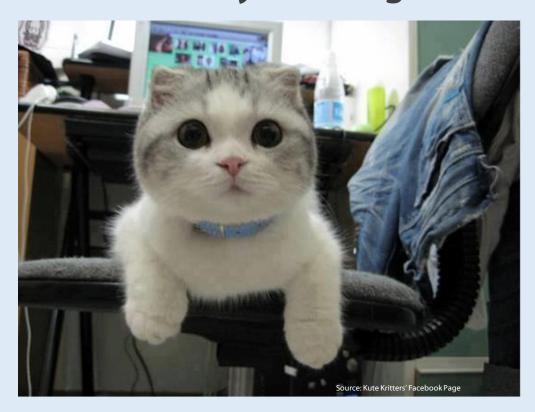


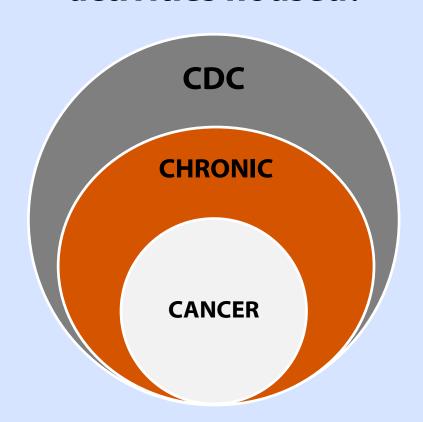
Overview from the Division of Cancer Prevention and Control

Lisa C. Richardson, MD, MPH
Director, Division of Cancer Prevention and Control,
Centers for Disease Control and Prevention (CDC)
Advisory Committee on Breast Cancer in Young Women Meeting
January 28, 2016

Good Morning! Now that I have had my morning coffee, let's go!

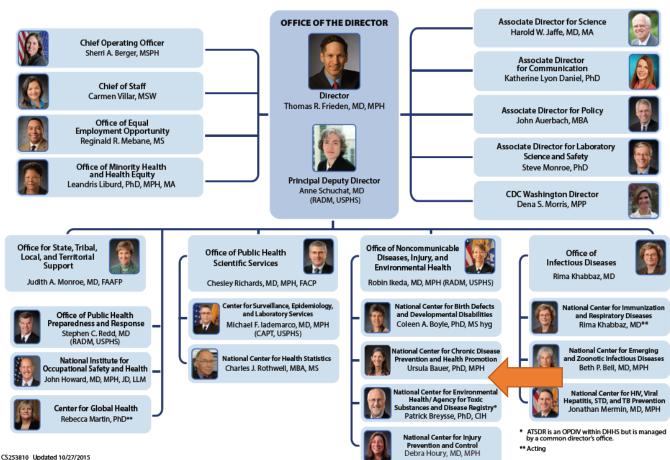


Where are CDC's Cancer activities housed?





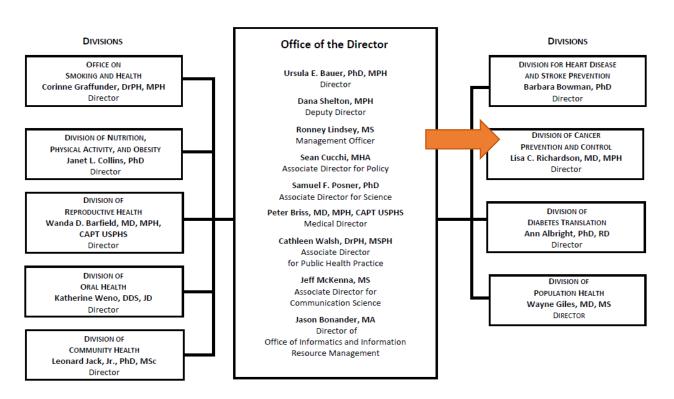
ORGANIZATIONAL CHART







National Center for Chronic Disease Prevention and Health Promotion



Division of Cancer Prevention and Control

Office of Management
And Operations
Jason Dhonau (Detail)
Principal Management
Official

Office of Communication Janine Cory, MPH Associate Director

Office of the Director

Lisa C. Richardson, MD, MPH Director

Pamela Protzel Berman, PhD, MPH Deputy Director

Greta Massetti, PhD, BA Associate Director for Science Office of International Cancer Control Mona Saraiya, MD, MPH Associate Director

Office of Program
Development
Jameka Blackmon, MBA, CMP
Associate Director

Office of Policy Mike Mizelle Associate Director

Cancer Surveillance Branch Vacant Comprehensive Cancer Control Branch Nikki Hayes, MPH Branch Chief Epidemiology and Applied Research Branch Mary C. White, ScD Branch Chief

Program Services Branch Faye L. Wong, MPH Branch Chief

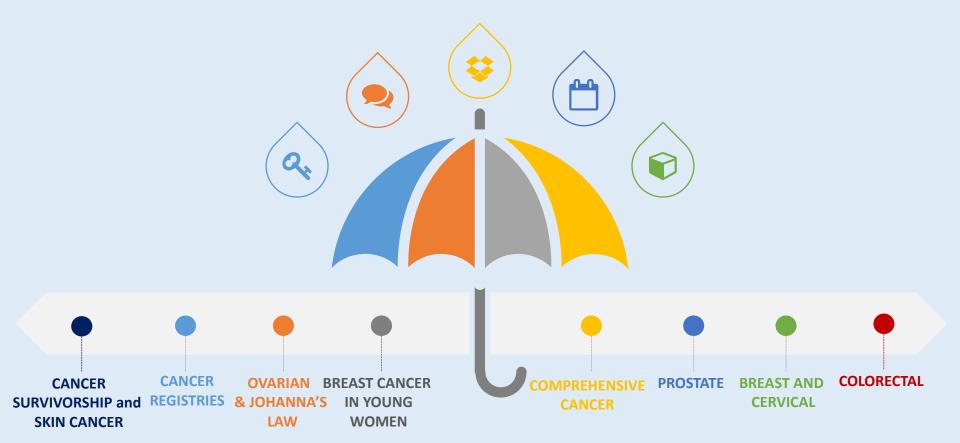
NPCR

NCCCP

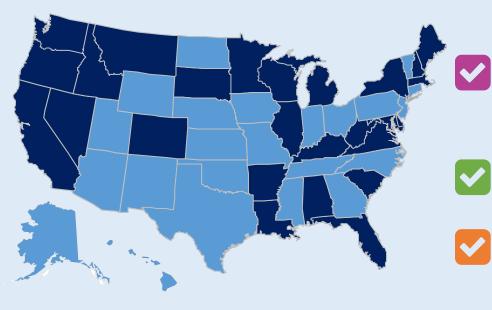
CPCRN

CRCCP & NBCCEDP

Cancer Prevention and Control Appropriations



CDC Funds Cancer Programs Across the Nation States, Territories, Tribes



National Breast and Cervical Cancer Early Detection Program

NBCCEDP funds all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations.



National Comprehensive Cancer Control Program NCCCP supports 50 states, the District of Columbia, 7 tribal groups, and 7 U.S. Associated Pacific Islands/territories.



National Program of Cancer Registries

NPCR supports central cancer registries in 45 states, the District of Columbia, Puerto Rico, and the U.S. Pacific Island Jurisdictions.



Colorectal Cancer Control Program

CRCCP funds 24 state health departments, 6 universities, and one American Indian tribe.

Breast and Cervical Cancer Screening



The National Breast and Cervical Cancer Early Detection Program began in 1991.

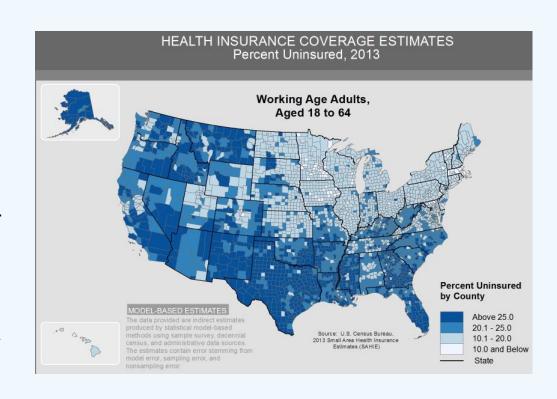


- Important safety net that has provided >12M screening exams
- ACA increases access to screening exams
- Expanding program to meet needs of new public health roles
- CDC's vision: increase population level screening rates

NBCCEDP: Estimating Eligible Population

- DCPC provided partial funding for the US Census Bureau to:
 - Estimate NBCCEDP Eligible Population
 - Develop the Small Area Health Insurance Estimates (SAHIE)
- SAHIE is only source of single-year health insurance coverage estimates for all U.S. counties

For more information visit: http://www.census.gov/did/www/sahie/index.html



Colorectal Cancer Screening



The Colorectal Cancer Control Program began in 2009.

New cycle of funding started in FY 2016.



- All 31 grantees are partnering with health systems to implement priority strategies to increase CRC screening rates.
- Encourage priority evidence-based interventions
- CDC's vision: increase population level screening rates

Supporting Organized Approaches to Colorectal Cancer Screening: FY 2015-FY 2020



Component 1: Health System Change to Improve and Increase CRC Screening

 All 31 grantees are partnering with health systems to implement priority strategies



Component 2: Direct Screening

• 6 grantees are also being funded to support direct screening for low-income adults age 50-64.

Comprehensive Cancer Control



The National Comprehensive Cancer Control Program began in 1998.



- Supports robust state-, tribal, territorial-wide coalitions
- Addresses public health needs of cancer survivors
- Plans and implements policy, systems, and environmental changes that emphasize primary prevention of cancer and supports early detection and treatment activities
- Promotes health equity

National Comprehensive Cancer Control Program Program Priorities



Population-based Cancer Registries

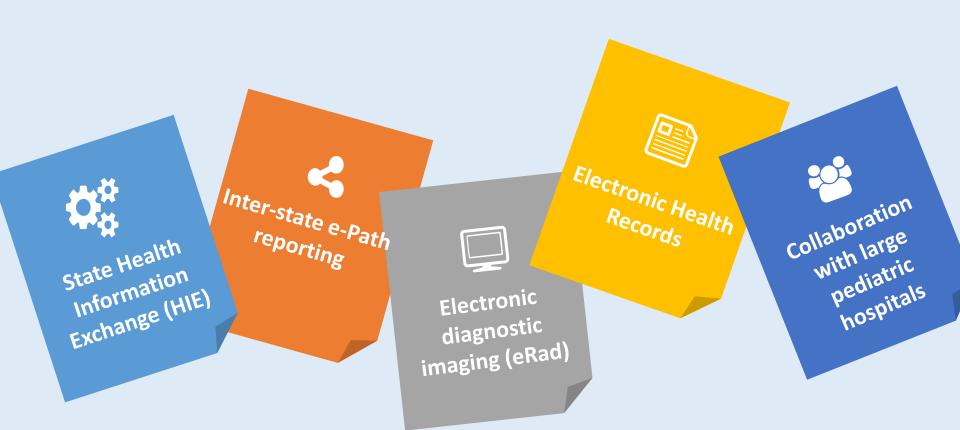


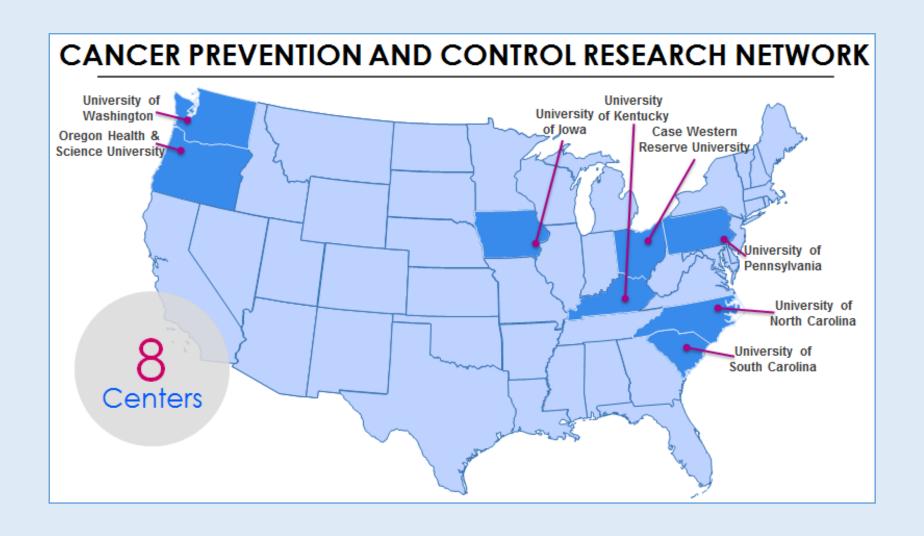
The National Program of Cancer Registries began in 1992.



- 45 states, Puerto Rico, Pacific Islands
- NPCR U.S. population coverage: 96% percent
- 1.2 million new invasive cancer cases submitted to CDC each year
- CDC's Vision: Increase completeness, timeliness and usefulness of registry data

Innovative Methods





Research and Practice Efforts

Our work spans the translation continuum





Tailored communication



- CDC supported the development a MIYO syster local partners in its national Colorectal Cancer
- Collectively, the grantees have used MIYO to cr Guide recommended small media or client rem cancer screening.

Make It Your Own, or MIYO, is an online tool that helps users create their own versions of evidence-based interventions for specific populations they serve.

Users "build" these materials by choosing from a menu of proven approaches recommended by the Guide to Community Preventive Services, and customizing them by choosing from a library of images, messages and graphic designs.

- Research found that CRCCP grantees used small-media to promote che screening.
 - Several noted this tool made it easy to implement small media
- In 2013, CDC expanded to include an additional module on Breast Cancer and Cervical Cancer Screening.



Talk to your doctor about scheduling an appointment to get screened for colon cancer.

Embarrassed? Not when it comes to my health.

I had to get over being embarrassed to talk about certain things, including colon cancer screening. My health means too much to me.

For more information call 123.456.7890

MIYO



Screening can find colon cancer early when treatment is most effective.

Get screened for colon cancer starting at age 50.

BREAST CANCER SCREENING

Deciding which breast cancer screening is right for you can be confusing, but it doesn't have to be. Ask your doctor these questions:



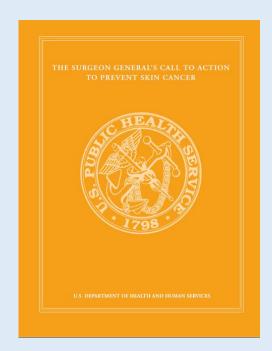
- Am I at risk for breast cancer?
- What are the different types of screening?
- Which screening is right for me?
- 4. How often should I be screened?



Call 1.888.555.5555 today for more information or visit: miyoworks.org

Printed with funds from Grant IX XIDKSKDJFSLJF

The Surgeon General's Call to Action to Prevent Skin Cancer



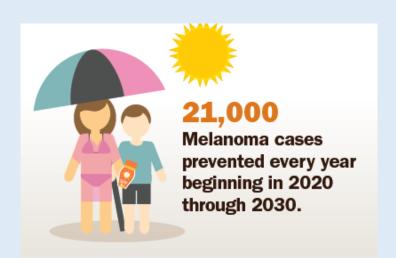
- Developed by CDC's DCPC in collaboration with other federal agencies
- Identifies skin cancer as a serious public health concern
- Presents five strategic goals for skin cancer prevention:
 - 1. Increase Opportunities for Sun Protection
 - 2. Provide Information about UV Exposure
 - 3. Promote Policies that Advance Prevention
 - 4. Reduce Harms from Indoor Tanning
 - 5. Strengthen Research, Surveillance, Monitoring and Evaluation

For more information visit:

http://www.cdc.gov/cancer/skin/call_to_action/

Reducing the Health and Economic Burden of Melanoma

Community skin cancer prevention programs can prevent future melanoma cases and decrease treatment costs.







Division of Cancer Prevention and Control

www.cdc.gov/cancer

RELIABLE | TRUSTED | SCIENTIFIC

Bring Your Brave

public health education campaign

uses personal stories to educate young

women about breast cancer. It is the first breast

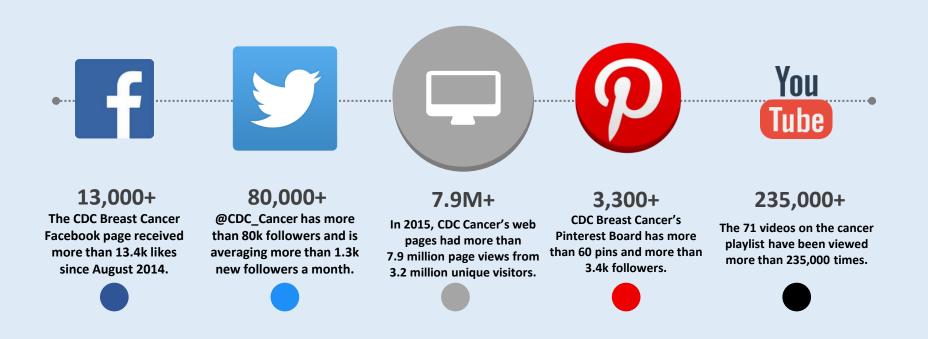
cancer initiative to focus on women younger than 45 years.

Bring Your Brave has already generated more than 46

million impressions on several digital platforms, including news
outlets, blogs, Facebook, Twitter, and Pinterest.

CDC has an active and growing presence on social media

Sharing the message about Cancer Prevention and Control



Breast Cancer in Young Women Social Media



Twitter



The campaign uses the @CDC_Cancer account, which has more than 80,000 followers.



Facebook



The CDC Breast Cancer account has more than 13,000 likes since its launch in August 2014.



share. #BringYourBrave #breastcancerawareness

Pinterest



The Breast Cancer board on CDC's Pinterest account has about 60 pins and more than 3,400 followers.



YouTube



The Bring Your Brave campaign's 20 videos on CDC's YouTube account have been viewed more than 60,000 times.

Health Economics Research on Cancer

INTERAGENCY CONSORTIUM TO PROMOTE

HEALTH ECONOMICS RESEARCH ON CANCER [HEROIC]

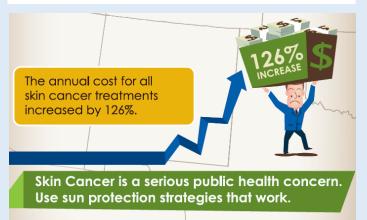
PARTNERS

HEROIC partners include the National Cancer Institute, the Centers for Disease Control and Prevention, the American Cancer

Society &, the LIVESTRONG Foundation &, and the Agency for Healthcare Research and Quality

Prevalence and Costs of Skin Cancer Treatment in the U.S., 2002–2006 and 2007–2011

Gery P. Guy, Jr, PhD, MPH, Steven R. Machlin, MS, Donatus U. Ekwueme, PhD, MS, K. Robin Yabroff, PhD, MBA



- Health economics is the study of the human behaviors and decision-making that affect health
- Collaborative effort with NCI, AHRQ, CDC, ACS, OBSSR, LIVESTRONG Foundation
- We can use *health economics* to inform cancer control planning by:
 - Estimating the cost of cancer to society
 - Evaluating the value of cancer interventions and programs
 - Projecting future costs of cancer treatment and care

For more information on published manuscripts:

http://www.cdc.gov/cancer/survivorship/what cdc is doing/meps.htm







Comprehensive Cancer Control

Collaborating to Conquer Cancer

Cancer Survivorship

- □ DCPC collaborates to address issues faced by cancer survivors through:
 - □ Dissemination of cancer survivorship research and health promotion messages.
 - □ Collection of high quality data on cancer survivorship on national population based surveys (BRFSS, NHIS, MEPS).
 - □ Leveraging cancer registries (NPCR/ SEER) to identify and address the unique needs of cancer survivors.
 - □ Providing technical assistance and programmatic support to the National Comprehensive Cancer Control Program (NCCCP) and other grantees to address the needs of survivors in their communities.

For more information visit:

http://www.cdc.gov/cancer/survivorship/

Cancer Survivorship: Breast Cancer in Young Women

- Multiple Approaches to Increase Awareness and Support Among Young Women Diagnosed with Breast Cancer Cooperative Agreement
 - Purpose: Increase the availability of health information and support services for young breast cancer survivors and their families by supporting organizations and entities that serve the target population















Breast Cancer in Young Women in DCPC

breast research_{risk} familyhistorycancer young Bring Your Brave women survivor genomics education campaign BraveBecause KnowBRCA previvor

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

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.

