



Welcome to the January/February 2022 edition of the "**CCC Circular**" – a communication from the American Cancer Society (ACS) Comprehensive Cancer Control Technical Assistance and Training grant team highlighting ACS events and resources for your CCC program/coalition efforts.



ACS News

[Cancer Facts & Figures 2022](#) Released: Risk of Dying from Cancer Continues to Drop at an Accelerated Pace

The risk of dying from cancer in the U.S. has decreased over the past 28 years according to annual statistics reported by the American Cancer Society (ACS). The cancer death rate for men and women combined fell 32% from its peak in 1991 to 2019, the most recent year for which data were available. Some of this drop appears to be related to an increase in the percentage of people with lung cancer who are living longer after diagnosis, partly because more people are being diagnosed at an early stage of the disease.

The 2022 edition of Cancer Facts and Figures also includes a [Special Section on Cancer in the American Indian and Alaska Native Population](#).

The information is also available in a companion PDF report, Cancer Facts & Figures 2022 and is available on the interactive website, the Cancer Statistics Center.



Research News

American Cancer Society Releases Updated Report On The Status Of Cancer Disparities In The U.S.

This report, published in the December 8th edition of [CA: A Journal for Cancer Clinicians](#), provides comprehensive and up-to-date US data on disparities in cancer occurrence, major risk factors, and access to and utilization of preventive measures and screening by sociodemographic characteristics. Lead author Farhad Islami, MD, PhD and fellow researchers also review programs and resources that have reduced cancer disparities and provide policy recommendations to further mitigate these inequalities. Key findings include:

- Black women have a 12% higher overall cancer death rate than their White counterparts despite having an 8% lower incidence rate
- Kidney cancer death rates by sex among American Indian/Alaska Native people are ≥64% higher than the corresponding rates in each of the other racial/ethnic groups
- The 5-year relative survival for all cancers combined is 14% lower among residents of poorer counties than among residents of more affluent counties.

Read the [full press release here](#).



Roundtables' Resource Round-up

National HPV Roundtable: Read the [HPV Vaccination Best Practices Learning Collaborative Summary Report and Lessons Learned](#) which discusses interventions and outcomes from a learning collaborative conducted through a partnership between the AMGA (American Medical Group Association) and the National HPV Vaccination Roundtable from 2019-2021. Eight healthcare organizations implemented multiple and diverse interventions aimed at improving HPV vaccination rates for adolescents receiving care. Despite the COVID-19 pandemic, participating HCOs were able to demonstrate improvements across the six specific measures used to track performance during the collaborative. Every participating organization improved in at least one measure and every measure was improved by at least one organization. [Read how!](#)

National Colorectal Cancer Roundtable:

Recorded presentations and slides from the **80% In Every Community Conference & NCCRT Annual Meeting** in November 2021 are available! Topics include Implementing the USPSTF Recommendation: Screening at 45; Ensuring Follow Up To Abnormal Stool Tests; and Leading The Focus On Health Equity, a session led by the Association Of Black Gastroenterologists And Hepatologists. See all the [resources from the meeting here!](#)

National Lung Cancer Roundtable:

The NLCRT invites you to register for a special webinar, "**Building Equitable Lung Cancer Control and Care for All**," on Wednesday, **February 16th** from 2:00pm-3:00pm ET/11:00am-12:00pm PT. The webinar is a follow-up to the popular and provoking NLCRT 2021 Annual Meeting keynote session and will feature Robert A. Winn, MD, Massey Cancer Center at Virginia Commonwealth University; Marshall Chin, MD, MPH, FACP, University of Chicago; Manali Patel, MD, MPH, MS, Stanford University; and Nicole Richie, PhD, Genentech, a Roche Company. The webinar will be moderated by Gerard Silvestri, MD, MS, FCCP, Medical University of South Carolina. The Annual Meeting [session recording can be viewed here](#). And [register for the upcoming webinar today!](#)

National Navigation Roundtable:

The [NNRT](#) partnered with [Living Beyond Breast Cancer](#) to host a webinar entitled, "[Navigating your young breast cancer patients' emotional health](#)" in Fall 2021. View the archived recording and download the one-page [resource list](#) which compiles recommended provider resources when working with young breast cancer patients.

Cervical Cancer Screening Initiative:

25% of all cervical cancer deaths occur among women diagnosed after age 65. **Do some older women stop getting screened for cervical cancer too soon?** A recent [article in the journal Gynecologic Oncology](#) (J. Mills et al) reports that a significant fraction of cervical cancer deaths that occur each year in the US could be averted by adherence to screening recommendations in the decade leading up to age 65. ACS guidelines recommend that women can stop cervical cancer screening at age 65 if they do not have a history of cervical cancer or advanced cervical neoplasia in the past 25 years, and have a history of hysterectomy or guideline adherent, consecutive, normal screening results in the 10 years before age 65. If a

woman does not have this recent history of normal exams, she will need to continue screening until these criteria are met. Additional steps to ensure eligibility to stop screening may be necessary to decrease preventable cervical cancers among women over age 65. Read more about [cervical cancer screening guidelines on cancer.org](https://www.cancer.org/cancer/cervical-cancer/prevention/screening-guidelines/cervical-cancer-screening-guidelines-on-cancer.org).



American Cancer Society Cancer Action Network (ACS CAN)

New Guidance Ensures Coverage for Follow-up Colonoscopies

Last week, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) announced that **private insurance plans must now cover follow-up colonoscopies after a positive non-invasive stool test**. Until now, colonoscopies after positive stool tests were often considered “diagnostic” and, therefore, not covered in full the way a preventive screening is required to be covered by the Affordable Care Act.

What's next? While this new guidance will expand coverage of follow-up colonoscopies to many more individuals nationwide, including individuals who have coverage through Medicaid expansion, **it does not apply to traditional Medicaid and Medicare plans**. [Find out how ACS CAN](#) is working towards this goal.



Fill Your CCC Toolbox

We've heard from CCC programs and coalitions that the CCCNP [Cancer Plan Tip Sheets](#) have been helpful in revising your cancer plans. But have you thought about using them throughout the year, to inform plan implementation?

Here are some practical ways the Tip Sheets could be used during your next meeting:

- Choose 1-2 questions from the worksheets at the end of each Tip Sheet to springboard discussion at your next topical Workgroup Meeting.
- As a Workgroup, pull up the list of suggested partners in the Tip Sheet -- who do you need to engage or re-engage? Ask coalition members to volunteer to make these connections.
- Flip to the Resource page in the Tip Sheet. Identify a handful of resources you aren't as familiar with, and assign each team member a resource to explore before your next meeting and share what they found, as well as how the resource could be used by your coalition.

As a reminder, current Cancer Plan Tip Sheet topics include: Health Equity, HPV Vaccination, Nutrition & Physical Activity, Tobacco Prevention & Control, Breast Cancer Screening, Colorectal Cancer Screening, Lung Cancer Screening, and Addressing Risk Factors for Cancer Survivors.



Cultivating Coalition Health

From the [Nine Habits of Successful Comprehensive Cancer Control Coalitions](#):

Habit #3: Value-Added Collaboration

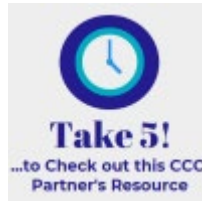
When Habit #3 is done well, coalition members acknowledge and appreciate the “value-added” benefit of the coalition’s collaborative efforts. Coalition members see results from working with other members and forging alliances that otherwise, might not be realized.

Read the statements below and rate your coalition from 1 (needs improvement) to 5 (we got this!), and then follow the link for simple ideas on how to increase the sense of value-added collaboration within your coalition:

- Coalition members have connected with each other, which led to them working together or sharing resources.
- Our coalition’s efforts influence key decision-makers, government agencies, and other organizations.

- Our coalition works on things that otherwise wouldn't have happened without our efforts.

[Habit 3 - Find out more!](#)



CDC's Division of Cancer Prevention and Control Launches New Health Equity in Cancer Website

CDC's new [Health Equity in Cancer website](#) compiles resources from across the agency to inform your coalition's health equity work in cancer prevention and control. The site includes helpful [definitions of terms](#) often used when discussing health equity and examples of state efforts in addressing these issues. You can also find information on the disadvantages some groups of people face in preventing cancer, such as [how racism leads to cancer health disparities](#), as well as how those disparities are measured and links to data resources that could inform your cancer planning.

Imagine a world free from cancer.
Help us make it reality.

For more information about ACS Comprehensive Cancer Control training and technical assistance, contact ACS CCC's Strategic Director, Katie Bathje, at

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