Preventing Chronic Diseases: Investing Wisely in Health

Screening to Prevent Cancer Deaths

CDC Chronic Disease Prevention

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Reality

Cancer is the second leading cause of death in America, exceeded only by heart disease. Every year cancer claims the lives of more than a half million people. Many cancer deaths could be avoided if more people were screened for cancer.

Screening for colorectal, breast, and cervical cancers can reduce illness and death through early detection of cancers and precancers. Yet many adults are not getting regular life-saving screenings as recommended. According to CDC's National Center for Health Statistics, colorectal, breast, and cervical cancers accounted for nearly one fifth of all U.S. cancer deaths in 2001.

Cancer Facts, United States, 2004*

Colorectal

Deaths: 26,881 men; 26,699 women
Diagnosed: 73,997 men; 71,086 women

- 3rd most common cancer and 2nd leading cause of cancer deaths (of cancers that affect both men and women)
- Primary risk factor: Age; 90% of new cancer cases diagnosed in adults over 50

Breast

Deaths: 40,954 women
Diagnosed: 186,772 women

- 2nd leading cause of cancer death among women, exceeded only by lung cancer
- Primary risk factor: Age; 77% of breast cancer diagnosed in women over 50

Cervical

Deaths: 3,850 women
Diagnosed: 11,892 women

* The most recent year for which statistics are available.

The Cost of Cancer

According to the National Institutes of Health, cancer cost the U.S. an estimated $219 billion in 2007, including $130 billion for lost productivity and $89 billion in direct medical costs. Each year:

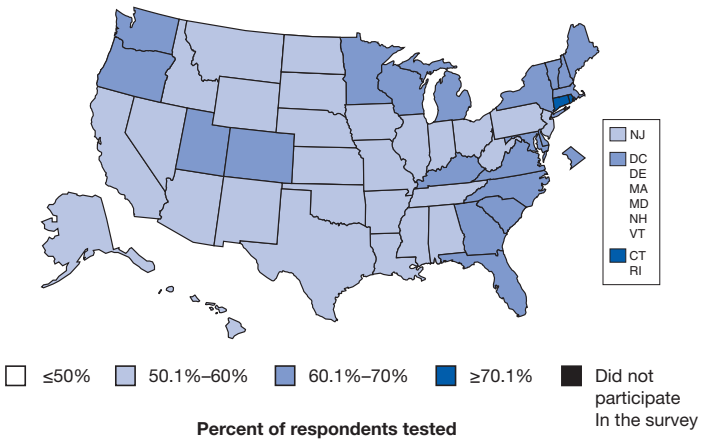
- Colorectal cancer treatment costs about $8.4 billion.
- Breast cancer treatment costs nearly $7 billion.
- Cervical cancer treatment costs about $160 million.

Cancer Screening Saves Lives

Early detection could substantially reduce the billions of dollars spent on cancer treatment each year. Not only does cancer screening save lives by detecting breast, cervical, and colorectal cancers early; it also is the first step in preventing many colorectal and cervical cancers from ever developing:

- Routine screening can reduce the number of people who die from colorectal cancer by at least 60%.
- A mammogram performed every 1–2 years for women aged 40 years and over can reduce mortality by approximately 20%–25% during a 10-year period.
- Pap tests can detect precancerous lesions so they can be treated before cervical cancer develops. Researchers in many countries found that rates of cervical cancer death dropped by 20%–60% after screening programs began.

Percentage of Adults Aged 50 Years or Older who Reported Receiving a Fecal Occult Blood Test Within the Past Year and/or a Lower Endoscopy in the Preceeding 10 Years, by State, 2006



Source: CDC. Behavioral Risk Factor Surveillance System, 2006.

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State Program in Action:

State and Tribal Programs Collaborating for Greater Success

In **South Dakota**, two National Breast and Cervical Cancer Early Detection Program-funded programs—Cheyenne River Sioux Tribal Project and *All Women Count!*—are collaborating to better serve the population of American Indian women in their state.

The state's *All Women Count!* program serves as the portal for women in both programs to access Medicaid through the Medicaid Treatment Act. The Sioux Tribal Project assists in resolving issues that affect Native American women served by *All Women Count!* They hold joint meetings, provide technical assistance between programs, participate in coalitions, and share resources. The programs are developing health messages and materials to more effectively reach this underserved population.

Colorectal Cancer Screening Demonstration Program

Five Sites Explore Strategies for Screening Underserved Populations

Fewer people are screened for colorectal cancer than for other types of cancer. In fact in 2006, only 61% of adults in the United States who are recommended to be screened for colorectal cancer were screened; those without health insurance were least likely to be screened.

To determine the effectiveness of a national screening program for underserved people, CDC established a 3-year colorectal cancer screening demonstration program at five sites:

- Baltimore City Colon Cancer Screening Program (Maryland Department of Health and Mental Hygiene)
- Missouri Screen for Life (Missouri Department of Health and Senior Services)
- Nebraska Colon Cancer Screening Program (Nebraska Department of Health and Human Services)
- Project SCOPE (Stony Brook University Medical Center/SUNY, New York)
- Washington Colon Health Program (Public Health, Seattle and King County, Seattle, Washington)

Each site screens low-income men and women who have inadequate or no health insurance coverage for colorectal cancer screening. The program sites also provide diagnostic follow-up, conduct public education and outreach, and evaluate program effectiveness.

For more information and references supporting these facts, please visit www.cdc.gov/nccdphp.

Cancer Screening: A Good Investment

Health economists generally agree that an intervention is cost effective if it can save 1 year of life for less than $50,000. Screening for colorectal, breast, and cervical cancers is indisputably cost effective:

- Screening for colorectal cancer extends life at a cost of $11,890 to $29,725 per year of life saved.
- A mammogram every 2 years extends life for women aged 65 or older at a cost of about $36,924 per year of life saved.
- Pap screening every 3 years extends life at a cost of about $5,392 per year of life saved.

Effective Strategies

More than 3.2 million low-income women have been screened for cancer through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program gives underserved women increased access to screening services so that cancer can be detected early. It also helps women with cancer diagnoses receive needed treatment. Currently all 50 states, 5 U.S. territories, the District of Columbia, and 12 American Indian/Alaska Native organizations participate in the program. The NBCCEDP continues to establish, expand, and improve community-based screening and diagnostic services.

The *Screen for Life: National Colorectal Cancer Action Campaign* launched in 1999, encourages men and women aged 50 years or older to be screened regularly for colorectal cancer. Campaign partners include 50 state health departments, two tribes and tribal organizations, and the District of Columbia. All of the partners use localized versions of the *Screen for Life* public service announcements and participate in community projects that use the campaign materials.

Hope for the Future

Many American adults are alive and healthy today because they were screened for cancer, and every year more people are being screened.

Strong scientific evidence shows that regular colorectal cancer screening beginning at age 50 reduces incidence and mortality from colorectal cancer. Colorectal cancer screening can find precancerous polyps so they can be removed and prevent cancer from developing. Screening also can detect colorectal cancer at an early stage when treatment can be most effective. According to the U.S. Preventive Services Task Force (USPSTF), regular screening for colorectal cancer can reduce deaths by as much as 60%.

Deaths from breast and cervical cancers occur disproportionately among women who are uninsured or underinsured. Mammography and Pap tests are underused by women who have no source or no regular source of health care, women without health insurance, and women who immigrated to the United States within the past 10 years. CDC's hope, in alignment with *Healthy People 2010* goals, is to increase enrollment of these women in preventive screening programs.