SUPPORTING THE CENTERS FOR DISEASE CONTROL AND PREVENTION COLORECTAL CANCER CONTROL PROGRAM

WHAT IS THE CRCCP? – The Centers for Disease Control and Prevention (CDC) launched the Colorectal Cancer Control Program (CRCCP) in 2005 as a demonstration program in five sites across the country with the goal of increasing colorectal cancer screening rates. The CRCCP now funds colorectal cancer programs in 25 states and four tribes. Funded sites can use up to one-third of funds to provide no-cost screening services to eligible low-income men and women age 50-64 who are underinsured or uninsured. The remaining two-thirds of funds are for education and outreach strategies to achieve screening in all persons age 50 and older. In FY 2010, the CRCCP provided screening for 8,494 individuals, identified 22 cancers, and prevented 1,187 cancers through removal of precancerous polyps.

SAVING LIVES REQUIRES A FEDERAL INVESTMENT – In 2008 colorectal cancer screening prevalence among adults age 50-75 was 63 percent, up from 59 percent in 2006. The CDC has set a national screening rate target of 66 percent for 2012, with a long-term goal of an 83 percent screening rate by 2020. However, disparities continue to exist for colorectal cancer screening among those without health insurance, those with lower household incomes, and those with less than a high school education. To reduce screening disparities and to continue the upward trajectory of screening rates, a continued federal commitment in the CRCCP is necessary.

The American Society for Gastrointestinal Endoscopy (ASGE) asks House and Senate lawmakers to include funding for the CDC's CRCCP among their appropriations requests for FY 2013. Specifically, **ASGE requests that the CRCCP be funded at $70 million**, a $27 million increase over FY 2012, which would allow the CDC program to be expanded nationally.

COLORECTAL CANCER IS PREVENTABLE – Colorectal cancer is the second leading cancer-related cause of death in the United States. This year there will be approximately 140,000 new cases of colorectal cancer, and more than 50,000 people will die from the disease. This statistic is deeply troubling because colorectal cancer is largely preventable. During a colorectal cancer screening colonoscopy, precancerous polyps (abnormal growths in the colon or rectum) can be found and removed before becoming cancerous. Screening also helps find colorectal cancer at an early stage, when it can be treated more effectively at a lesser cost.

According to the CDC, if all precancerous polyps were identified and removed before becoming cancerous, estimates show the number of new colorectal cancer cases could be reduced by 76-90 percent and deaths could be reduced by 70-90 percent.

In 2008, the U.S. Preventive Services Task Force recommended that persons aged 50-75 years at an average risk of colorectal cancer be screened using one or more of the three following methods: fecal occult blood testing (FOBT) every year, sigmoidoscopy every five years, and colonoscopy every 10 years.

SCREENING RATES ARE GRADUALLY INCREASING – Studies show that recent decreases in colorectal cancer mortality are strongly correlated with uptake in colorectal cancer screening. An increasing number of Americans have access to colorectal cancer screening – many without cost sharing. Yet, colorectal cancer screening utilization rates still lag behind other well-accepted preventive services. According to the CDC, as of 2010, one in three adults between the ages of 50 and 75 is not up-to-date with recommended colorectal cancer screening. The CDC's CRCCP plays an important role in increasing awarness about colorectal cancer screening and helps to navigate patients through the screening process.