***Moving Cancer Moonshot Forward:***

***Changing the Trajectory of Colorectal Cancer in*** *[Name of State]*

According to the American Cancer Society’s most recent statistics, approximately 5,250 Americans are diagnosed with cancer (new cases) and approximately 1,670 Americans lose their lives to cancer each day.[[1]](#footnote-1) In our state, the numbers are equally sobering, with [insert state specific **colorectal cancer** incidence, prevalence hospitalization and or mortality rates here>] Every day is an opportunity to fundamentally change the trajectory of cancer, and we are excited that the federal government’s [Cancer Moonshot](https://www.whitehouse.gov/cancermoonshot/) relaunch can help us do just that.

The Cancer Moonshot is a multi-sector, national initiative with new national goals aimed at “reducing the cancer mortality rate by at least 50 percent over the next 25 years and improving the experience of cancer survivors and their families, in hopes of ending cancer as we know it today.”[[2]](#footnote-2)

COVID-19 has made the relaunch of the 2022 Cancer Moonshot national initiative timely. Nearly 10 million Americans missed their cancer screenings in a 7-month period during the pandemic, and there have been increases in patients diagnosed with a late-stage metastatic or inoperable cancers and in patients experiencing cancer treatment delays.[[3]](#footnote-3) [The 2022 President’s Cancer Panel report](https://prescancerpanel.cancer.gov/report/cancerscreening/) notes the effects of these delays: “Gaps in cancer screening mean too many people in the United States are unnecessarily enduring aggressive treatment or dying from cancers that could have been prevented or detected earlier during easily treated stages.”

Further, the COVID-19 pandemic has shone a spotlight on health disparities, created an opportunity to address the causes underlying these inequities, and presents a window of opportunity for achieving greater equity in the healthcare of all vulnerable populations.[[4]](#footnote-4) The National Cancer Institute defines cancer disparities as significant or persistent differences in not only screening rates, stage of diagnosis, and survivorship, but also includes differences in the financial burden of cancer, new and existing cancer cases as well as cancer-related complications, including hospitalizations. The causes of cancer disparities are complex and multi-factorial, however socioeconomic status characteristics, including lower levels of educational attainment, income, inadequate health insurance coverage, and the presence of co-morbid medical conditions, appear to exacerbate underlying shared risks for some cancers (e.g., breast and colorectal) and COVID-19 disparities. [[5]](#footnote-5)

The priority areas outlined in the [2022 President’s Cancer Panel report](https://prescancerpanel.cancer.gov/report/cancerscreening/pdf/PresCancerPanel_CancerScreening_Feb2022.pdf) provide a roadmap to envisioning a state with better cancer health. Within our state, every day is an opportunity to fundamentally change the trajectory of cancer by closing gaps in cancer screening, early detection, treatment, and survivorship by [insert examples of current activities, plans, partnerships to support Cancer Moonshot initiative and/or may choose from examples listed below]

* Plan to support employees at small businesses, community colleges and technical/vocational schools by connecting them to the cancer screening providers within the state as part of CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) at: <https://www.cdc.gov/cancer/nbccedp/index.htm>
* Plan to establish long-term partnerships involving community health worker (CHW) funding models that expand or enhance existing patient navigation associated with cancer screening and follow-up care within counties or parishes disproportionately impacted by cancer disparities.
* Plan to collaborate with SelfMade Health Network (SMHN) or at least one member of the CDC’s Consortium of National Networks (Networking2Save) to set health equity goals within state cancer control plans. Reference: <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/coop-agreement/index.html>
* Plan to utilize the *SelfMade Health Network (SMHN) Data Resources Recommendation Guide for State Programs: National Comprehensive Cancer Program (NCCP) as well as National and State Tobacco Control Programs* along with other data sources to revise state control programs or share data to educate policymakers or partners about populations and geographies most impacted by cancer disparities.
* Plan to collaborate with subject matter experts (SMEs) such as: SelfMade Health Network (SMHN) or at least one member of the CDC’s Consortium of National Networks (Networking2Save) to identify cancer screening, treatment, and survivorship barriers (multi-level) or gaps experienced by vulnerable populations disproportionately impacted by breast cancer disparities.
* Plan to collaborate with subject matter experts (SMEs) such as: SelfMade Health Network (SMHN) or at least one member of the CDC’s Consortium of National Networks (Networking2Save) to identify opportunities for enhancing access to cancer screening, timely treatment and survivorship among populations and geographies disproportionately impacted by breast cancer disparities.
* Plan to enhance or expand collaborations with non-profit organizations (NPOs) or community-based organizations (CBOs) focused on increasing access and timely follow-up care among low-income populations with abnormal cancer screening and diagnostic test results among populations.

The Cancer Moonshot notes,

 “There’s so much that can be done.

* **To diagnose cancer sooner**.
* To reduce stark and significant cancer disparities.
* **To target the right treatments to the right patients.**
* **To speed progress against the most deadly and rare cancers.**
* **To support patients, caregivers, and survivors.**
* **To learn from all patients.”**

**And as our state aims to change the fundamental trajectory of breast cancer, we hope that all sectors in every county become equally excited. [link audience by inserting state program website address here].**

1. American Cancer Society [Cancer Statistics Center](https://cancerstatisticscenter.cancer.org/#!/). [↑](#footnote-ref-1)
2. [Cancer Moonshot Fact Sheet](https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/02/fact-sheet-president-biden-reignites-cancer-moonshot-to-end-cancer-as-we-know-it/), 2022. [↑](#footnote-ref-2)
3. American Association for Cancer Research. [AACR Report on the impact of Covid-19 on cancer research and patient care.](https://www.aacr.org/professionals/research/aacr-covid-19-and-cancer-report-2022/) 2022. [↑](#footnote-ref-3)
4. Webb Hooper M, Nápoles AM, Pérez-Stable EJ. [COVID-19 and racial/ethnic disparities](file:///C%3A%5CUsers%5Camystone1%5CDownloads%5Cjama_webb_hooper_2020_vp_200106.pdf).

*JAMA.* 2020;323(24):2466–2467. doi:10.1001/jama.2020.8598. [↑](#footnote-ref-4)
5. Newman LA, Winn RA, Carethers JM. [Similarities in risk for COVID-19 and cancer disparities](https://aacrjournals.org/clincancerres/article/27/1/24/83401/Similarities-in-Risk-for-COVID-19-and-Cancer). *Clin Cancer Res*. 2021;27:24-27. doi: 10.1158/1078-0432.CCR-20-3421. [↑](#footnote-ref-5)