Colorectal Cancer Mortality Projections

Modeling the impact of cancer control efforts on U.S. cancer mortality http://cisnet.cancer.gov/projections/colorectal

This Web site is designed to inform cancer control planning and public policy decision-making about reducing colorectal cancer mortality.

The National Cancer Institute's Cancer Intervention Surveillance Network (CISNET) developed this Web site to



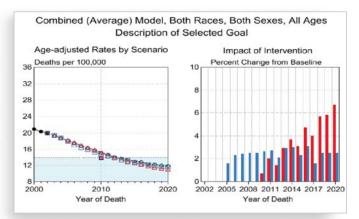
assist policy makers in evaluating the impact of alternative cancer control strategies (e.g., risk factor reduction, increased early detection, increased access to optimal treatment) on future colorectal cancer mortality rates.

A Modeling Tool for Policy Makers

Intended for policy, legislative, and cancer control planning staff at the federal, state, and local level, as well as advocacy and professional groups, the site provides a modeling tool that projects future trends in colorectal cancer mortality and evaluates how policy options—proposed to increase cancer prevention, cancer screening, and access to state-of-the-science cancer treatment—may affect future mortality trends.

Features of the Web Site

- Interactive graphs Explore the impact of program/policy decisions on colorectal cancer mortality projections through the interactive graphing tools.
- Key Findings Locate quick answers to important policy and program planning questions about how to reduce colorectal cancer mortality.
- Healthy People 2010 Goals –
 Review descriptions of and links to the Healthy
 People 2010 goals relevant to colorectal cancer.



How can I use these Data?

These mathematical models enable policy makers to answer "what if" questions about future cancer trends. The models utilize the best available data about U.S. population trends in risk factors and their associated level of risk, as well as trends in the usage of different screening and treatment modalities and their associated benefit. These trends in risk factors, screening, and treatment are then projected to estimate future trends in colorectal cancer mortality.









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