

Updates from the Centers for Disease Control and Prevention

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CANCER PREVENTION AND CONTROL RESEARCH NETWORK

ANNUAL MEETING

MAY 22, 2018



National Center for Chronic Disease Prevention and Health Promotion

Division of Cancer Prevention and Control



Resources

- **AMIGAS (Ayudando a las Mujeres con Información, Guía, y Amor para su Salud)**
- Mental Health and Cancer Survivorship
- Small-Area Estimates of Cancer Screening
- Building States' Capacity to Address Breast Cancer Disparities
- Data Visualization of US Cancer Statistics (USCS)
- USCS Public Use Databases

Ayudando a las Mujeres con Información, Guía, y Amor para su Salud (Helping Women with Information, Guidance, and Love for their Health)

- Theoretically- and evidence-based intervention co-created and funded by CDC to promote cervical cancer screening among Hispanic women.
- Intended for delivery by trained promotoras (community health workers).
- Designed for use in under-resourced locations and communities.
- Developed in conjunction with the community, using plain language principles.



https://www.cdc.gov/cancer/gynecologic/what_cdc_is_doing/amigas.htm

FACE YOUR HEALTH

FACT: Studies show that African American women are more likely to die from cervical cancer than other women in the U.S.
Here's what you can do to protect yourself.

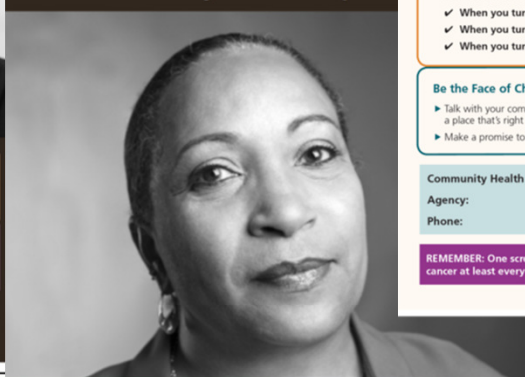


Know your risk.
 Get screened.
BE THE FACE OF CHANGE.

FACE YOUR HEALTH
 A free learning session for women

For more information, call (888) 555-1234

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FACE THE facts
PROTECT Yourself FROM CERVICAL CANCER
 African American women are more likely to die from cervical cancer than other women in the U.S. *This doesn't have to happen.*

Know Your Risk

- ▶ Most cervical cancer is caused by a virus called the human papillomavirus, or HPV.
- ▶ You get HPV from sexual contact.
- ▶ Most of the time, HPV doesn't cause any health problems and goes away on its own.
- ▶ But sometimes, HPV causes problems with your cervix. In rare cases, it can turn into cervical cancer.
- ▶ Cervical cancer is easy to cure, if you find it early.

Get Screened

- ▶ Regular screening can prevent cervical cancer, or help find it early.
- ▶ Here's how you can protect your health:
 - ✓ **When you turn 21**, get your first Pap test to screen for cervical cancer.
 - ✓ **When you turn 30**, get a Pap test every 3 years **OR** a Pap with an HPV test every 5 years.
 - ✓ **When you turn 65**, you may be able to stop getting screened. Talk with your doctor.

Be the Face of Change

- ▶ Talk with your community health worker about where you can get screened. She can help find a place that's right for you.
- ▶ Make a promise to yourself, and make an appointment today!

Community Health Worker's Name:
 Agency:
 Phone:

REMEMBER: One screening is not enough. Get screened for cervical cancer at least every 3 years. Make this a promise to yourself for life.

CERVICAL CANCER SCREENING: Where to Go

When you're ready to schedule an appointment, here are nearby clinics that do free or low-cost cervical cancer screening. Call your community health worker for help setting up an appointment, finding a way to get there, and arranging for child care if you need it.

What To Bring With You

- ✓ Picture identification (driver's license, state ID card, etc.)
- ✓ Insurance card (if you have one)
- ✓ Other forms _____

What To Know Before You Go

Two days before your exam:

- ✗ Don't douche
- ✗ Don't use a birth control foam, cream, or jelly
- ✗ Don't use a medicine or cream in your vagina
- ✗ Don't use a tampon
- ✗ Don't have sex

If you get your period, call the clinic. They might need to re-schedule your appointment.

Clinic Name	Address, Phone Number, Website	Hours	Bus or Train Route #

Community Health Worker Name: _____ Phone Number: _____

REMEMBER: One screening is not enough. Regular screening can prevent cervical cancer, or help find it early when it's easier to cure. Get screened for cervical cancer at least every 3 years.

My Next Cervical Cancer Screening APPOINTMENT

Clinic Name: _____ Clinic Phone Number: _____

Clinic Address: _____

When: ____ / ____ / ____ at ____ : ____ am / pm
 Month Day Year

Bus or Train Route: _____

What To Bring With You:

- ▶ Picture identification (Driver's License, state ID card, etc.)
- ▶ Insurance card (if you have one)
- ▶ Other forms _____

Before You Go: What You Should Know

Two days before your exam:

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While You're There: What You Should Ask

What tests are you doing today?

- HPV
- Pap
- Other: _____

When do I get my results?

Who do I call with questions?

If you get your period, call the clinic. They might need to re-schedule your appointment.

Community Health Worker Name: _____
 Phone Number: _____

REMEMBER: One screening is not enough. Regular screening can prevent cervical cancer, or help find it early when it's easier to cure. Get screened for cervical cancer at least every 3 years.

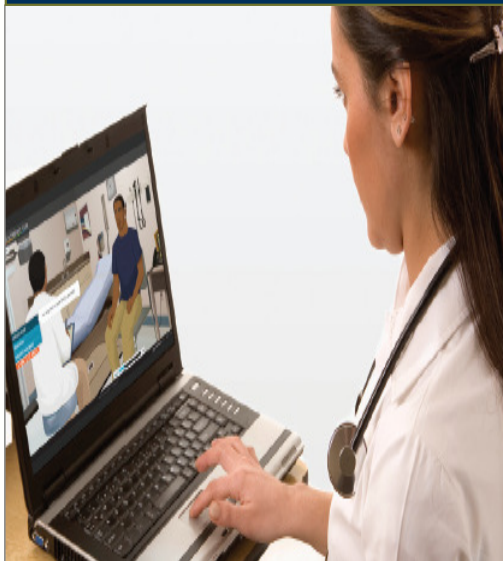
Point of Contact: Judith Lee Smith, PhD JLeeSmith@cdc.gov

Resources

- AMIGAS (Ayudando a las Mujeres con Información, Guía, y Amor para su Salud)
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Mental Health Provider Training

OBJECTIVE: Free online interactive CME training for healthcare providers to help them care for the psychosocial needs of their patients with a history of cancer (Available: September 2018)



- ▶ Videos
- ▶ Educational modules
- ▶ Simulated clinical encounters (avatars)

Medscape Wednesday, October 26, 2016

[NEWS & PERSPECTIVE](#)

[DRUGS & DISEASES](#)

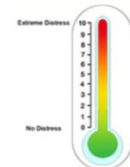
[CME & EDUCATION](#)



Alleviate Cancer Survivor Distress: Screening and Psychosocial Care

Healthcare providers have a role in improving psychosocial outcomes of cancer survivors by identifying and addressing distress.

CDC Expert Commentary, June 2016



https://www.medscape.com/viewarticle/864507?src=par_cdc_stm_mscpedt&faf=1

Video Series Discussion Topics



- ❖ Post-treatment neurocognitive challenges
- ❖ Adjusting to “New Normal” / “Alternative reality” post cancer treatment
- ❖ Mental Health Stigma and Having Culturally Appropriate Conversations
- ❖ Care Coordination
- ❖ Distress Screening, Tools, and Billing

YouTube Video Links:

<https://www.youtube.com/watch?v=qgu6Z3Ob0s0>

<https://www.youtube.com/watch?v=9T9pRcJXSus>

<https://www.youtube.com/watch?v=K0YBk0Hhoio>

https://www.youtube.com/watch?v=klut3K_I5bk

<https://www.youtube.com/watch?v=ZeqxQTHC15A>

<https://www.youtube.com/watch?v=iVmNUv2GtXE>



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Small-Area Estimates of Colorectal Cancer Screening

- State-level screening prevalence is often estimated using the Behavioral Risk Factor Surveillance System (BRFSS)
- Screening in local communities may vary, which can be masked when data are aggregated at state level
- County level information could help with cancer prevention and control planning and resource allocation at the local level
- Used data from the 2014 BRFSS, American Community Survey, and US Census to generate CRC screening prevalence estimates at the county level nationally, and by race/ethnicity

Point of Contact: Zahava Berkowitz, MSPH, MSc zab3@cdc.gov

Research Article

Cancer Epidemiology, Biomarkers & Prevention

Multilevel Small-Area Estimation of Colorectal Cancer Screening in the United States

Zahava Berkowitz¹, Xingyou Zhang², Thomas B. Richards¹, Marion Nadel¹, Lucy A. Peipins¹, and James Holt¹

Abstract

Background: The U.S. Preventive Services Task Force recommends routine screening for colorectal cancer for adults ages 50 to 75 years. We generated small-area estimates for being current with colorectal cancer screening to examine sociogeographic differences among states and counties. To our knowledge, nationwide county-level estimates for colorectal cancer screening are rarely presented.

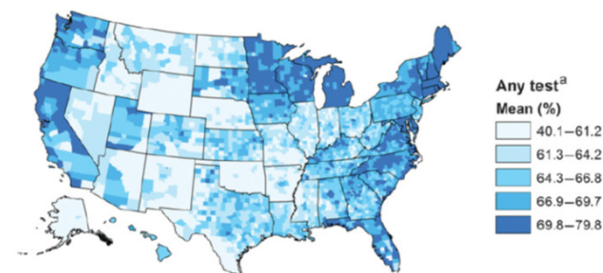
Methods: We used county data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS; $n = 251,360$ adults), linked it to the American Community Survey poverty data, and fitted multilevel logistic regression models. We post-stratified the data with the U.S. Census population data to run Monte Carlo simulations. We generated county-level screening prevalence estimates nationally and by race/ethnicity, mapped the estimates, and aggregated them into state and national estimates. We evaluated internal consistency of our modeled state-specific estimates with BRFSS direct state estimates using Spearman correlation coefficients.

Results: Correlation coefficients were ≥ 0.95 , indicating high internal consistency. We observed substantial variations in current colorectal cancer screening estimates among the states and counties within states. State mean estimates ranged from 58.92% in Wyoming to 75.03% in Massachusetts. County mean estimates ranged from 40.11% in Alaska to 79.76% in Florida. Larger county variations were observed in various race/ethnicity groups.

Conclusions: State estimates mask county variations. However, both state and county estimates indicate that the country is far behind the "80% by 2018" target.

Impact: County-modeled estimates help identify variation in colorectal cancer screening prevalence in the United States and guide education and enhanced screening efforts in areas of need, including areas without BRFSS direct estimates.

Cancer Epidemiol Biomarkers Prev; 27(3): 245-253. ©2018 AACR.



Cancer Epidemiol Biomarkers Prev. 2018 Mar;27(3):245-253.

<https://www.ncbi.nlm.nih.gov/pubmed/29500250>

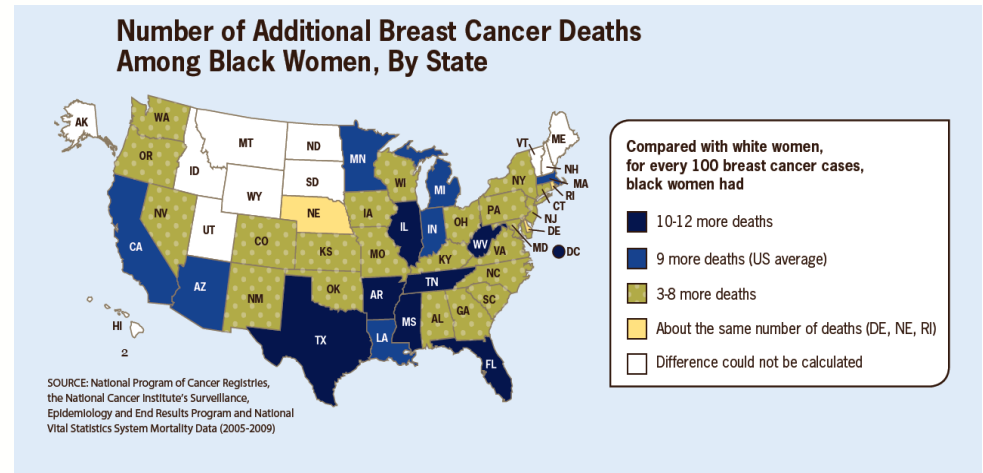
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Building Capacity in States to Address Breast Cancer Disparities

- Collaboration with the Association of State and Territorial Health Officials (ASTHO)
- Three state public health departments (AZ, TN, WV)
 - Mobilize data resources
 - Inform decisions
- Breast Cancer Online Toolkit
 - Identify and address disparities
 - Lessons learned

<http://www.astho.org/breastcancer.aspx>



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US Cancer Statistics Data Visualizations

Sections:

- Overview
- Demographics
- Trends
- Survival
- Prevalence

www.cdc.gov/cancer/dataviz

CDC Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives, Protecting People™

United States Cancer Statistics: Data Visualizations
 The official federal statistics on cancer incidence and deaths, produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).

Technical Notes Download Data Archive Cancer Data and Statistics Tools About USCS Questions and Answers Glossary

Overview Demographics Trends State/County Statistics Survival Prevalence Related Data

Area: United States New Cases (Incidence) or Deaths (Mortality): Rate of New Cancers Sex: Female Male Male and Female Cancer Type: All Types of Cancer Year: 2014

Leading Cancer Cases and Deaths, Male and Female, 2014
 In 2014, the latest year for which incidence data are available, 1,596,486 new cases of cancer were reported, and 591,686 people died of cancer in the United States. For every 100,000 people, 437 new cancer cases were reported and 161 died of cancer.
 Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One of every four deaths in the United States is due to cancer.

Rate of New Cancers in the United States
 All Types of Cancer, All Ages, All Races/Ethnicities, Male and Female
 Rate per 100,000 people

Map Table Chart Export

Rate per 100,000 people

369.9 - 416.5	420.4 - 445.7	447.0 - 461.0	462.1 - 513.7
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Top 10 Cancers by Rates of New Cancer Cases
 United States, 2014, Male and Female
 Rate per 100,000 people

Chart Table Export

Female Breast	123.9
Prostate	95.5
Lung and Bronchus	64.3
Colon and Rectum	38.4
Corpus and Uterus, NOS	26.5
Melanoma of the Skin	21.4
Urinary Bladder	19.5
Non-Hodgkin Lymphoma	18.5
Kidney and Renal Pelvis	16.2
Thyroid	14.5

Top 10 Cancers by Rates of Cancer Deaths
 United States, 2014, Male and Female
 Rate per 100,000 people

Chart Table Export

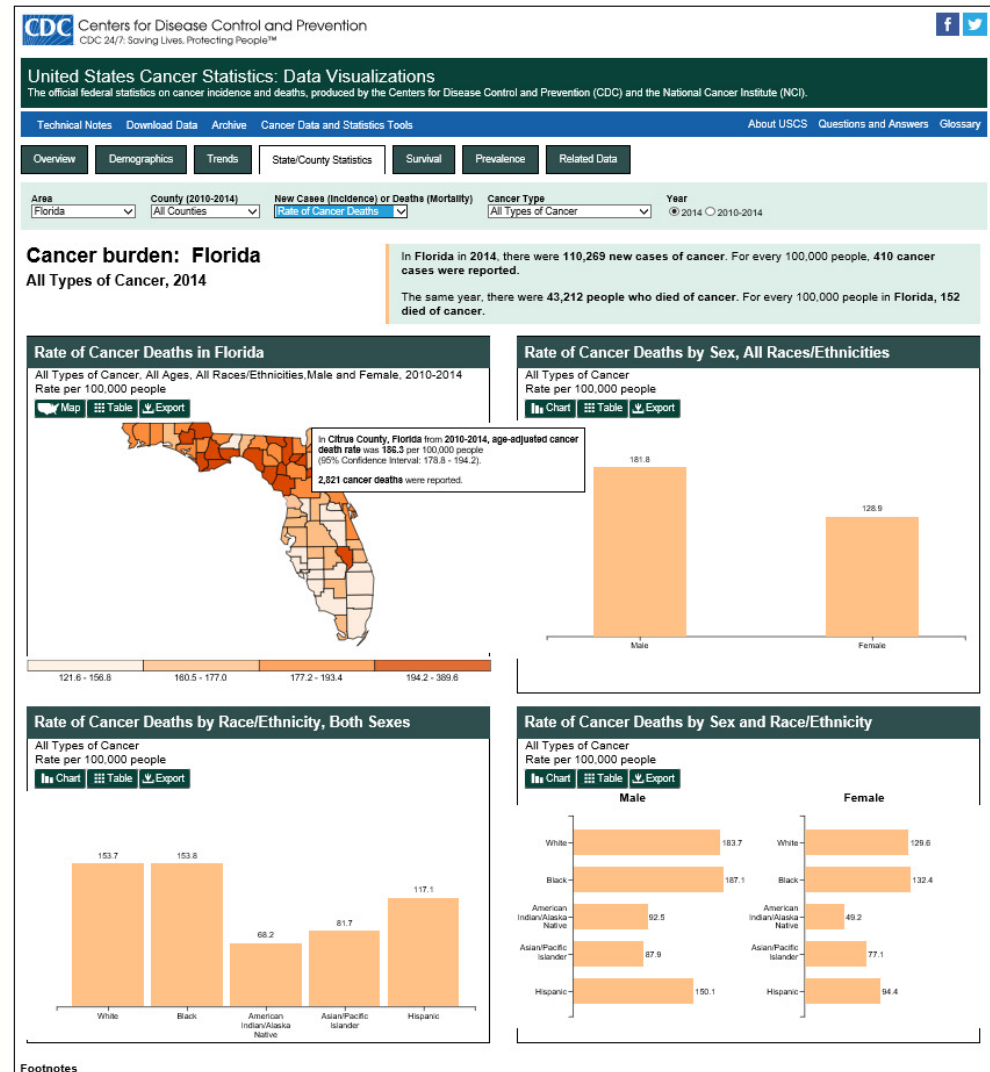
Lung and Bronchus	42.2
Female Breast	20.5
Prostate	19.1
Colon and Rectum	14.1
Pancreas	10.9
Ovary	7.0
Leukemias	6.6
Liver and Intrahepatic bile Duct	6.5
Non-Hodgkin Lymphoma	5.7
Corpus and Uterus, NOS	4.7

US Cancer Statistics Data Visualizations

State and County Statistics Selections:

- Incidence or mortality
- Counts or rates
- Cancer type
- Most recent year or 5-years combined

www.cdc.gov/cancer/dataviz



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NPCR & SEER – USCS Public Use Databases

- Cancer incidence and demographic data
- 100% population coverage for the U.S. and Puerto Rico

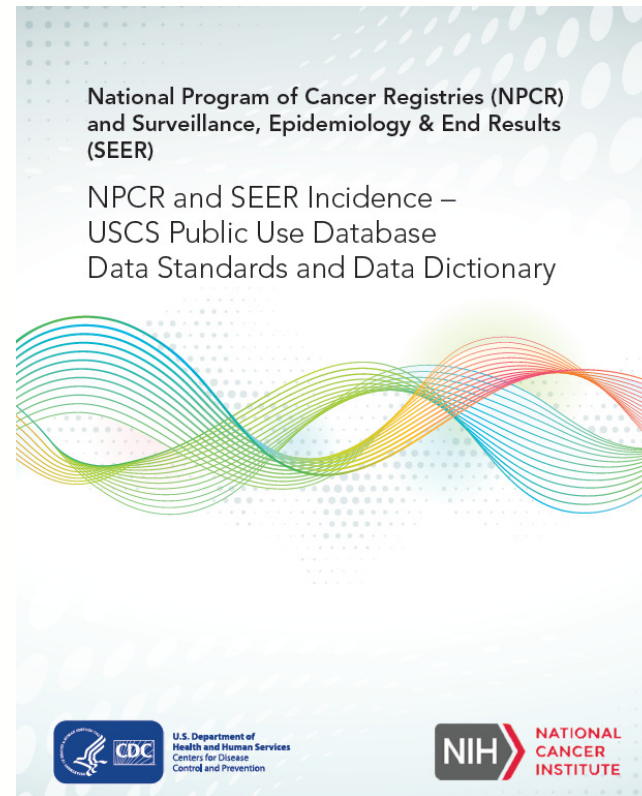


www.cdc.gov/cancer/public-use

USCS Public Use Databases

Data Items

- Demographic data
 - age, sex, race, ethnicity, state
- Tumor identification
 - primary site, histology, grade, behavior, stage



USCS Public Use Databases

Data Coverage

November 2017 submission	Number of Cases
2001–2015 database	24.7 million
2005–2015 database	18.9 million

Databases Available to Researchers

United States Cancer Statistics: Restricted Access Data

- Includes county at diagnosis, site-specific factors, prognostic measures
- Available through CDC's National Center for Health Statistics Research Data Center

NPCR Comparative Effectiveness Research Data

- Includes data items on patient characteristics, unique detailed treatment and biomarker data for breast, colon, and rectal cancers, as well as chronic myeloid leukemia cases diagnosed in 2011
- Available through CDC's National Center for Health Statistics Research Data Center

<https://www.cdc.gov/cancer/npcr/tools.htm>

Thank you.

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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.