

2012 American Cancer Society Report of Progress



2015 GOALS

Incidence:

By 2015, 25% reduction (Unlikely to meet goal)

- Baseline 1992-2009: 7.0% reduction
- Latest joinpoint trend: -0.3% APC (1998-2009)
- Current trend to 2015: 8.8% reduction
- · Rates consistently higher in men than women
- In 2009, rates for African Americans were approximately 6% higher than for whites.

Mortality:

By 2015, 50% reduction (Unlikely to meet goal)

- Baseline 1991-2009: 19.5% reduction
- Latest joinpoint trend: -1.6% APC (2001-2009)
- Current trend to 2015: 29.1% reduction
- Declines greater in men than women
- In 2009, the mortality rates for African Americans were 23% higher than for whites.

Quality of Life:

By 2015, measurable improvement for all cancer survivors (Trends unknown)

• No population-based surveillance data sets currently exist to provide reliable baseline measurements and ongoing assessments of progress toward this goal.

COLORECTAL CANCER

Incidence:

By 2015, 40% reduction (Likely to meet goal)

By 2010, 30% reduction (Possible to meet goal)

- Baseline 1992-2009: 25.5% reduction
- Latest joinpoint trend: -2.4% APC (1998-2009)
- Current trend to 2015: 39.9% reduction
- Rates for African Americans are higher than for any other racial or ethnic group.



Mortality:

By 2015, 50% reduction (Possible to meet goal)
By 2010, 40% reduction (Possible to meet goal)

- Baseline 1991-2009: 34.6% reduction
- Latest joinpoint trend: -2.4% APC (2005-2009)
- Current trend to 2015: 49.0% reduction
- In 1991, the rates for African Americans were 27% higher than for whites; by 2009, this disparity had grown to 45%.

Early Detection:

By 2015, 75% of people 50 years of age and older have colorectal screening (Possible to meet goal)

By 2010, 60% of people 50 years of age and older have colorectal screening (NHIS – almost met goal; BRFSS – met goal)

- NHIS data: Between 2000 and 2010, the use of colorectal cancer screening (either an FOBT within the past year or a colorectal endoscopic procedure within the past 10 years) among US adults 50 years of age and older increased from 38% to 59.1%.
- However, in 2010, the prevalence of colorectal cancer screening varied by race, education, health insurance coverage, and immigration status; those without health insurance (18.8%), recent immigrants (25.3%), those with less than a high school education (43.9%), and Asian Americans (45.9%) were the least likely to have had a colorectal screening test.
- BRFSS data: 65.3% in 2010

LUNG CANCER/ADULT & YOUTH TOBACCO USE

Incidence:

By 2015, 45% reduction (Unlikely to meet goal)

- Baseline 1992-2009: 13.5% reduction
- Latest joinpoint trend: -0.8% APC (1991-2009)
- Current trend to 2015: 18.3% reduction
- The downward trend in men is on track to meet the 45% reduction, but the trend among women is not.
- In 2009, the rates for African Americans were approximately 25% higher than for whites.

Mortality:

By 2015, 50% reduction (Unlikely to meet goal)

- Baseline 1991-2009: 17.8% reduction
- Latest joinpoint trend: -2.2% APC (2005-2009)
- Current trend to 2015: 31.0% reduction



- The rates for males decreased 2.8% per year between 2005 and 2009; at the current trend, these rates would decline 47.8% by 2015.
- The rates for females have stabilized after increasing for several decades.

Adult Tobacco Use:

By 2015, reduce to 12% current smokers (Unlikely to meet goal)

By 2010, reduce to 18.5% current smokers (Did not meet goal)

By 2010, reduce to 22% current smokers for adults (25 and older) with less than a high school education (Did not meet goal)

By 2015, reduce to 0.4% smokeless tobacco (Unlikely to meet goal)

- NHIS data: 2010 (current smokers) all adults 19.3%; adults with GED certificate 45.2%; African Americans 20.5%; American Indian/Alaska Native 29.8%; Hispanic 12.5%; Asian 9.4%; adult smokeless tobacco users 3.5%
- BRFSS data: 2011 (current smokers) all adults 20.2%; low education 29.4%

Youth Tobacco Use:

By 2015, reduce to 10% current smokers (Unlikely to meet goal)
By 2010, reduce to 15% current smokers (Did not meet goal)
By 2015, reduce to 1% smokeless tobacco (Unlikely to meet goal)

- YRBS data: 2011 18.1%
- Youth smokeless tobacco users 7.7%

BREAST CANCER

Incidence:

By 2015, 15% reduction (Unlikely to meet goal)

- Baseline 1992-2009: .4% reduction
- Latest joinpoint trends: 1.1% APC (2005-2009), which is not statistically significant
- Current trend to 2015: .4% reduction; current trend is stable
- · Only major cancer site in which whites have a higher rate than African Americans

Mortality:

By 2015, 50% reduction (Possible to meet goal)

- Baseline 1991-2009: 32.1% reduction
- Latest joinpoint trend: -1.9% APC (1998-2009)
- Current trend to 2015: 43.5% reduction
- In 1991, the rates for African Americans were 18% higher than for whites; in 2009, they were 41% higher.



Early Detection:

By 2015, increase to 90% screening rate (Unlikely to meet goal)

- NHIS data: 2010 50.8% mammogram within the past year; 66.5% mammogram within the past 2 years
- Whites 51.5%; African Americans 50.6; Hispanics 46.5%; AI/AN 51.6%
- No health insurance 16.9% within past year; 31.5% within past 2 years
- Immigrants in US fewer than 10 years 26.8%
- BRFSS data: 2010 40 years of age and older 59.9%; no insurance 31.8%

PROSTATE CANCER

Incidence:

By 2015, 15% reduction (Likely to meet goal)

- Baseline 1992-2009: 34.5% reduction
- Latest joinpoint trend: -1.7% APC (2000-2009)
- Current trend to 2015: 44.7% reduction
- In 2009, the rates for African American men were 67% higher than for white men.

Mortality:

By 2015, 50% reduction (Likely to meet goal)

By 2010, 40% reduction (Likely to meet goal)

- Baseline 1991-2009: 44.0% reduction
- Latest joinpoint trend: -3.2% APC (2004-2009)
- Current trend to 2015: 63.2% reduction
- · Rates in African American men remain more than twice as high as in white men.
- The huge difference in prostate mortality rates between African American men and white men accounts for about 40% of the overall cancer mortality disparity between African American men and white men.

Early Detection:

By 2015, 90% follow detection guidelines (Trend unknown)

- · No surveillance data measuring whether men have been offered PSA
- PSA screening rates have remained essentially flat over the past 5 years at just above 50%; screening rates among men without insurance are almost half those of men with insurance.



NUTRITION & PHYSICAL ACTIVITY

Overweight/Obesity:

By 2015, trends reversed and prevalence no higher than it was in 2005 (Unlikely to meet goal)

By 2010, increasing trends stopped (Met for women overall and youth, but not all subsets)

- The obesity epidemic threatens to jeopardize the incidence and mortality decreases seen for many cancers since the early 1990s.
- BRFSS data: 2011 adults 63.6% overweight, including 27.8% who are obese
- YRBS data: 2011 youth 28.2% overweight, including 13.0% who are obese

Physical Activity:

By 2015, 70% follow guidelines (Unlikely to meet goal)
By 2010, 60% follow guidelines (Did not meet goal)

- BRFSS data: 2011 adults 51.6% moderate exercise
- YRBS data: 2011 youth 28.7% of students are physically active at least 60 minutes daily.

Nutrition:

By 2015, 75% follow guidelines (Unlikely to meet goal)
By 2010, 45% follow guidelines (Did not meet goal)

- BRFSS data: 2009 adults 23.8%; BRFSS methodology changed in 2011; data not yet available
- YRBS data: 2009 youth 22.3%; YRBS methodology changed in 2011; however, in 2011, 34% consumed 2 or more servings of fruits per day and 15.3% 3 or more servings of vegetables per day
- The percentages for both youth and adults have remained essentially unchanged for years.

SKIN CANCER

Skin Protection:

By 2015, 75% of people use at least two protective measures. (Unlikely to meet goal)

- Adults NHIS data: 2010 Skin protection measures range from 11.5% of adults wearing long-sleeved shirts to 37.1% seeking the shade.
- Youth YRBS data: 2011 In youth, 10.8% report applying sunscreen most of the time, and 13.3% report using an indoor tanning device.



COMPREHENSIVE SCHOOL HEALTH EDUCATION

CSHE:

By 2015, 50% of school districts provide CSHE (Likely to meet goal)
By 2010, 35% of school districts provide CSHE (Likely to meet goal)

• The 2006 School Health Policies and Programs Study (SHPPS) data showed that 24% of school districts conducted comprehensive or coordinated school health education, up significantly from 14.9% reported in the 2000 SHPPS. Collection for the 2012 SHPPS data is under way.

School Health Councils:

By 2015, 90% of school districts will have active school health councils. (Likely to meet goal)

 Based on data from the 2006 School Health Policies and Programs Study (SHPPS) conducted by the CDC, school health councils exist in 72.9% of school districts. Collection for the 2012 SHPPS data is under way.

School Health Coordinators:

By 2015, 90% of school districts will have school health coordinators. (Likely to meet goal)

• Based on data from the 2006 School Health Policies and Programs Study (SHPPS), 67.8% of school buildings now have a person who oversees or coordinates school health education. Collection for the 2012 SHPPS data is under way.

QUALITY OF LIFE

Pain Control:

By 2015, all 50 states and the District of Columbia will have received a grade of B or higher on the Pain Policy Report Card, and at least 10 states will have received a grade of A. (Possible to meet goal)

• In 2008, 33 states received a grade of B or higher on the Pain Policy Report Card, up from only 12 states in 2000. In 2008, five states (Oregon, Kansas, Michigan, Virginia, and Wisconsin) received a grade of A; in 2000, no states received a score of A. Pain policies are becoming more balanced even compared with 2008. Since 2007, 13 states had policy changes, and in 7 of those states the change was sufficient enough to improve the grade. No state's grade decreased in 2008 or even since 2000 and 88% of states now have a grade of at least C+.



Symptom Control:

By 2015, establish and implement a process to measure the effective control of pain, other symptoms, and side effects for those affected by cancer. (Data unavailable at this time)

- Findings from the American Cancer Society Studies of Cancer Survivors (SCS) and other data sources indicate that pain, fatigue, and emotional distress are among the most common symptoms and side effects reported by cancer patients and survivors.
- Society scientists from Behavioral Research and Surveillance and Health Policy Research are currently leading a collaborative project to monitor symptom-related trends.

End-of-life Care:

By 2015, increase use of best practice end-of-life care. (Data unavailable at this time)

- Those dying of cancer may suffer unnecessarily due to lack of optimal palliative care services or futile attempts at curative treatment that do not extend life but do diminish quality of life.
- Quality data will be available soon as a result of a new Commission on Cancer Palliative Care Standard, the Joint Commission's new Advancer Certification for Palliative Care program, and the National Quality Forum's new palliative care measures under consideration.
- Together, the Society and ACS CAN are taking action to integrate palliative care earlier
 in the course of illness as an essential element of providing quality patient-centered and
 family-focused care.

ACCESS TO CARE

Health Care Coverage:

By 2015, the proportion of individuals without any type of health care coverage will decrease to 0%. (Unlikely to meet goal)

- In 2010, the percentage of persons in the US between the ages of 18 and 64 who reported being uninsured was an estimated 18.5%, according to NHIS data. This was a decrease from 19.9% in 2008.
- In 2010, Congress passed and the president signed health care legislation known as the Affordable Care Act, which following full implementation will affect access to care for individuals nationwide. This legislation includes several provisions that will meaningfully improve the health care system. The American Cancer Society Cancer Action Network (ACS CAN), the Society's nonprofit, nonpartisan advocacy affiliate, continues to work to ensure that the Affordable Care Act is implemented in the strongest possible way for people with cancer and their families.



Out-of-pocket Costs:

By 2015, no more than 2% of individuals diagnosed with cancer will report difficulties in obtaining medical care due to high out-of-pocket costs. (Unlikely to meet goal)

- In 2010, the percentage of persons in the US who reported problems with out-of-pocket health care costs increased to 9.1% from 7.23% in 2007, according to National Health Interview Survey data.
- A 2010 ACS CAN poll of families affected by cancer shows that cancer patients, survivors, and their families continue to struggle to afford health care and pay for other basic needs such as food and heat in a troubled economy. The poll finds that nearly half of cancer patients and survivors under age 65 have had difficulty paying for health care such as health insurance premiums, copays, and prescription drugs in the previous two years. One-third of those currently in active treatment have had to delay some type of health care in the previous year.

Completion of Recommended Treatment:

By 2015, establish and implement a process for measuring the completion of recommended treatment based on established guidelines, including participation in clinical trials. (Possible to meet goal)

• Staff is currently working on various plans for measuring completion of recommended treatment.

PATIENT INFORMATION / PROGRAMS

Constituents Served with Patient-related Information or Patient Programs

- The American Cancer Society served more than 589,000 unique constituents with patient-related information and programs in fiscal year 2011, an increase of 2% from 2010.
- The number of newly diagnosed constituents and uninsured or Medicaid constituents increased by 4% and 7%, respectively in fiscal year 2011.

Constituents Served with Patient-related Information by Channel

- The channels of NCIC, Hospital-based Navigation, and Other Channels each saw an increase in outreach to constituents compared to the prior fiscal year.
- Growth in the Other Channels category was primarily driven by the Fax Referral Service channel and volunteer resource centers.
- There was a slight decrease in constituents served through the Local Offices channel.



Unique Views of Cancer Information and Patient Support Online

- Unique visitors to cancer.org increased by 13% in fiscal year 2011 compared to the prior fiscal year, increasing the rate of visitors to 15.1 visitors for every 1 new cancer case in the US.
- There were approximately 1 million unique visitors to the Cancer Survivors NetworkSM in fiscal year 2010. In 2010, the Society began using Google Analytics to track Web site usage; therefore we cannot compare 2010 to prior fiscal years.

Constituents Served by Patient Programs

- The American Cancer Society served more than 250,000 unique constituents with patient-related programs in fiscal year 2011, an increase of 4% compared to the prior fiscal year.
- The number of constituents served with Access to Care programs increased 20% in fiscal year 2011, compared to the prior fiscal year, and has demonstrated the largest growth of any focus area for the past three fiscal years. Within the Access to Care focus area, transportation assistance saw the largest increase of constituents served and services provided, primarily led by the gas card program. In fiscal year 2011, the Society assisted more than 45,000 constituents in the form of gas cards.
- Patient Support programs increased marginally in fiscal year 2011 compared to the prior fiscal year. The programs that contributed to growth include Children's Cancer Camps, I Can Cope°, and Look Good Feel Better°. However, declines in Man To Man°, Reach To Recovery°, and Support Groups kept this focus area from achieving higher growth levels similar to other focus areas.

RESEARCH LEADERSHIP ROLE

Federal Research Budgets

- One of the roles of research is to focus on influencing the amount and direction of funding for cancer research, with research advocacy being one of the Society's key strategies.
- Federal funding for the National Institutes of Health decreased \$600 million in 2011 to \$30.4 billion. Funding for the National Cancer Institute decreased \$90 million to \$5.06 billion during the same time period.

GLOBAL HEALTH

Estimated Number of Cancer Deaths

- · Cancer causes 1 in 8 deaths worldwide and is rapidly becoming a global pandemic.
- There were 12.7 million new cases and 7.6 million cancer deaths in 2008, according to estimates from the International Agency for Research on Cancer (IARC).
- The global cancer burden is expected to nearly double to 21.4 million cases and 13.2 million deaths by 2030.



Make Cancer Control a Public Health Priority Globally:

By 2015, cancer will be addressed on the global health and development agenda, including MDG successor goals.

- In September 2011, the United Nations (UN) General Assembly held a first-ever High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs), signaling the global prioritization of these diseases as a global health and development priority.
- This historic meeting resulted in the adoption of a Political Declaration that calls for a multi-pronged campaign by governments, industry, and civil society to coordinate efforts to address the risk factors associated with the four main groups of NCDs—cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.
- Effective advocacy by the global cancer community, including the American Cancer Society, the UICC, and the NCD Alliance, resulted in strong language supporting cancer prevention and control in the Political Declaration. It commits to enforcing the Framework Convention on Tobacco Control (FCTC) and increasing access to cancer vaccines and screening. It also commits governments to increase access to affordable, safe, effective, and quality-assured medicines and to improve access to palliative and rehabilitative services, particularly at the community level.

Tobacco Control:

By 2015, prevent any increases in the smoking prevalence rate among both youth and adults in sub-Saharan Africa.

- Sub-Saharan Africa (SSA) is the only major region of the world that has relatively low smoking rates. As a result, it has become a major target for the tobacco industry.
- To avert a preventable epidemic of tobacco-related death and disease in sub-Saharan Africa, the American Cancer Society works in partnership with the Africa Tobacco Control Consortium (ATCC), supported by the Bill & Melinda Gates Foundation. As the coordinating organization of this coalition, the Society collaborates with the Africa Tobacco Control Regional Initiative (ATCRI), the Africa Tobacco Control Alliance (ATCA), the Framework Convention Alliance (FTC), the Campaign for Tobacco-Free Kids (CTFK), and the International Union Against Tuberculosis and Lung Disease (The Union) to prevent and reduce tobacco use in 10 priority countries by implementing proven strategies at the national and local level.

INCOME DEVELOPMENT

Total Public Support

- Fundraising dollars exceeded \$1 billion for the first time in 2007 and again in 2008, but retreated below that level during the recession and subsequent periods (\$898 million in 2009, \$903 million in 2010, and \$888 million in 2011) due primarily to a market-driven decline in the amount of planned gifts received and valued.
- The Society has lost market share in the increasingly competitive cancer philanthropy space during the past decade, as the organization's growth has been outpaced by rising niche brands that are also friends and collaborators in mission efforts. From 2003 to 2009, the Society's share of the cancer marketplace declined about 30 percent. Market share data are not yet available for 2011. Maintaining and increasing our market share to ensure the Society remains relevant to our constituents is one of the larger goals of the organization's transformation work.



GOALS AT A GLANCE

MET/LIKELY TO MEET GOAL

CSHE – 2010 CSHE – 2015

Colorectal Early Detection – 2010 Colorectal Incidence – 2015 Overweight/Obesity – 2010 Prostate Incidence – 2015 Prostate Mortality – 2010 Prostate Mortality – 2015 School Health Coordinators – 2015

School Health Councils – 2015

POSSIBLE TO MEET GOAL

Breast Mortality – 2015 Colorectal Early Detection – 2015 Colorectal Incidence – 2010 Colorectal Mortality – 2010 Colorectal Mortality – 2015 Completion of Recommended Treatment – 2015 Pain Control – 2015

DID NOT MEET/UNLIKELY TO MEET GOAL

Adult Smokeless Tobacco – 2015 Adult Tobacco Use – 2010 Adult Tobacco Use – 2015

All Sites Incidence – 2015 All Sites Mortality – 2015 Breast Early Detection – 2015 Breast Incidence – 2015 Health Care Coverage – 2015 Lung Incidence – 2015 Lung Mortality – 2015 Nutrition – 2010 Nutrition – 2015

Out-of-pocket Costs – 2015 Overweight/Obesity – 2015 Physical Activity - 2010 Physical Activity - 2015 Skin Protection – 2015

Youth Smokeless Tobacco – 2015 Youth Tobacco Use – 2010 Youth Tobacco Use – 2015

TREND UNKNOWN/DATA UNAVAILABLE

End-of-life Care – 2015 Prostate Early Detection – 2015 Quality of Life – 2015 Symptom Control – 2015



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