American Cancer Society

American Cancer Society Progress Report

December 2016

2015 Goals

Incidence:

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

- Baseline 1992-2013: 12.1% reduction

- Latest joinpoint trend: -1.5% APC (2009-2013)

- Current trend to 2015: 14.8% reduction

- Rates consistently higher in men than women; declining consistently in men since 1999, but stable in women since 1987

- In 2013, rates for African Americans were approximately 4% higher than for whites.

Mortality:

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

- Baseline 1991-2013: 24.2% reduction

- Latest joinpoint trend: -1.5% APC (2001-2013)

- Current trend to 2015: 26.5% reduction

- Declines greater in men than in women

- In 2013, mortality rates for African Americans were 16% 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 ongoing assessments of progress toward this goal. The Society is working with the National Cancer Institute and the Commission on Cancer to develop such systems.

Colorectal Cancer

Incidence:

By 2015, 40% reduction (possible to meet goal)
By 2010, 30% reduction (did not meet goal)

- Baseline 1992-2013: 34.7% reduction

- Latest joinpoint trend: -3.4% APC (2007-2013)

- Current trend to 2015: 39.1% reduction

- Rates for African Americans are higher than for any other racial or ethnic group.

Mortality:

By 2015, 50% reduction (unlikely to meet goal)
By 2010, 40% reduction (did not meet goal)

- Baseline 1991-2013: 39.8% reduction

- Latest joinpoint trend: -2.5% APC (2005-2013)

- Current trend to 2015: 42.8% reduction

- In 1991, rates for African Americans were 27% higher than for whites; in 2013 they were 36% higher. This disparity has begun to shrink.

Early Detection:

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

By 2010, 60% of people age 50 and older have colorectal screening (National Health Interview Survey (NHIS) – nearly met goal; Behavioral Risk Factor Surveillance System (BRFSS) – met goal)

- NHIS data (2015): 62.5% of adults 50 years and older reported having a guaiac-based fecal occult blood test (gFOBT) in the past year, a flexible sigmoidoscopy (FSIG) in the past five years, or a colonoscopy within the past 10 years.

- Nationally, the prevalence of colorectal cancer screening varied by race, education, health insurance coverage, and immigration status. Those without health insurance (25%), recent immigrants (33.7%), those with less than a high school education (47.3%), Hispanics (49.9%), and Asians (44.4%) were the least likely to be up to date with colorectal screening.

- BRFSS data (2014): 67.6% (median), ranging from 58.0% in Wyoming to 76% in Massachusetts

Lung Cancer/Adult & Youth Tobacco Use

Incidence:

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

- Baseline 1992-2013: 21.4% reduction

- Latest joinpoint trend: -2.1% APC (2007-2013)

- Current trend to 2015: 24.6% reduction

- In 2013, rates for African Americans were approximately 15% higher than for whites.

Mortality:

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

- Baseline 1991-2013: 26.4% reduction

- Latest joinpoint trend: -2.3% APC (2005-2012)

- Current trend to 2015: 29.9% reduction

- The rates for males decreased 3% per year between 2005 and 2013; at the current trend, these rates would decline 44% by 2015 (from baseline).

- The rates for females did not begin declining until 2007; rates decreased 1.9% per year between 2007 and 2013.

Adult Tobacco Use:

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

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

- NHIS data (2015):
  - Current cigarette smokers: overall = 15.3%; adults with GED certificate = 34.1%; adults with less than high school degree = 25.6%; non-Hispanic whites = 17.4%; non-Hispanic blacks = 16.7%; Hispanics = 10.2%; Native Americans/Alaskan Natives = 24.2%
  - Smokeless tobacco users: overall = 2.3%

Youth Tobacco Use:

By 2015, reduce to 10% current smokers (likely to meet goal)

By 2015, reduce to 1% smokeless tobacco (unlikely to meet goal)

- National Youth Tobacco Survey (NYTS) data (2015), high school students:
  - Current cigarettes smokers = 9.3%
  - Current smokeless tobacco users = 6.0%

Female Breast Cancer

Incidence:

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

- Baseline 1992-2013: 0.1% increase

- Latest joinpoint trends: 0.4% APC (2004-2013)

- Current trend to 2015: 0.9% increase

- Only major cancer site for which whites and African Americans have similar incidence rates; rates have historically been higher in whites

Mortality:

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

- Baseline 1991-2013: 36.6% reduction

- Latest joinpoint trend: -1.9% APC (1998-2013)

- Current trend to 2015: 39% reduction

- In 1991, the rates for African Americans were 18% higher than for whites; in 2013, they were 39% higher.

Early Detection:

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

- NHIS data (2015): among women 40 years and older, 50.2% mammogram within the past year; 64.3% mammogram within the past two years

- Mammogram within the past year: non-Hispanic whites = 50.3%; non-Hispanic blacks = 55.4%; Hispanics = 45.7%; American Indian and Alaska Native = 46.1%; non-Hispanic Asians = 47.1%

- No health insurance = 20.9% within past year; 30.7% within past two years

- Immigrants in United States fewer than 10 years (within the past year) = 33.3%

Prostate Cancer

Incidence:

By 2015, 15% reduction (met goal)

- Baseline 1992-2013: 52.8% reduction

- Latest joinpoint trend: -10.7% APC (2010-2012)

- Current trend to 2015: 62.4% reduction

- In 2013, rates for African American men were 75% higher than for white men.

Mortality:

By 2015, 50% reduction (met goal)
By 2010, 40% reduction (met goal)

- Baseline 1991-2013: 51.1% reduction

- Latest joinpoint trend: -3.5% APC (1998-2013)

- Current trend to 2015: 54.5% reduction

- Rates for African American men remain more than twice as high as for white men.

- The large difference in prostate cancer mortality rates between African American men and white men accounts for about 48% of the overall cancer mortality disparity between African American men and white men.

Early Detection:

By 2015, 90% follow detection guidelines (unlikely to meet goal)

- Surveillance data measuring whether men have been offered a PSA is not currently available, although according to 2015 NHIS data a small proportion of men (38.2%) reported some form of shared decision making.

- PSA screening rates have declined in recent years, from 41.3% in 2010 to 34.4% in 2015, and screening rates among men without insurance are lower (10.2%) compared to men with insurance (29.8%).

Nutrition & Physical Activity

Overweight/Obesity:

By 2015, trends reversed and prevalence no higher than in 2005 (not likely to meet goal)

- The obesity epidemic threatens to jeopardize the incidence and mortality decreases seen for many cancers since the early 1990s.

- National Health and Nutrition Examination Survey data (2013-14):

  o Adults (20 yrs and older): 70.7% overweight, including 37.7% who are obese, moderately higher than the proportion of adults who were overweight or obese in 2005 (66.9% and 34.3%, respectively, during 2005-2006). The confidence intervals are close, but the increase for adults is significant for comparison between 2005-2006 and 2013-2014 when estimates are adjusted for relevant factors (age, race/ethnicity, etc.).

  o Youth (12-19 yrs old): 33.4% overweight, including 20.6% obese

- The current trend is increasing among adults.

Physical Activity:

By 2015, 70% follow guidelines (unlikely to meet goal)

- NHIS data (2015): adults = 49.8% participated in at least 150 minutes of moderate activity or 75 minutes of vigorous activity per week

- YRBSS data (2015): youth = 27.1% of high school students were physically active for at least 60 minutes daily

Nutrition:

By 2015, 75% follow guidelines (unlikely to meet goal)

- BRFSS data (2014): adults = 33.2% consumed two or more servings of fruits per day, and 15.7% consumed three or more servings of vegetables per day

- YRBSS data (2015): youth = 31.5% consumed fruit or 100% fruit juice two or more times per day; 14.8% consumed vegetables three or more times per day

Skin Cancer

Skin Protection:

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

- NHIS data (2015): adults = Skin protection measures range from 13.1% of adults wearing long-sleeved shirts to 39.4% seeking the shade.

- YRBSS data (2013): youth = 10.1% reported applying sunscreen most of the time.

Comprehensive School Health Education

Comprehensive School Health Education (CSHE):

By 2015, 50% of school districts provide CSHE (met goal)
By 2010, 35% of school districts provide CSHE (met goal)

- In 2014, a School Health Policies and Programs Study (SHPPS) assessing policies and programs at the school and classroom level reported that 78.2% of schools have health education that follows national, state, or district health education standards.

School Health Councils:

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

- Based on data from the 2014 SHPPS, conducted by the Centers for Disease Control and Prevention, school health councils exist in 35.7% of school districts, down from 65.4% in 2012.

School Health Coordinators:

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

- In 2014, a SHPPS study assessing policies and programs at the school and classroom level reported that 57.9 % of schools had a health education coordinator on staff.

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 2015, 43 states and the District of Columbia received a grade of B or higher on the Pain Policy Report Card, up from only 12 states in 2000.

- In 2015, 13 states received a grade of A; in 2000, no states received a grade of A.

- Seven states saw improved grades from 2013-2015.

- Six states saw a decrease in grades from 2013-2015.

- Pain policies, in general, have become more balanced across the US over the past decade, but recent concerns about opioid misuse have shifted trends toward more restrictive access policies.

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 partially available)

- 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.

- Scientists from the Behavioral Research Center of the ACS Intramural Research Department led a pilot study using innovative methods to assess patient perceptions of cancer symptom care – the Patient Reported Outcomes Symptoms & Side Effects Study (PROSSES). PROSSES collaborators include the National Cancer Institute (NCI), the Commission on Cancer (CoC), and 17 cancer centers across the US. PROSSES piloted the use of the CoC's Rapid Quality Reporting System for collected patient-reported data. The pilot was highly successful, achieving a response rate of 61% with minimal burden on cancer center staff (an average of four hours per month for each participating cancer center).

- PROSSES found that 71% of patients reported receiving advice from a health care provider for coping with pain, 61% for fatigue, and 55% for emotional distress (ED). 62% of patients reported being bothered by pain, 72% by fatigue, and 47% by ED. Among those bothered by a given symptom, 58% reported definitely receiving the help they wanted for pain, 40% for fatigue, and 46% for ED. These results show that one-third to half of patients did not recall getting advice or the help they wanted for three common symptoms.

- Staff from the Intramural Research Department are building upon the success of PROSSES by developing plans for the next step with our partners, NCI and CoC. In addition, staff from the Intramural Research Department are serving on the CoC Accreditation Committee and the American Society of Clinical Oncology Patient Reported Outcomes (PROs) Panel. These groups are encouraging the use of PROs for symptom assessment and performance measurement in ways that could result in data suitable for symptom surveillance.

End-of-life Care:

By 2015, increase use of best practice end-of-life care (likely to meet goal)

- 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.

- Over the past 10 years, palliative care has been one of the fastest growing trends in health care. The number of palliative care programs within hospital settings has increased by 183%, from more than 600 in 2000 to more than 1,700 today.

- Palliative care addresses the pain, symptoms, and psychosocial issues of patients with serious illness throughout the cancer continuum. Palliative care is appropriate for all cancer patients at any age or any stage, and should be provided to patients starting at the point of diagnosis, alongside curative treatment, and onward.

- The Society and the American Cancer Society Cancer Action Network[SM] (ACS CAN) together have led initiatives to improve the lives of cancer patients by making treatment of their pain and other symptoms and coordination of their care standard protocol during their treatment for cancer.

- In July 2012, legislation was introduced in the US Senate and the US House of Representatives aimed at reducing suffering and improving quality of life of patients undergoing care for serious illnesses, such as cancer, by improving access to palliative care.

- This legislation addresses the need to increase federal investment in palliative care and symptom management research at the National Institutes of Health, the need to expand the number of doctors and other health professionals trained in the medical subspecialty of palliative care, and the need to educate the public about the delivery model of palliative care.

- In 2013, ACS CAN introduced model state palliative care legislation that now has passed in 10 states.

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)

- According to the Census – the uninsured rate decreased between 2014 and 2015 by 1.3 percentage points as measured by the CPS ASEC. In 2015, the percentage of people without health insurance coverage for the entire calendar year was 9.1 percent, or 29.0 million, lower than the rate and number of uninsured in 2014 (10.4 percent or 33.0 million).

- Since implementation of the Affordable Care Act in 2014, ACS CAN has continued extensive work at both the federal and state level – through regulatory and legislative processes – to ensure that health care coverage is more accessible to those with cancer as well as cancer survivors. Priority advocacy efforts include: expansion of Medicaid, implementation of market reforms, improved provider network adequacy, and formulary transparency.

  There is an ongoing, enterprise-wide need to increase awareness and educate the public on the connection between health insurance coverage and cancer outcomes.

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)

- For the first six months of 2015, the percentage of people under the age of 65 who were in families having problems paying medical bills decreased to 16.5%, 44.5 million from 21.3%, 56.5 million in 2011, according to NHIS data.

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)

- It remains unlikely that a treatment completion measure that would apply for all sites and types of treatment can be developed, because neither hospital nor population-based cancer registries attempt to collect treatment completion information. However, American Cancer Society staff are pursuing opportunities to measure initiation of treatment and completion of treatment where such opportunities exist.

- The NCI SEER-Medicare claims linked database could be used to estimate treatment completion rates. However, this database is limited because it does not include younger patients (age ≤65 years) or those with Medicare HMO (or Medicare Advantage) plan, and reflects billing for each chemotherapy treatment received in an outpatient setting. The analyses used to do this are complex, the definition of "completion" is specific to the cancer and treatment, and, ideally, the results would need to be validated against clinical records.

- In a current collaboration, we are for the first time using radiation dose data to assess completion of radiation treatment for women with breast cancer. Based on the results of this study, it may be possible to develop a measure for radiation treatment completion for breast cancer patients using the National Cancer Database (NCDB).

- The NCDB also has information on treatment. This database largely provides information on initiation of treatment and has been used for a number of studies on initiation of first treatment and initiation of adjuvant treatment (such as time from surgery to chemotherapy).

Goals at a Glance

Met/Likely To Meet Goal

Colorectal Early Detection – 2010

CSHE – 2010

Prostate Incidence – 2015

CSHE – 2015

Prostate Mortality – 2010

Prostate Mortality – 2015

Youth Tobacco Use – 2015

End-of-life Care – 2015

Possible To Meet Goal

Colorectal Incidence – 2015

Pain Control – 2015

Overweight/Obesity – 2015

Completion of Recommended Treatment – 2015

Did Not Meet/Unlikely To Meet Goal

All Sites Incidence – 2015

Breast Incidence – 2015

All Sites Mortality – 2015

Breast Mortality – 2015

Lung Incidence – 2015

Breast Early Detection – 2015

Lung Mortality – 2015

Prostate Early Detection – 2015

Adult Tobacco Use – 2015

Physical Activity – 2015

Adult Smokeless Tobacco – 2015

Nutrition – 2015

Skin Protection – 2015

Youth Smokeless Tobacco – 2015

Health Care Coverage – 2015

Colorectal Incidence – 2010

Out-of-pocket Costs – 2015

Colorectal Mortality – 2010

School Health Coordinators – 2015

Colorectal Mortality – 2015

Colorectal Early Detection – 2015

School Health Councils – 2015

Trend Unknown/Data Unavailable

Quality of Life – 2015

Symptom Control – 2015

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