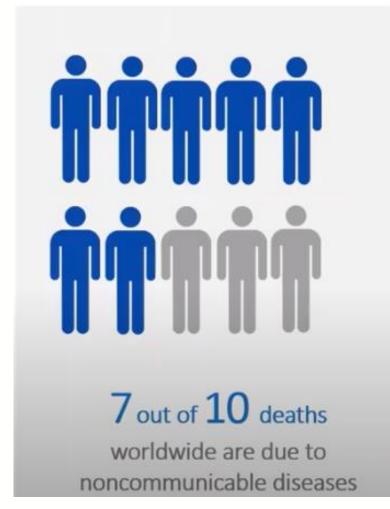


# Advancing Cancer Prevention and Control Worldwide

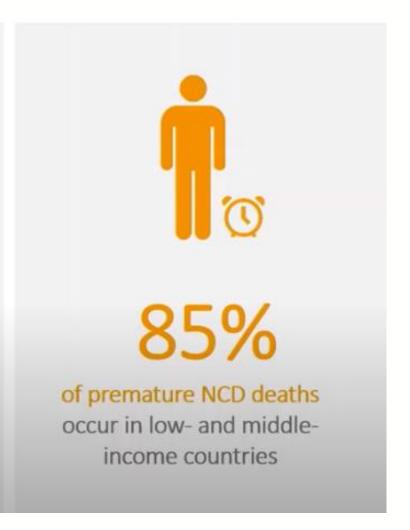




#### Global Noncommunicable Disease Burden



Cardiovascular 17.9m Diseases 9.0<sub>m</sub> Cancer Respiratory 3.9m Diseases Diabetes 1.6m Mellitus



Source: CDC, Global Noncommunicable Diseases

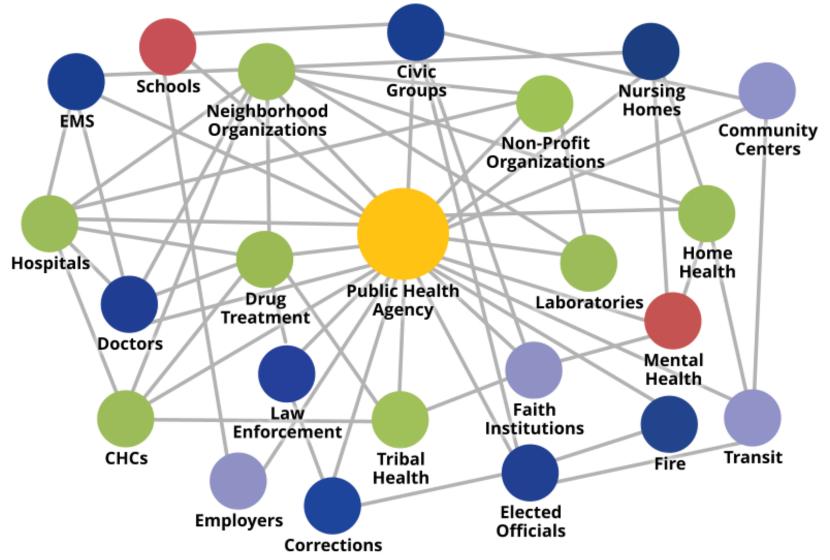
## Barriers to Screening and Preventive Care in the United States

- Low SES
- Transportation
- Lack of knowledge/awareness
- Stigma
- Culture/religion

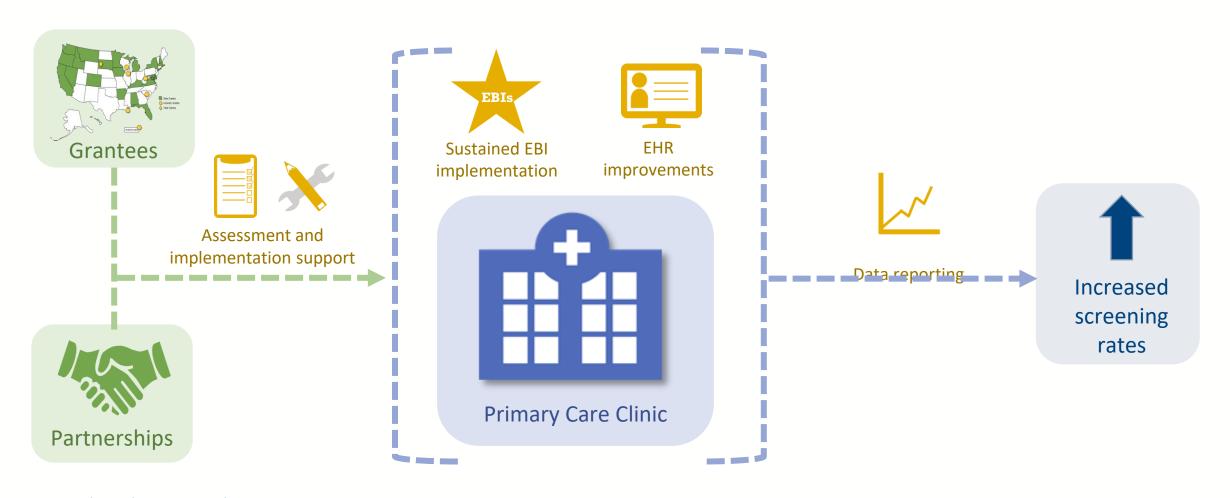


<u>Source</u>: Barriers and facilitators to preventive cancer screening in Limited English Proficient (LEP) patients: Physicians' perspectives

## Broadening our Reach Through Partnerships



## Supporting Sustainable Health System Change



Source: Colorectal Cancer Control Program

# Evidence-based Interventions and Supporting Activities to increase Cancer Screening

**Evidence-based Interventions\*** 

- **Patient reminders**
- 😲 🤊 Provider reminders
- Provider assessment and feedback
- **Reducing Structural barriers**

**Supporting Activities** 

**Small** media

**Patient navigation** 

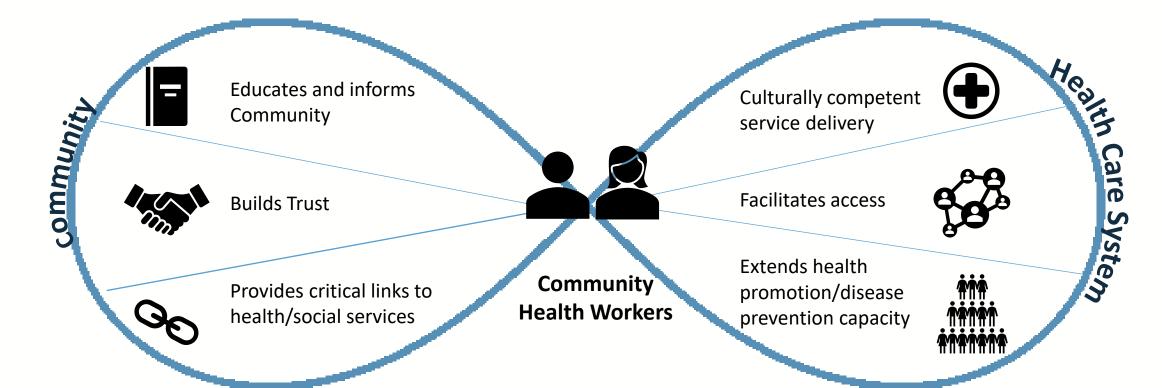
**Community health workers** 

**Provider education** 

<sup>\*</sup>The Community Guide https://www.thecommunityguide.org/topic/cancer

## On the Frontline: Community Health Workers

CHWs vital to State and Local Service Delivery and Response



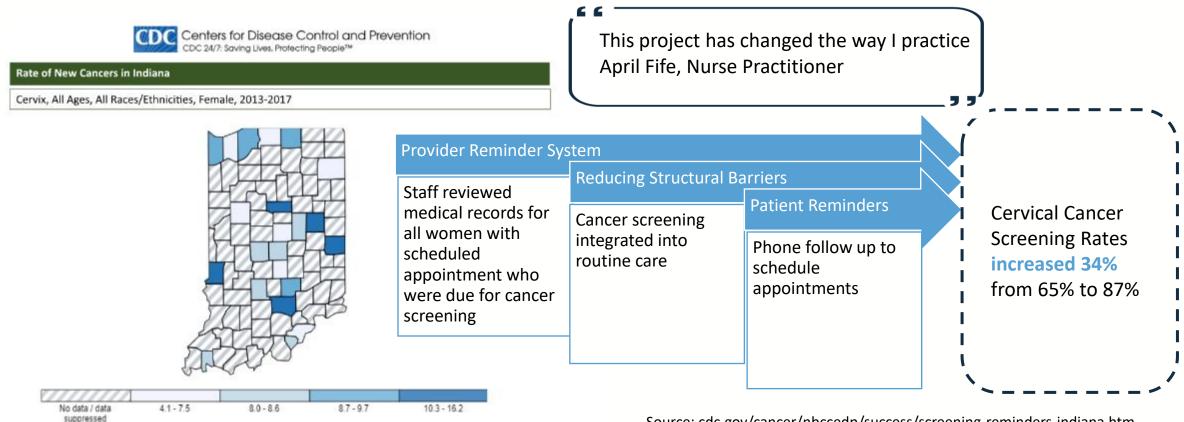
Source: American Public Health Association

## PN/CHW Colorectal Cancer Impact

Parameters	Patient Navigation N=131	Usual Care N=75
Screening completion through 1st encounter	90.1	53.3
Screening Completion through 2 <sup>nd</sup> encounter	94.7	65.3
Screening Completion through 3 <sup>rd</sup> encounter	96.2	69.3
Incomplete at end of cycle	3.8	30.6

Source: Rice K, Sharma K, Li C, Butterly L, Gersten J, DeGroff A. Cost-effectiveness of a patient navigation intervention to increase colonoscopy screening among low-income adults in New Hampshire. Cancer. 2019;125(4):601-609. doi:10.1002/cncr.31864

# Multiple EBIs Improve Indiana Clinic's Cervical Cancer Screening Rates During Pandemic



Rate per 100,000 people

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, June 2020. Source: cdc.gov/cancer/nbccedp/success/screening-reminders-indiana.htm

### Guam's Patient-Centered Process Improves Enrollment; Screening During Pandemic

Removing Structural Barriers to Screening

- One location for program enrollment and clinical services
- Same-day service
- 110 women enrolled and screened



Source: cdc.gov/screenoutcancer/success/guam-makes-enrollment-easier.htm

#### Improving Knowledge and Awareness:

#### Reengaging the Public in Screening and Preventive Care

- CDC led a collaboration to get the word out
  - American Cancer Society
  - National Comprehensive Cancer Network
  - National Association of Chronic Disease Directors
- Satellite Media Tour
  - 33 interviews January 2021
  - Cumulative reach 90 million (radio, TV, online)
- Public Service Announcements
  - 600 stations nationwide
  - Aired 8.633 times, cumulative reach62,805,260 with an ad value of \$1,611,250



https://www.youtube.com/watch?v=mDIYzBjgNHQ

### Role of Cancer Surveillance Data

Identify needs

Focus resources

- Evaluate progress
- Improve survivor health and wellbeing



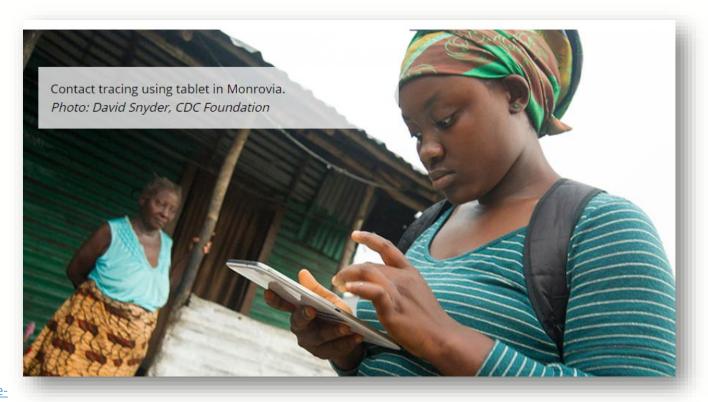
Tangka, Florence et al, Resource requirements for cancer registration in areas with limited resources: Analysis of cost data from four low- and middle-income countries, Cancer Epidemiology 45 (2016) S50–S58.

### Establishing a Cancer Registry

#### **Basic Principles:**

- Access to medical facilities
- System for reporting clinical and pathological data
- Cooperation from the medical community
- Adequate budget

<u>Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings</u>



### **Registry Budget Considerations**

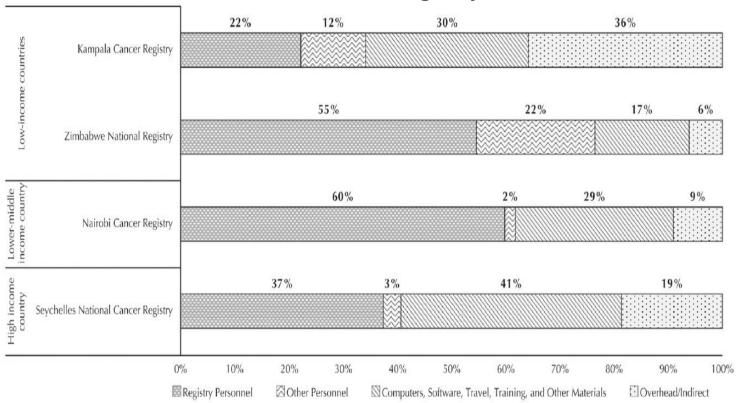
#### **Overhead (indirect)**

- Administration/Management
- Registry space/utilities

#### **Recurring costs**

- Labor
  - Registry staff
  - Contractors/other personnel
- Running costs
  - Computers
  - Other materials
  - Software licensing
  - Training
  - Travel expenses

#### **Distribution of Core Registry Activities**



Tangka, Florence at al, Cost of Operating Population-Based Cancer Registries: Results from 4 Sub-Saharan African Countries, J Registry Manag. 2019; 46(4): 114–119

### **Cancer Registry Costs**

Cost per Case by Budgetary Category, US Dollars

	Country Income Category			
	Low Income		Lower-Middle Income	High Income
Registry	Kampala Cancer Registry	Zimbabwe National Registry	Nairobi Cancer Registry	Seychelles National Cancer Registry
Registry personnel	1.90	5.70	19.82	35.68
Other personnel	1.04	2.29	0.72	3.16
Computers, travel, training, and other materials	2.59	1.80	9.63	38.26
Software	-	0.01	-	0.75
Overhead/indirect	3.09	0.65	3.03	17.79
Total cost per case	8.62	10.45	33.19	95.63
Total cost per inhabitant	0.01	<0.01	0.02	0.17

Tangka, Florence et al, Cost of Operating Population-Based Cancer Registries: Results from 4 Sub-Saharan African Countries, *J Registry Manag*. 2019; 46(4): 114–119.

^ ranges less than US 1¢-17¢ annually per resident

**Cancer Registries Cost** 

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## Understanding the Short-and-Long Term Impacts of COVID-19 on Arkansans with Cancer

#### **Data**

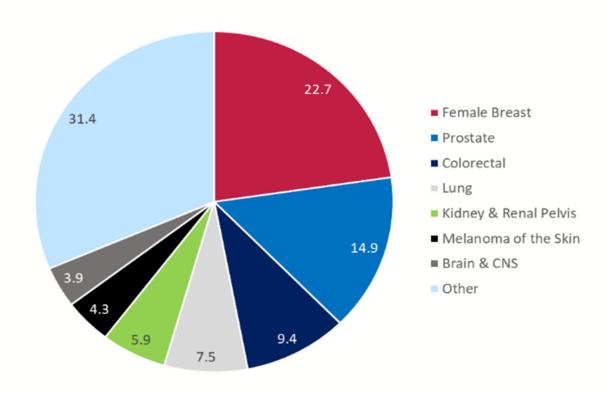
- 390,885 cancer incidence records (1996 2020)
- 343,269 COVID records
- 13,427 matches identified

#### **Variables**

- First name
- Last name
- Sex

- Race
- Birthdate
- Telephone
- Address

Cancer Patients Diagnosed with COVID-19 by Cancer Type, Arkansas, 1996 - 2020.



## Thank you!

Visit the official federal source of cancer prevention information: www.cdc.gov/cancer





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