

COMPREHENSIVE CANCER CONTROL

Background

Approximately 40.5% of Americans will be diagnosed with cancer at some point during their lifetimes. In 2024, an estimated 2 million new cases of cancer will be diagnosed in the United States and 611,720 people will die from the disease. By 2040, the number of new cancer cases per year is expected to rise to 29.9 million and the number of cancer-related deaths to 15.3 million.

CDC's Comprehensive Cancer Control and Program

To prevent further cancer cases and adequately support Americans who have survived cancer and are undergoing treatment, the Centers for Disease Control and Prevention's (CDC) [National Comprehensive Cancer Control Program](#) (NCCCP) oversees comprehensive cancer control coalitions, defines cancer priorities in each state, and provides the evidence base for effective cancer prevention and control. NCCCP supports all 50 states, the District of Columbia, 8 US territories and freely associated states, and 7 tribes and tribal organizations. Comprehensive cancer control programs aim to significantly reduce the burden of cancer by preventing new cases, detecting cancers early through screening, improving access to quality treatment, and enhancing the quality of life for cancer survivors, which leads to lower cancer incidence, related illnesses, and mortality rates.

CDC's Division of Cancer Prevention and Control (DCPC) oversees the NCCCP and provides six priorities for Comprehensive Cancer Control programs:

- Primary prevention – Addressing environmental changes (including tobacco-free living and sun safety) that lower people's risk of getting cancer.
- Screening – Helping people get screened early to ensure treatment occurs at the earliest stage.
- Support for cancer survivors – Helping people diagnosed with cancer during treatment and beyond by assessing survivors' needs and providing the appropriate education and patient navigation systems.
- Evidence-based strategies – Providing states, healthcare networks, and others with information on the most effective cancer control methods are used.
- Access to good healthcare – Training and maintaining a workforce that is responsive to patient needs and ensuring everyone has access to resources.
- Evaluation – Studying and identifying what works and where resources should be invested.

Across NCCCP's grantees, 94% of Comprehensive Cancer Control programs have adopted strategies to help make life better for cancer survivors after treatment; 84% of programs stress lowering cancer risk by eliminating tobacco use, encouraging people to be physically active and eat healthy, and protecting people from skin-damaging ultraviolet light from the sun or indoor tanning; and 80% of programs increase colorectal cancer screening in their areas. Increased funding for the NCCCP would support enhanced primary prevention efforts, increased access to early detection and quality treatment, and efforts to improve the quality of life of cancer survivors.

The Cost of Cancer

- In 2019, the national economic burden associated with cancer care was \$21.09 billion, made up of patient out-of-pocket costs of \$16.22 billion and patient time costs of \$4.87 billion. Over one-third of cancer costs are attributed to the Medicare population.
- In 2017, the cost of productivity loss from cancer morbidity was \$30.3 billion.



- The financial burden of cancer on the United States healthcare system is projected to increase by 34% by 2030 to more than \$246 billion.