

## COLORECTAL CANCER CONTROL PROGRAM FY 2016 APPROPRIATIONS FACT SHEET CENTERS FOR DISEASE CONTROL AND PREVENTION

FY 2015	President's 2016 Budget	FY 2016 Suggested
\$43,294,000	\$40,371,000	\$70,000,000

CDC's Colorectal Cancer Control Program (CRCCP) provides funding to 25 states and 4 tribes across the United States for five-year cycles. The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50 years and older to 80 percent in the funded states. The program is implementing population-based approaches to increase screening rates through organizational policy and health systems change, targeted outreach, patient navigation, and limited provision of direct screening services. Colorectal cancer screening is an effective intervention that not only can identify cancer at an early stage when treatment is most effective but also prevent cancer by finding and removing precancerous polyps. With additional funding of \$28 million, CDC could expand the program nationwide to all 50 states – and increase the operational support and use of life-saving cancer screening among unscreened adults.

## **Basic Facts About Colorectal Cancer:**

- Colorectal cancer is the second leading cause of cancer-related deaths in the United States. In 2011, 51,783 people in the United States died of colorectal cancer (26,804 men and 24,979 women).
- Approximately 22 million U.S. residents aged 50-75 years have never been screened for colorectal cancer. If everyone aged 50 or older had regular screening tests and all precancerous polyps were removed, as many as 60% of deaths from colorectal cancer could be prevented.
- Estimated direct medical costs for colorectal cancer care in 2010 were \$14 billion with projected costs of up to \$20 billion by 2020.

<u>CDC's Colorectal Cancer Screening Program:</u> CDC established the Colorectal Cancer Control Program in 2009 to increase population-level screening rates to 80 percent and reduce colorectal cancer mortality. The program has two components: screening promotion and screening provision.

<u>Screening Promotion</u>: CRCCP programs use evidence-based strategies recommended by the Guide to Community Preventative Services to increase colorectal cancer screening rates among age-appropriate men and women. These strategies include the use of client and provider reminders, provider assessment and feedback, structural changes including patient navigation, and small media, among others. Programs are partnering with key organizations that are needed to target population-level impacts, such as Federally Qualified Health Centers, other health care systems, State Medicaid offices, professional organizations, employers and worksites, and private insurers.

<u>Screening Provision</u>: CRCCP programs provide limited colorectal cancer screening and diagnostic test follow-up to low-income uninsured or underinsured men and women aged 50–64 years who are at average risk. Programs have established service delivery networks and support systems to provide high-quality screening with public education and outreach, patient care coordination and referral to treatment. Since the CRCCP began in 2009, programs have provided more than 56,000 screenings, detected and removed 7,760 precancerous polyps, and diagnosed 154 cancers.

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