taking **anti-depressant and anti-anxiety medication** compared to those without a history of cancer. (*Journal of Clinical Oncology*)
- More young women are surviving breast cancer, but they encounter **greater medical costs, have lower quality of life, and have lost employment and productivity** compared to young women without breast cancer. (*American Journal of Preventive Medicine*)
- There is **enough clinical capacity** to reach the goal of screening 80% of those between the ages of 50 and 75 for colorectal cancer. (*Cancer*)
- Proven interventions can **improve colorectal cancer screening** in underserved minority groups who are more likely to be unscreened. (*MMWR Supplement*)



Annual Report to the Nation

2016's *Annual Report to the Nation on the Status of Cancer* showed that incidence and deaths from the most common cancers went down. However, some cancers are showing increases in incidence and death rates, including liver cancer, the special focus of the report.

Promotion: By the Numbers



329 million
audience impressions

890,000
website visits



50 million
audience impressions

132,000 website visits;
540,000 social media
engagements



1.1 billion
audience impressions

nearly 4 million
website visits

Men and Skin Cancer Awareness Pilot Project

48 million
audience impressions

100,000 visits to CDC
skin cancer page for
men

Vital Signs

The **November issue of CDC's Vital Signs** highlighted the many cancers throughout the body that are caused by **tobacco use**. It showed the progress that has been made in avoiding cancer deaths when people quit tobacco use, and described what states and communities can do to continue to lower rates of tobacco use, saving more lives.

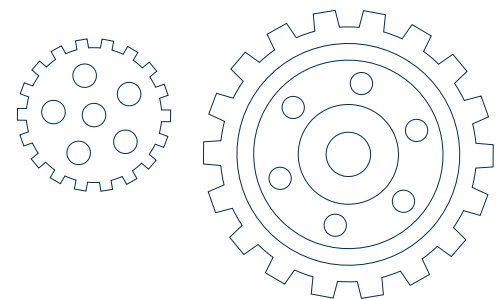
Social Media Metrics:

@CDC_cancer Twitter account: More than 93,000 followers (more than 1,000 new followers a month); 416 million impressions. Facebook: CDC Breast Cancer: 16,252 followers; 7,179 total engagements

CDC funds 65 Comprehensive Cancer Control Programs (US states, DC, tribes, and territories) to:



SOURCE: CDC Vital Signs, November, 2016



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention