



**COLORECTAL CANCER CONTROL PROGRAM
FY 2018 APPROPRIATIONS FACT SHEET
CENTERS FOR DISEASE CONTROL AND PREVENTION**

FY 2016	FY 2017 President's Budget	FY 2017 House	FY 2017 Senate	FY 2018 Request
\$43,294,000	\$39,515,000	\$39,515,000		\$70,000,000

Colorectal cancer (CRC) is the second leading cause of cancer deaths in the United States for men and women. Every year, about 140,000 Americans are diagnosed with CRC, and more than 50,000 people die from it. Colorectal cancer screening is a recommended clinical preventive service that not only detects cancer early when treatment is more effective but can prevent cancer by removing pre-cancerous polyps. Unfortunately national CRC screening rates have remained level at approximately 65% since 2010 after steadily increasing from 2000 – 2010. CDC is working to address the issue by providing funding to 31 grantees (24 State Health Departments, 6 Universities, and one Tribal Organization) to increase colorectal cancer screening rates among men and women aged 50 to 75 years. With additional funding of \$28 million, CDC could expand the program nationwide to all 50 states – and increase the 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 2012, 51,516 people in the United States died of colorectal cancer (26,866 men and 24,650 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.

CDC's Colorectal Cancer Screening Program

In FY 2015, CDC awarded new 5-year funding to 31 grantees. The new CRCCP funding focuses on implementing health systems changes or improvements to establish or enhance organized approaches to increasing CRC screening rates. The focus on health-systems change complements increases in insurance coverage provided through the ACA. Grantees are working to increase CRC screening rates among defined target population of persons 50-75 years of age within a partner health system (FQHC, hospital/clinic network, etc.), defined geographical areas or disparate populations. Grantees are required to implement at least two evidence-based interventions (provider assessment/feedback, provider reminders, client reminders, reducing structural barriers); and may implement one or more supporting secondary strategies such as patient navigation or small media. Each must determine baseline screening rates within the health systems partners and report annual screening rates to assess the impact of the interventions they use to increase screening. In addition, six of the 31 grantees received funding to support direct CRC screening of low income, uninsured and underinsured individuals aged 50-75 years of age.

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