



Measuring Progress. Targeting Action.

By tracking the *who*, *what*, *where*, and *why* of new cancer cases and cancer deaths, the data tell us what strategies are working and how to improve cancer outcomes in the United States.

A Year of Milestones

The **National Program of Cancer Registries (NPCR)** celebrated 25 years of collecting high-quality cancer data. Currently, NPCR funds registries in 46 states, several territories, plus the District of Columbia. Together, the NPCR and the National Cancer Institute's (NCI) SEER program, collect 100% of cancers diagnosed in the country. These data are put together every year as the [United States Cancer Statistics \(USCS\)](#).

With these tools, anyone can understand the burden of cancer:

Research Resource: For the first time, CDC and NCI released a joint [Public Use Database](#) featuring the USCS data. The dataset has been downloaded more than 170 times over the nine months it has been available.

Data on Display: Anyone can see cancer data come alive in full color with DCPC's brand new [USCS Data Visualizations](#) web tool. The tool makes it easy to explore and use the latest federal cancer data from all 50 states and the District of Columbia.

A social media milestone! DCPC's Twitter feed, [@CDC_Cancer](#), reached 100,000 followers!

Data-Driven Studies

- In July, *MMWR* published a [Surveillance Summary](#) on cancer in rural areas using USCS data and NCHS' mortality data. Compared with people living in cities, people living outside cities tend to get cancer less often, but die from it more often.
- DCPC scientists contributed to a [supplement](#), co-edited by DCPC's Dr. Hannah Weir, in the journal *Cancer* on cancer survival. Data were from the global CONCORD-2 study and showed that racial differences in survival persist. For example, 5-year survival for black men and women diagnosed with colon cancer in 2004–2009 is 15 to 20 years shorter than that of white men and women.
- DCPC scientists showed that the U.S. has the capacity to provide colorectal cancer screening tests to 80% of people for whom screening are recommended by 2018. The [study](#) was a finalist for the prestigious Charles C. Shepard Science Award.
- DCPC led a [journal supplement](#) for the *American Journal of Preventive Medicine* looking at how young adults' environment and lifestyle choices can raise cancer risk later in life, and options for public health interventions.
- DCPC released the third annual [Skin Cancer Prevention Progress Report](#) to showcase local, state, and national progress toward reducing the most common cancer in the country. Every year since 2014, CDC has released this report to update the nation on progress toward the goals set out in [The Surgeon General's Call to Action to Prevent Skin Cancer](#).

The 2017 CDC National Cancer Conference

"Visualizing the Future Through Prevention, Innovation, and Communication" was the theme of the CDC Cancer Conference in August. It brought together 817 attendees to discuss the future of cancer prevention and control. The conference featured world-renowned keynote speakers Dr. Lucile Adams-Campbell, Dr. Sanjeev Arora, Dr. Atul Gawande, and Joan Lunden.



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



Grantees on the Forefront of Progress

- The New Hampshire Colorectal Cancer Screening Program, a former CDC grantee, trained nurse navigators to guide patients through the colorectal cancer screening process. Patients are much more likely to be screened when navigated through the system. The DCPC evaluators were awarded “Best Evaluation, Peer Reviewed” on CDC’s Evaluation Day for their work. CDC and New Hampshire created a [manual](#) so other medical programs can use the nurse navigator model.
- Some grantees from the CDC Public Health Cancer Genomics Program use data from state cancer registries to find places in their states where people get cancers that are linked to inherited conditions. The data may help health systems refer new cancer patients to accessible genetic services, or refer people in low-resource areas to genetic counseling by phone or computer.

Vital Signs

The October edition of CDC’s *Vital Signs*, “Cancers Associated with Overweight and Obesity,” described the link between excess weight and at least 13 types of cancer. The study not only lays out the problem of overweight- and obesity-related cancers, but also explains how doctors can help and communities and states are helping reduce overweight and obesity. This *Vital Signs* got considerable media attention, with nearly 4,000 mentions on social media in English and Spanish, and generating more than \$1.6 million in publicity value. The accompanying *MMWR* had the largest number of views and downloads in the last quarter of 2017.

Powerful Programs and Partnerships

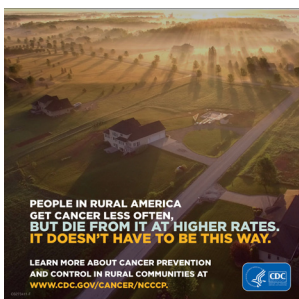


DCPC makes a real difference in cancer prevention by increasing screening.

- Since its inception in 1991, the [National Breast and Cervical Cancer Early Detection Program](#) has screened 12.7 million women and diagnosed 74,000 breast cancers, 4,000 cervical cancers, and has found more than 181,000 cervical lesions that if left alone would turn into cancer.
- The [Colorectal Cancer Control Program](#) in its first year recruited 413 clinics serving more than 700,000 patients aged 50 to 75 years. Using proven strategies, the program screened 24,000 patients in those clinics — an average increase in screening of 5%.
- CDC has been a member of the [National Colorectal Cancer Roundtable](#) for 20 years, with the main goal of increasing population-level colorectal cancer screening. In 2017, the Roundtable, with DCPC’s Comprehensive Cancer Control Program and the

Comprehensive Cancer Control National Partnership, convened 22 state teams to develop action plans for the 80% by 2018 initiative.

- CDC has continued to fund the American Cancer Society to lead the [National HPV Vaccination Roundtable](#) to raise HPV vaccination rates by encouraging doctors to start the conversation, raising public awareness about vaccinating male and female pre-teens, and increasing vaccine access.
- CDC joined forces with the US Food and Drug Administration (FDA) to develop a [Natural Language Processing Web Service](#). Natural language processing uses artificial intelligence to code human language—in this case, text in medical records. This will help make processing text in electronic health records easier and more standardized. The web service will be available to everyone at no cost.



MMWR on cancer in rural areas, July 2017



CDC National Cancer Conference, August 2017



Vital Signs on cancer and obesity, October 2017



2017: 25th Anniversary of NPCR