

# National Comprehensive Cancer Control Program

# Facts

FROM THE DIVISION OF CANCER PREVENTION AND CONTROL

2008 / 2009

The Centers for Disease Control and Prevention (CDC) supports Comprehensive Cancer Control (CCC), an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation. These efforts encourage healthy lifestyles, promote recommended cancer screening guidelines and tests, increase access to quality cancer care, and improve quality of life for cancer survivors.

In 1998, CDC established the National Comprehensive Cancer Control Program (NCCCP), which provided seed money and technical support for the development and implementation of CCC plans. Today, CDC funds CCC programs in all 50 states, the District of Columbia, 7 tribes and tribal organizations, and 7 U.S. territories.



## The Burden of Cancer

Cancer is the second leading cause of death in the United States and it is the leading cause of death among persons under 75 years of age.<sup>1</sup> In 2005, 559,303 people—more than 1,500 people a day—died of cancer in this country, according to the *U.S. Cancer Statistics: 1999–2005 Incidence and Mortality Web Based Report*. That same year, 1,340,713 people were diagnosed with cancer in the United States.\*<sup>2</sup>

In addition to its devastating personal impact, cancer cost the country an estimated \$219 billion in 2007, including nearly \$130 billion for lost productivity and \$89 billion in direct medical costs.<sup>3</sup>

\* Incidence counts cover approximately 96% of the U.S. population. Death counts cover 100% of the U.S. population. Use caution in comparing incidence and death counts.

## Early Detection

Routine screening can reduce the number of deaths from colorectal cancer by 60% or more.<sup>4</sup>

For women aged 40 years or older, a mammogram every 1–2 years can reduce the risk of dying of breast cancer by approximately 20%–25% during a period of 10 years.<sup>5</sup>

Pap tests can find abnormal changes in cells on the cervix before these cells turn into cancer. Researchers in many countries have found that rates of cervical cancer death dropped by 20%–60% after screening programs began.<sup>6</sup>

## The National Partnership for Comprehensive Cancer Control

To help coordinate CCC efforts taking place at the national, state, local, tribal, and territorial levels, CDC works with many organizations, including:

- American Cancer Society.
- American College of Surgeons, Commission on Cancer.
- C-Change.
- Intercultural Cancer Council.
- Lance Armstrong Foundation.

- National Association of Chronic Disease Directors.
- National Association of County and City Health Officials.
- National Cancer Institute.
- North American Association of Central Cancer Registries.

Since 2000, this National Partnership for Comprehensive Cancer Control has

- Sponsored a series of two-day seminars called CCC Leadership Institutes, designed to help cancer control leaders complete CCC plans and implement specific strategies in the plans.
- Conducted Planning Assistance Team visits, which offer targeted assistance to specific states, tribes, and territories that are experiencing unique challenges in their CCC efforts.
- Maintained Cancer Control P.L.A.N.E.T. (<http://cancercontrolplanet.cancer.gov>), a web portal that provides tools for CCC planners, including state cancer profiles and links to all CCC plans.
- Launched a website ([www.cancerplan.org](http://www.cancerplan.org)) designed to provide cancer control planners with practical information and resources, including the ability to connect with one another.

## Accomplishments

Since 1998, the number of programs participating in the NCCCP has increased from 6 to 65. Ninety-nine percent of the 65 CCC programs are in various stages of implementation.

Effective strategies for reducing cancer deaths and the number of new cases of cancer include ensuring that evidence-based screening tests and treatments are available and accessible, and reducing behavioral and environmental risk factors. Examples of CCC programs in action include:

### Colorado: Risk Reduction

Under the banner of “Citizens for a Healthier Colorado,” voluntary health organizations, tobacco control advocacy organizations, and statewide chronic disease coalitions, including the Colorado Cancer Coalition, advocated for an increase in tobacco excise taxes. These taxes would allocate 16% of new revenues for the prevention, early detection, and treatment of cancer, heart disease, and pulmonary



diseases and 16% for tobacco prevention. Armed with the Colorado Cancer Plan, a broadly supported strategic action plan based on sound data, the coalition member organizations successfully garnered public support for Amendment 35 and its cancer-related provisions.

Since 2005, nearly \$45 million has been distributed to support statewide and local efforts to prevent, detect, and treat cancer, heart disease, pulmonary disease, and related risk factors through a competitive grants program. An additional \$90 million was distributed to local health agencies and nonprofit organizations for tobacco use prevention and cessation, eliminating exposure to secondhand smoke, and reducing health disparities resulting from tobacco use.

Cancer programs, including colorectal cancer screening, skin cancer education, genetics counseling and screening, patient navigation programs, prostate cancer education, and development of a health disparities action team, have received funding.

### Maine: Early Detection

Recognizing the need for a dramatic impact on the cancer burden, the Maine Cancer Consortium, Maine’s statewide comprehensive cancer control partnership, has updated its Cancer Plan to reflect emerging needs and new issues in cancer prevention, detection, and care.

The 2006–2010 Maine Comprehensive Cancer Control Plan includes objectives and strategies to address colorectal cancer specifically. Achievements include

- Implementing a colorectal cancer social marketing campaign to increase awareness about the benefits of colorectal cancer screening in residents aged 50 years and older. In 2005 and 2006, two television commercials led to 15,129,886 viewer impressions.
- Developing and disseminating a Colon Cancer Community Action Kit to more than 60 community coalitions.
- Awarding seven community mini-grants to increase colon cancer screening awareness.

Maine also secured a visit to two communities from the Colossal Colon (a nonprofit organization dedicated to colorectal cancer education) in 2007 to continue raising awareness of colorectal cancer in those communities.

### **North Carolina: Building Partnerships**

The North Carolina Comprehensive Cancer Control Program (NC CCCP) convened the first-recorded meeting of the North Carolina (NC) American College of Surgeons Commission on Cancer hospitals in October 2007, entitled “Working Together to Reduce the Burden of Cancer for all North Carolinians.” Sixty-four individuals, representing 27 of the 38 hospitals, attended. As a direct result of that meeting, the NC CCCP sponsored the organization of the NC Cancer Centers’ Collaborative. The Collaborative will serve as the umbrella organization and assist the NC CCCP in developing the NC Cancer Patient Navigators’ Association. The NC CCCP Program Director continues to invite the participation of representatives from the remaining hospitals and to work with the Collaborative to create a steering committee. A statewide survey to assess patient navigation services also was conducted.

### **Cherokee Nation: Addressing Health Disparities**

Cherokee Nation was the first tribal nation to develop a CCC Plan for its population (published in 2006). The goal of this data-driven, systematic CCC Plan is to address cancer priorities and sites to reduce the cancer burden in Cherokee Nation. In October 2006, Cherokee Nation successfully convened the first Cherokee Nation Cancer Summit to promote the Cherokee Nation CCC Plan and its implementation, and increase awareness about cancer disparities among the community and its leaders, health professionals, and other entities interested in eliminating cancer disparities in Cherokee Nation. Participants were diverse representatives from the state and region, including key Cherokee Nation and state partners, cancer survivors, researchers, health care providers, legislators, and tribes.

The release of the Cherokee Nation CCC plan at the summit greatly increased credibility and awareness of the Cherokee Nation CCC Plan, its goals, and cancer disparities in Cherokee Nation. As a result of the summit,

- Partnership with the University of Oklahoma (OU) was greatly enhanced, with Cherokee Nation entering into a \$1.5 million Memorandum of Understanding with OU-Tulsa for chronic disease care, including cancer care.
- Cherokee Nation is working with the Oklahoma Society of Clinical Oncologists on an initiative to facilitate access to clinical trials in Oklahoma and surrounding states. The Cherokee Nation website will serve as the central site for information on this initiative.

Overall, the summit helped meet Cherokee Nation Government Performance Results Act goals by raising awareness among providers about cancer screening, with a focus on colorectal cancer and disparities in Cherokee Nation.

### **Ongoing Work**

During fiscal year 2008–2009, CDC will continue to:

- Provide seed money to help initiate and enhance CCC programs.
- Offer ongoing technical assistance to programs that are developing and implementing CCC plans, including how to identify and measure CCC accomplishments.
- Support partnerships that strengthen cancer control at the national, state, and local levels.
- Broaden awareness of the CCC concept and its benefits.
- Collectively, these activities will improve the health of people in every stage of life—one of CDC’s primary health protection goals.

These and other public health efforts address the U.S. Department of Health and Human Services’ Healthy People 2010 goals of reducing the overall cancer death rate to 159.9 deaths per 100,000 people, and increasing the proportion of health care providers who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.

### **Future Directions**

CDC plans to conduct research and surveillance activities that will develop and evaluate comprehensive approaches to cancer prevention and control. Results will guide interventions designed to address cross-cutting issues (such as health disparities and survivorship) at state, tribal, and territorial levels.

Projects planned or already underway will:

- Evaluate components of state cancer plans and report on selected topics and issues covered by the plans.
- Evaluate national CCC outcomes.
- Develop specific program performance measures that reflect the outcomes being achieved through CCC.

- Assist states in determining the costs of implementing their cancer plans, and defining strategies to obtain necessary resources.
- Conduct research to determine successful implementation strategies for CCC.

More information about CCC and NCCCP is available at [www.cdc.gov/cancer/ncccp/](http://www.cdc.gov/cancer/ncccp/).

## References

1. Kung H-C, Hoyert DL, Xu J, Murphy SL. Deaths: Final data for 2005. *National Vital Statistics Reports* 2008; 56(10). Available at [www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf).
2. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2005 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2009. Available at: <http://www.cdc.gov/uscs>.
3. American Cancer Society. *Cancer Facts and Figures 2008*. Atlanta, GA: American Cancer Society; 2008.
4. National Heart, Lung and Blood Institute. *Fact Book Fiscal Year 2006*. Bethesda, MD: National Heart, Lung and Blood Institute; 2007.
5. U.S. Preventive Services Task Force. *Screening for Colorectal Cancer. Recommendations and Rationale*. Rockville, MD: Agency for Healthcare Research and Quality; 2002. Available at [www.ahrq.gov/clinic/uspstf/uspcolo.htm](http://www.ahrq.gov/clinic/uspstf/uspcolo.htm).
6. U.S. Preventive Services Task Force. *Screening for Breast Cancer. Recommendations and Rationale*. Rockville, MD: Agency for Healthcare Research and Quality; 2002. Available at [www.ahrq.gov/clinic/uspstf/uspbrca.htm](http://www.ahrq.gov/clinic/uspstf/uspbrca.htm).
7. U.S. Preventive Services Task Force. *Screening for Cervical Cancer. Recommendations and Rationale*. Rockville, MD: Agency for Healthcare Research and Quality; 2003. Available at [www.ahrq.gov/clinic/uspstf/uspscerv.htm](http://www.ahrq.gov/clinic/uspstf/uspscerv.htm).

## Contact Information

### Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control

Mail Stop K-64  
4770 Buford Highway, NE  
Atlanta, GA 30341-3717

1 (800) CDC-INFO ■ Fax (770) 488-4760  
CDCINFO@cdc.gov ■ [www.cdc.gov/cancer](http://www.cdc.gov/cancer)