

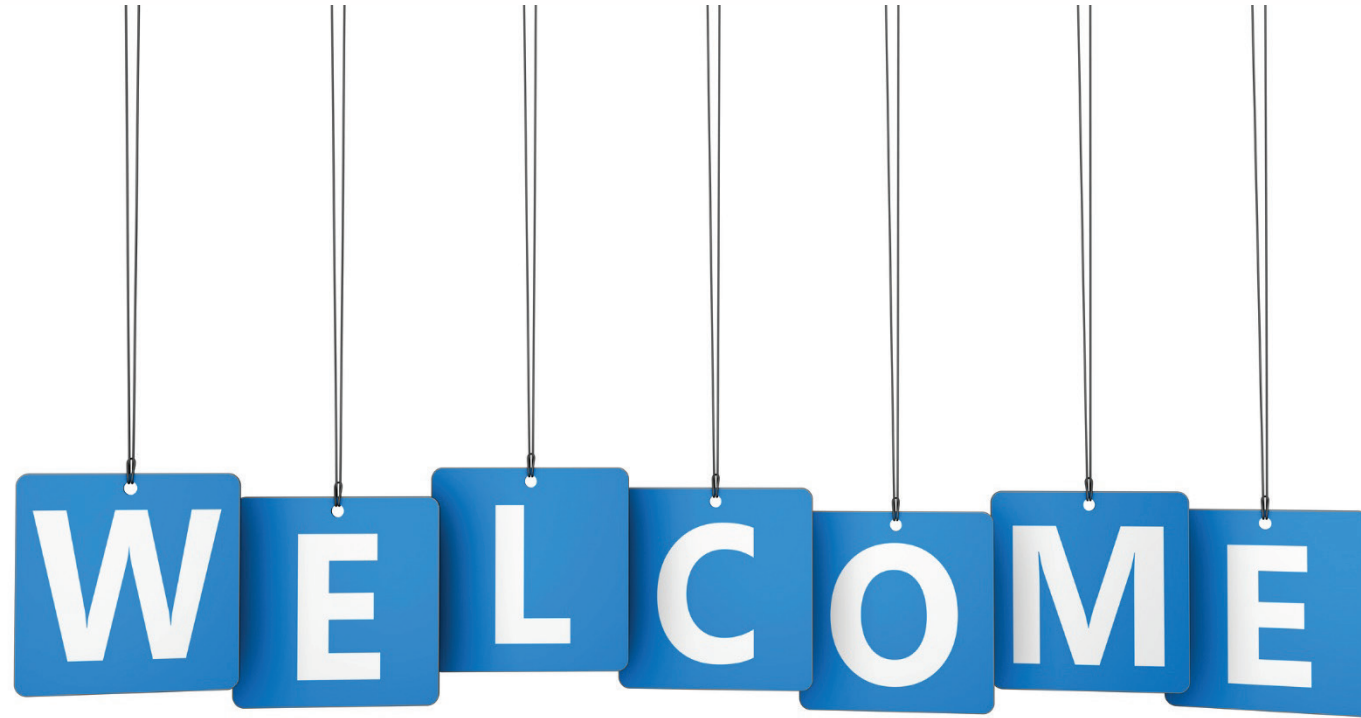


CDC's Role in Cancer Control

Lisa C. Richardson, MD, MPH
Director, Division of Cancer Prevention and Control, CDC

Advisory Committee on
Breast Cancer in Young Women
August 23, 2022





**Thank You for Your
Service**

All People Free of Cancer

Aspirations

PREVENTION

Eliminate preventable cancers



SCREENING

All people get the right screening at the right time for the best outcome



CANCER SURVIVORS

Cancer Survivors live longer, healthier lives



Strategic Priorities

Reduce risk of cancer

Scale best practices to increase screening outcomes

Improve health and wellbeing for cancer survivors

Guiding Principles

Equity

Begin with the End in Mind

Collaboration

Targeted Communications

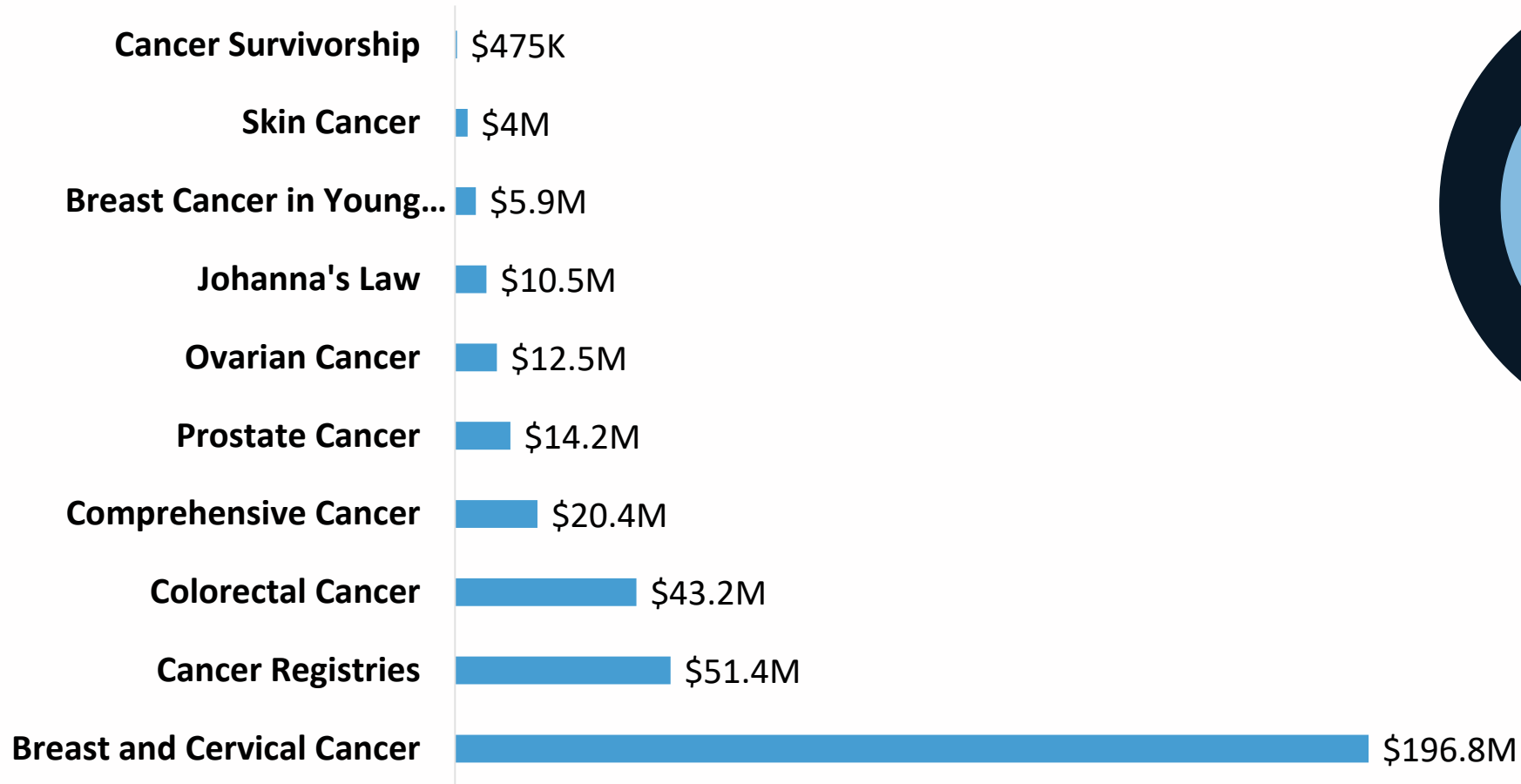
Strengths

Data

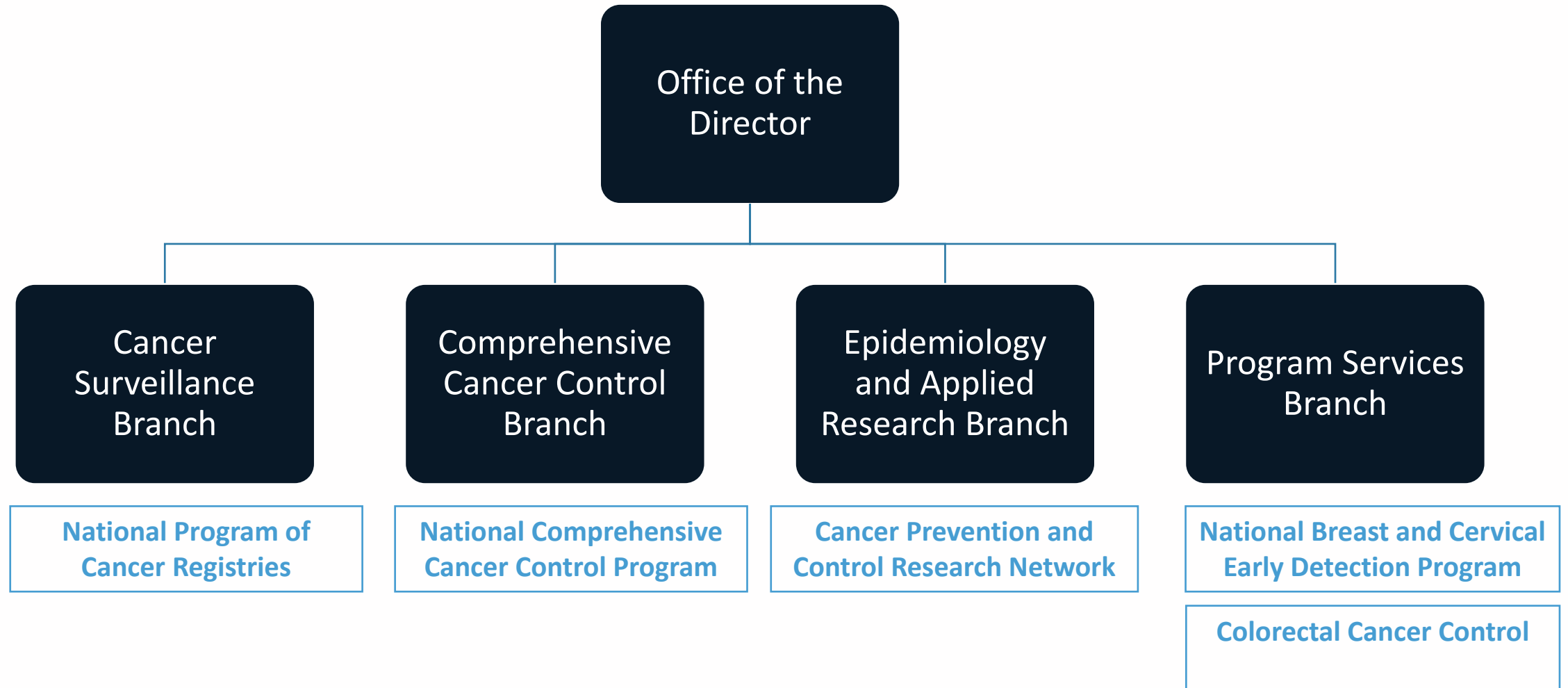
Translation & Evaluation

Partnership

2022 Appropriations

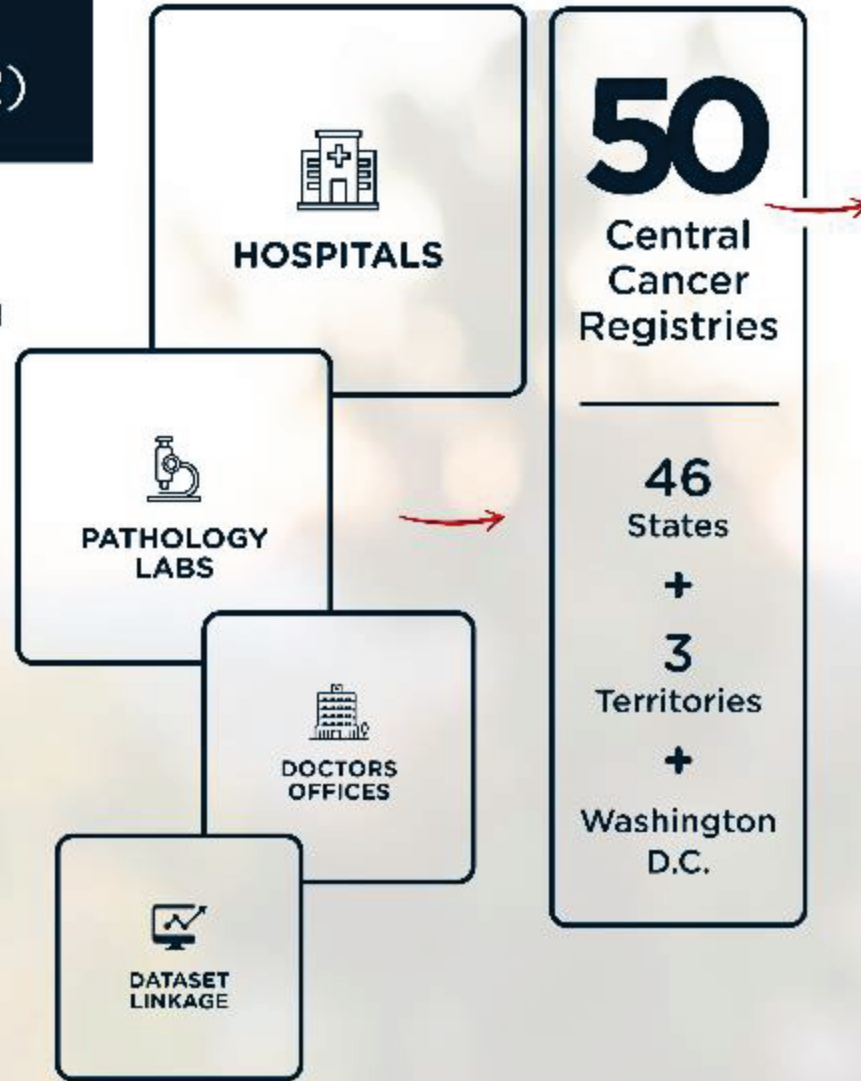


Division of Cancer Prevention and Control (DCPC)



National Program of Cancer Registries (NPCR)

- Coordinates collection, verification and reporting of important information on all reportable cancer cases.
- Helps identify better ways to prevent, treat and control cancer.



- Data Visualization Tool
- State Cancer Plans
- Public Use Dataset
- Reports & Research

Over 1.7 million new cases & nearly 600,000 deaths annually.



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

Measuring Progress. Targeting Action.

Comprehensive Cancer Control

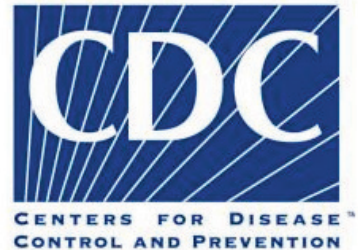
Collaborating to Conquer Cancer

Coalitions in all **50** states, **7** U.S. territories and **8** tribes focused on:

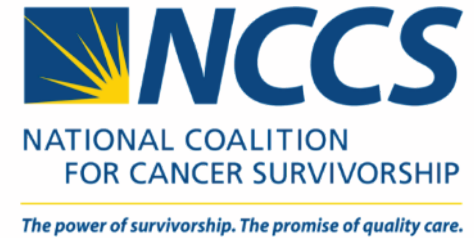
- Primary Prevention
- Early Detection
- Survivor Health and Well-being
- Policy Systems and Environmental Change
- Health Equity
- Evaluation and Outcomes



Comprehensive Cancer Control National Partnership



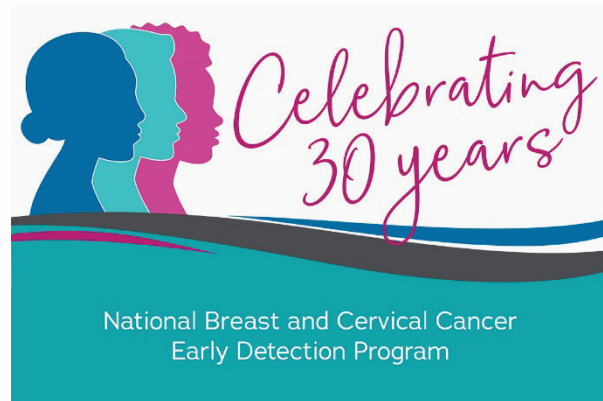
acscan.org



Improving Access to Quality Care

National Breast and Cervical Early Detection Program (NBCCEDP)

- **>30** years of service
- **6.0** million women served
- **15.6** million breast and cervical cancer screening examinations provided



October 2021 Minimum Data Elements submission
cdc.gov/cancer/dcpc/about/programs.htm

Colorectal Cancer Control Program (CRCCP)

- **264** health systems and **836** clinics
- **1,302,806** ages 50-75 served
- Average **13** percent point screening rate increase for clinics completing the program



Clinic data submission, March 2021 (Includes all clinics recruited in DP15-1502, Program Years 1-5)

Cancer Risk and Family History

Having a family history of certain cancers can increase one's own cancer risk

	At least 1 First Degree Relative		At least 2 First Degree Relatives	
	Relative Risk (95% CI) ¹	Population Estimate ²	Relative Risk (95% CI) ¹	Population Estimate ²
Breast Cancer	1.8 (1.7 , 1.9)	8.2%	3.0 (2.5, 3.7)	0.7%
Colorectal Cancer	2.2 (2.1, 2.4)	4.6%	4.0 (2.6, 6.1)	0.4%

Sources:

1. Valdez R, et al. (2010) Family history in Public Health Practice: A Genomic Tool for Disease Prevention and Health Promotion. *Annu. Rev. Public Health*. 31:69-87
2. Kumerow M, et al. (2022) Prevalence of Americans Reporting a family history of cancer indicative of increased cancer risks: Estimates from the 2015 National Health Interview Survey. *Preventive Medicine*. 159: 107062

Facing Poor Outcomes

Individuals with a family history of cancer or who carry these pathogenic variants may be at increased risk for adverse health outcomes:

- Cancers diagnosed at younger ages
- Diagnosed at later stages
- More aggressive or difficult to treat
- Increased risk for additional primary cancers

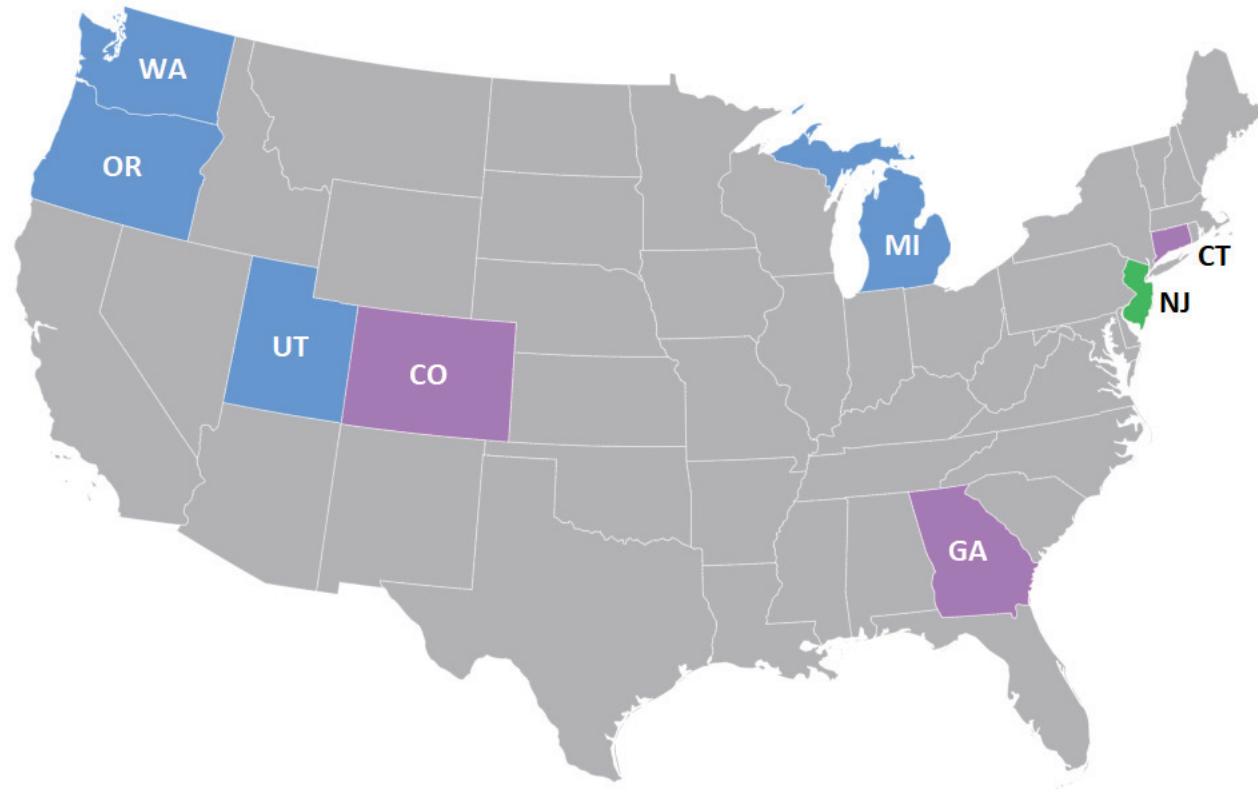


CDC's Cancer Genomics Program

Addressing the burden of Hereditary Breast and Ovarian Cancer syndrome (HBOC) and Lynch syndrome (LS)

Programs focused on:

- Surveillance
- Public education
- Provider education
- Policy and systems change



Source: CDC, [Cancer Genomics Program](#)

Genomics Surveillance

- Analysis of data from state cancer registries, BRFSS, and other sources have led to:
 - Expansion of data collection systems to include genomic fields
 - Targeted public education efforts
 - Provider education with local context and burden estimates
 - Informing policy and systems change with health system level data

[Collaborating with Central Cancer Registries for Public Health Genomics \(cdc.gov\)](https://www.cdc.gov)

Collaborating with
Central Cancer Registries for Public Health Genomics

Central cancer registries make up a comprehensive national network of population-based cancer surveillance to monitor cancer cases at local, state, and national levels. These registries provide complete, timely, and quality cancer data that can be used to plan, implement, and evaluate cancer prevention and control programs. Cancer registries can be used to identify populations that would benefit from enhanced cancer screening and outreach efforts. This guide provides examples of how state health departments have collaborated with cancer registries to inform and implement activities in [cancer genomics](#) to meet the special needs of people at risk of hereditary cancers.

BACKGROUND

CDC's Cancer Genomics Program has funded several state health departments to implement education, surveillance, and policy and systems change activities addressing Hereditary Breast and Ovarian Cancer syndrome (HBOC) and Lynch syndrome (LS). Cancer registries have been critical partners for implementing activities in cancer genomics. The Cancer Registries Amendment Act requires health care facilities and practitioners to report newly diagnosed cancer cases to cancer registries supported by CDC's National Program of Cancer Registries (NPCR) and/or the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. While some data are required by these programs, individual registries can collect additional data to meet priorities and interests unique to their state.


In this guide, we describe approaches for collaboration with cancer registries and provide examples of how funded recipients have implemented them and lessons learned. Each approach highlights **potential resources required, challenges, and outputs or outcomes** from implementing that specific activity.

ANALYSIS OF CANCER REGISTRY DATA

Resources	Challenges	Outputs/Outcomes
<ul style="list-style-type: none">• Costs for data access• Staff time• Data use agreement and other registry requirements	<ul style="list-style-type: none">• Barriers to accessing data• Wait time for accessing data	<ul style="list-style-type: none">• Estimated incidence and burden of hereditary cancers• Data for program planning

Analyzing cancer registry data can help states estimate the incidence and burden of cancers, including those that may increase risk of carrying a pathogenic mutation. State health departments can develop criteria to query their registry data using national recommendations, such as those outlined by the [United States Preventive Services Task Force \(USPSTF\)](#) and the [National Comprehensive Cancer Network \(NCCN\)](#). These guidelines provide personal and family history criteria that can help states estimate the number of newly diagnosed cancer patients who may be at increased risk for carrying a pathogenic genetic mutation and may have benefitted from genetic counseling and testing as part of their diagnostic process. Findings can be used in health education materials, for policy and systems change activities, or to tailor activities to the needs of each state.

The resources needed to analyze cancer registry data may depend on states' policies for access to and analysis of data. Some cancer registries charge fees for data access and analysis, require data use agreements, or have other requirements (for example, the submission and approval of data analysis plans). Some have specific requirements for accessing, using, and presenting cancer registry data. For example, cancer registries may have policies based on level of geography, suppression of small cell sizes, stratification by key variables such as race or ethnicity, and presentation of results.

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

CS12499-A

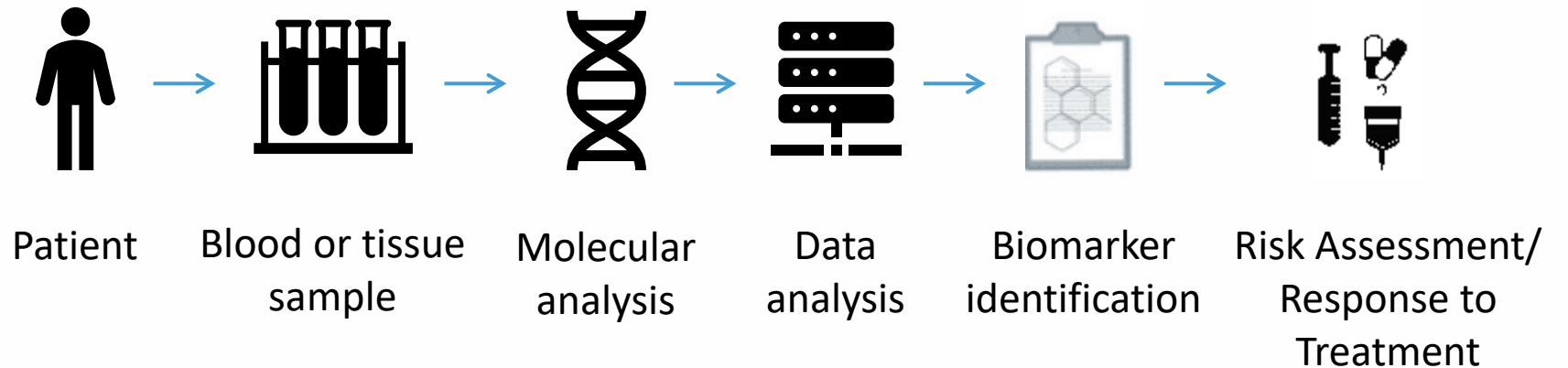
Celebrating 30 Years of Cancer Registration at CDC



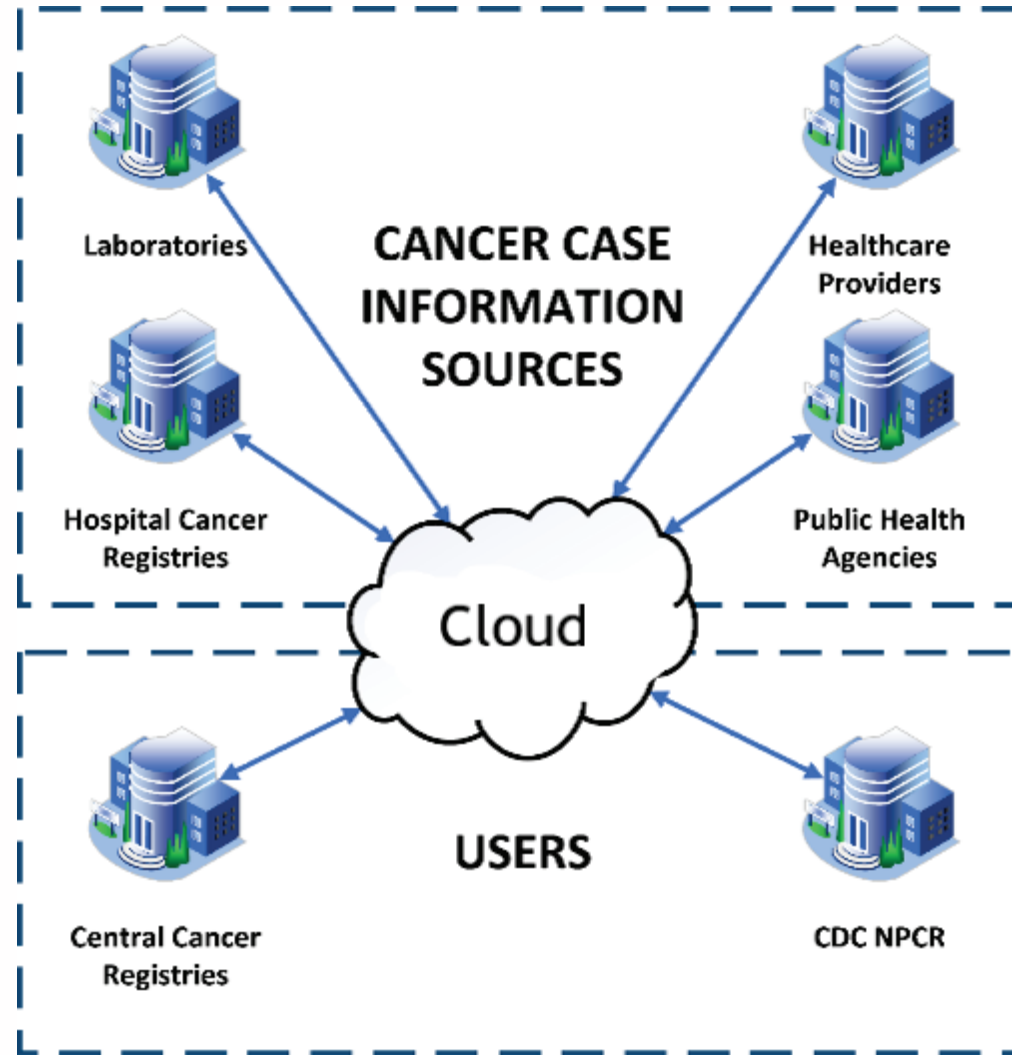
Cancer Data Driving Action

Collection of Cancer Biomarkers

Enable Clinicians to Predict Long-Term Outcomes



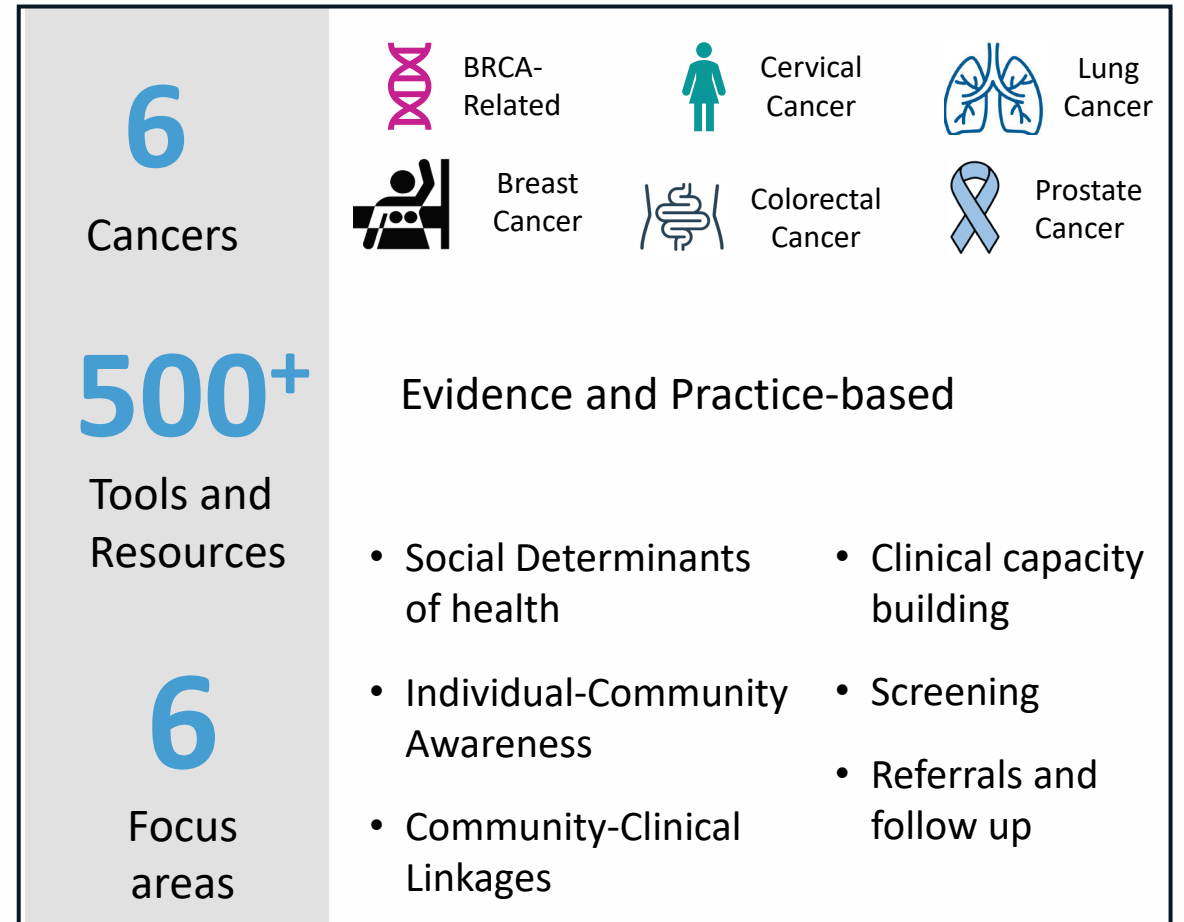
Cancer Surveillance Vision



Cancer Screening Change Package

Comprehensive tools and resources to improve:

- Awareness
- Access
- Community-clinical linkages
- Screening use



Support and Resources for Providers and Survivors



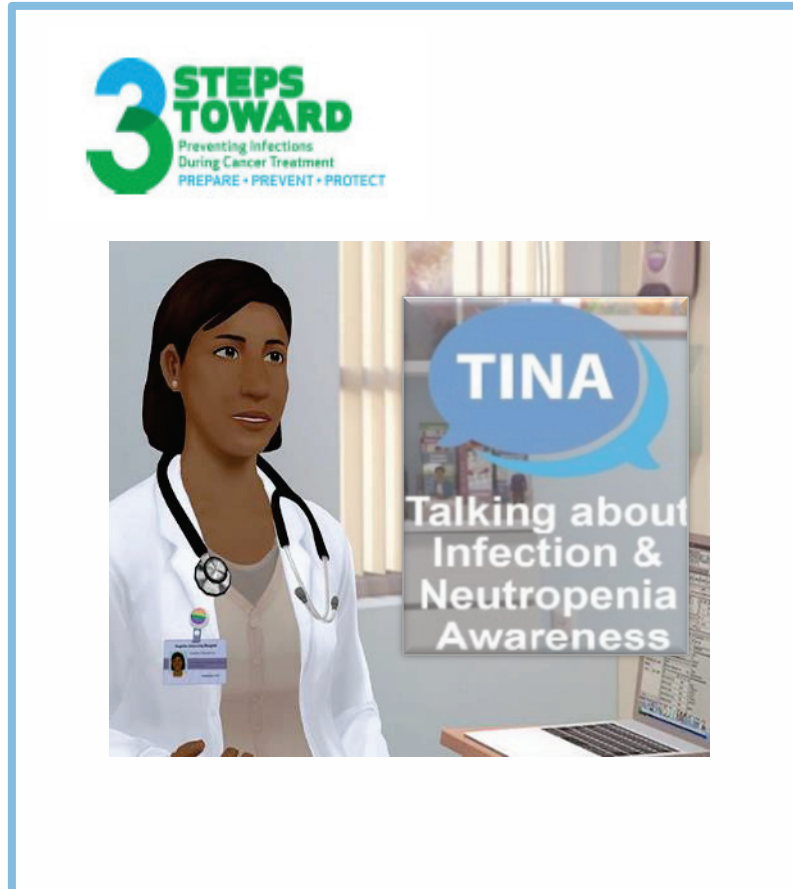
Talk to Someone ANXIETY & DISTRESS

Talk to Someone TOBACCO

Talk to Someone PHYSICAL ACTIVITY & NUTRITION

Talk to Someone ALCOHOL

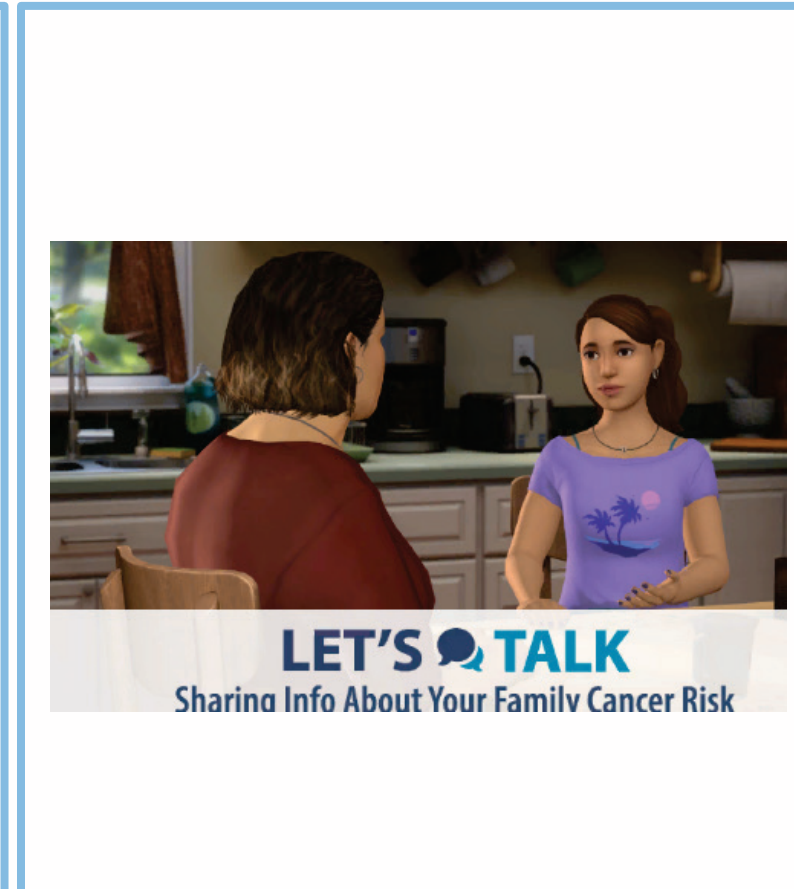
Creating Healthy Habits for Breast Cancer Recovery



3 STEPS TOWARD
Preventing Infections During Cancer Treatment
PREPARE • PREVENT • PROTECT

TINA
Talking about Infection & Neutropenia Awareness

Reducing Infection Risk During Chemo



LET'S TALK
Sharina Info About Your Family Cancer Risk

Understanding Your Family Health History and Risks

Working With Communities to Address Disparities Across the Cancer Continuum

CDC NOFO DP-21 003 - *Reducing Inequities in Cancer Outcomes through Community-Based Interventions on Social Determinants of Health*

Primary Prevention

- Authentic community engagement
- Addressing social norms around smoking
- Tobacco-control policies and practices



Cancer Screening

- Patient navigation/whole person approach
- Screening for unmet SDOH needs
- Facilitating access to cancer prevention and control resources



Health and Wellbeing of Cancer Survivors

- Scale social risk factor screening and referral for cancer survivors
- Solidify information exchange between clinical and community settings
- Reduce bias across cancer care systems



Working to Understand and Shape Health Behavior

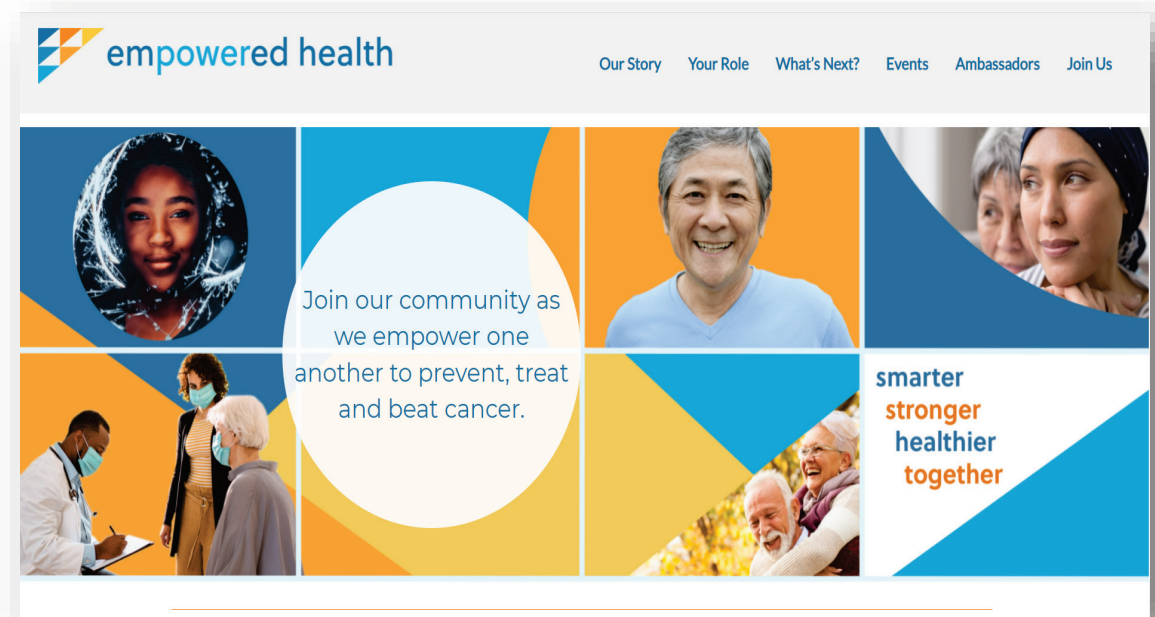
Empowered Health: Engaging People as Active Participants in Their Own Health

#WeAreEmpoweredHealth



- Social media influencers
- Empowered Health ambassadors
- Lived experiences

EmpoweredHealth.org



Empowered Health Tool Launching in Q3 2022

Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer



Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.