



Statement of
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Hearing on “The State of Chronic Disease Prevention”

Good afternoon, Mr. Chairman, Senator Enzi, and distinguished members of the Committee. Thank you for the opportunity to testify today about the importance of prevention. I am Dr. John Seffrin, Chief Executive Officer of the American Cancer Society (the Society) and the American Cancer Society Cancer Action Network (ACS CAN). On behalf of the millions of cancer patients and survivors in America today, I want to thank you for holding this hearing and for your continued leadership in the fight against cancer.

The Burden of Cancer in America and Worldwide

Cancer and other non-communicable diseases (NCDs) represent a new frontier in the fight to improve global health. Because of rising incidence rates worldwide, NCDs are now responsible for more deaths than all other causes combined. In 2008, 36 million people died from NCDs, representing 63 percent of the 57 million global deaths that year. By 2030, deaths from NCDs are projected to grow to 52 million people each year.¹ This epidemic is fueled by a combination of growing risk factors, including continued tobacco use, unhealthy diets, and insufficient physical activity. NCDs pose obvious harm to families and communities as individuals get sick and die but they are also an increasing drag on the U.S. economy and on economies worldwide. Recent research from Harvard University suggests a cumulative economic output loss of \$47

¹ The Global Economic Burden of Non-communicable Diseases. Prepared by the World Economic Forum and the Harvard School of Public Health (2011).

trillion over the next two decades from cardiovascular disease, chronic respiratory disease, cancer, diabetes and untreated mental health illnesses.¹

In the United States this year, cancer is projected to drain nearly \$21 billion from the economy due to lost productivity, cause an additional \$102 billion in direct medical costs and create another \$140 billion in losses as a result of premature death.² While we have made great strides over the past two decades in reducing the rate of death from cancer, we are in danger of falling behind previous generations. Although we have cut in half the percentage of regular tobacco users, 20 percent of the population still smokes³, and the rate of childhood obesity due to bad diet and lack of physical activity has reached epic proportions. For the first time in our nation's history, our children could live shorter lives on average than their parents. I urge you, as our nation's leaders, not to let that happen.

Every day, nearly 4,000 young people try their first cigarette and approximately 900 become addicted daily smokers. The percentage of children aged 6 to 11 years old in the United States who were obese increased from 7 percent in 1980 to nearly 20 percent in 2008. Similarly, the percentage of adolescents aged 12 to 19 years old who were obese increased from 5 percent to 18 percent over the same period. Obese children and adolescents are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, cancer and osteoarthritis. Furthermore, inadequate access to preventive care and primary health care in minority and low-income populations continues to result in disparities in health outcomes, and the unfortunate result of that will continue to intensify as our country becomes more diverse over time.

As a nation, we spent more than \$2.5 trillion for health care in 2009. We spent far more than other countries in the developed world, yet we delivered a quality of care that ranked below them in life expectancy, infant mortality, and other key indicators. The number of seniors aged 65 and older is projected to increase to 18.5 percent of the total population by 2025, a factor that will help drive health care spending from 16 percent of GDP in 2007 to 25 percent of GDP in 2025,

² American Cancer Society. Cancer Facts and Figures 2011. Atlanta: American Cancer Society, 2011.

³ American Cancer Society. Cancer Prevention and Early Detection Facts and Figures 2011. Atlanta: American Cancer Society, 2011.

and potentially to 37 percent in 2050.⁴ Despite the advances we have made in successfully discovering and treating cancer, the actual number of cancer deaths will increase in the coming years because of the significant growth of the elderly population. In the absence of urgent action, the rising financial and economic costs of chronic disease will reach levels that are beyond our capacity to deal with them.

Prevention is the Real Cure

So what is the answer? How do we as a nation deliver high-quality care to an aging population at a cost we can afford? Certainly, a large part of the answer is through prevention. We know that 50 percent of cancer deaths in America today are preventable. Much of the suffering and death from cancer that occurs today, along with the substantial cost we incur of treating advanced disease, could be reduced through evidence-based prevention. That means more systematic efforts to reduce tobacco use, improve diet and physical activity, reduce obesity, develop and deliver preventive vaccines, and expand the use of established early detection screening tests. Proper utilization of established screening tests and cancer vaccines can prevent the development of certain cancers and premalignant abnormalities. Screening tests can also improve survival and decrease mortality by detecting cancer at an early stage when treatment is more effective.

Throughout history, prevention has been the key to bringing known diseases under control. Prevention in the public health sphere has virtually eliminated epidemics of plague, cholera, yellow fever, measles and polio from our shores. Clean water, mosquito and rodent eradication, and the development of oral and intravenous vaccines – these are all preventive measures. We are able to keep our communities safe through conscious action to prevent diseases from occurring.

This is what we need to do to prevent the next epidemic of cancer, heart disease and diabetes. We must go on the attack now against childhood obesity, tobacco use and other causes of these diseases, or we will be overwhelmed by the cost of treating them later. Today we spend just 3 to 4 percent of our health care dollars on prevention.⁵ That's not enough.

⁴ Congressional Budget Office. The Long Term Budget Outlook (June 2010).

⁵ Woolf, SH. The Power of Prevention and What It Requires. JAMA. 2008;299(20):2437-2439

Investing in Strategies that Work

A large portion of NCDs are attributable to modifiable risk factors – things we can do something about, such as tobacco use, diet and exercise, and compliance with proven early detection recommendations. So, while we don't expect these diseases to disappear entirely in the near term, here at home and around the world we have opportunities to substantially reduce the risk of these diseases and catch them at an earlier more treatable stage simply by encouraging people to act on what we already know and what is proven to work. This would bring down costs for medical care, lost productivity, and other associated costs.

For example, communities with comprehensive tobacco control programs that include cessation services for a wide scope of their population experience faster declines in cigarette sales, smoking prevalence, lung cancer incidence and mortality than states that do not invest in these programs. Tobacco quitlines can increase cessation success by more than 50 percent. In the U.S., quitlines reach only about 1 percent of the country's 46 million adult smokers each year.⁶ Researchers estimate that with adequate funding and promotional activities, quitlines could reach 16 percent of smokers annually.⁷ This could increase the number of tobacco users receiving relatively inexpensive cessation assistance services to 7.1 million smokers per year.⁷

Screening for breast, cervical and colorectal cancers enables doctors to catch these diseases in their early stages, and even to prevent them entirely in the case of colon cancer. Unfortunately, screening rates are far below optimum levels nationwide, resulting in higher costs and worse health outcomes. Colorectal cancer screenings in the United States remain low, with only about half of the population aged 50 and older receiving their recommended tests. Consequently, colorectal cancer takes a significant toll on the Medicare population, both in terms of lives affected and staggering treatment costs. Of the 140,000 people diagnosed with colorectal cancer

⁶ SE Cummins, L Bailey, S Campbell, C Koon-Kirby, SH Zhu. (2007). Tobacco Cessation Quitlines in North America: A Descriptive Study. *Tobacco Control*;16 (Suppl I):i9-i15.

⁷North American Quitline Consortium. (2009). Tobacco Cessation Quitlines: A Good Investment to Save Lives, Decrease Direct Medical Costs and Increase Productivity. Phoenix, AZ: North American Quitline Consortium.

in 2011, nearly two-thirds were within the Medicare population. In addition, with the introduction of biologics, oncolytics and other targeted therapies, Medicare faces ever increasing costs to treat advanced colorectal cancer with state-of-the-art therapy.

By increasing colorectal cancer screening rates in the population aged 50 to 64, we would reduce suffering, save lives, and reduce cancer costs in Medicare. A recent study by the American Cancer Society found that increasing colorectal screening rates in the pre-Medicare population could reduce subsequent Medicare treatment costs by \$15 billion over 11 years.⁸ The earlier and sooner regular screening begins, the larger the benefit to Medicare in terms of cancer treatment costs avoided. Investing in screening is a wise use of limited health dollars.

Mammogram screening provided under the National Breast and Cervical Cancer Early Detection Program has detected 52,000 breast cancers over the past 20 years and saved countless lives. Last week I had the honor of attending an event a few blocks away at the Capital Breast Care Center celebrating both National Breast Cancer Awareness Month and the 10 millionth cancer screening administered under the program. These are the kinds of things we are doing now, but we could be doing so much more.

Now is the Time

We must elevate prevention into standard practice and policy nationwide, and I believe we have begun to do that with passage of health reform legislation in 2010. Some people suggest that patients must have “skin in the game” in the form of out-of-pocket costs to prevent them from overusing health care services. But we know from the evidence that co-pays, deductibles and other out-of-pocket costs actually deter people from seeking preventive care.⁹ Patient cost-sharing for preventive services is penny-wise and pound-foolish. This is especially true for those with lower incomes because even a small copay has been shown to discourage getting a simple prevention service.⁹

⁸ National Colorectal Cancer Roundtable. Increasing Colorectal Cancer Screening – Saving Lives and Saving Dollars: Screening 50 to 64 year olds Reduces Cancer Costs to Medicare. September 2007.

⁹ Trivedi AN, Rakowski W, Ayanian JZ. Effect of cost sharing on screening mammography in Medicare health plans. N Engl J Med 2008;358:375-383

I have the honor of serving on the national Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which is charged with providing recommendations on how best to integrate the prevention efforts of the federal government and coordinate all prevention and wellness services nationwide. The advisory board helped to develop the first ever National Prevention Strategy to ensure that health and prevention are part of all of our policies and health programs. This comprehensive cross-sector strategy will help us achieve a healthier nation. And I believe the Prevention and Public Health Fund is an important down payment on prevention and wellness. I asked my staff to compile a few examples of how the Prevention and Public Health Fund is helping to reduce cancer risk factors and save lives, and I'll illustrate a few of them here:

In West Virginia, the Department of Health was awarded \$1 million in FY10 to help improve wellness and prevention efforts. The grant will help combat obesity by evaluating changes in community-level variables (such as changes in cafeteria foods), and the impact on body mass index and related biometric measures. Through this project we will begin to identify effective strategies that can be employed at the community level, which is where it counts.

In another project in Wyoming, \$127,000 was allocated over two years from the fund to enhance tobacco cessation quitlines. This is a solution to smoking addiction that we know from the evidence works and simply needs to be adequately resourced. I assure you that fewer people in Wyoming will smoke as a result of this investment of tax dollars.

Just last month, the Department of Health and Human Services awarded more than \$103 million through its Community Transformation Grants program. Sixty-one private and public organizations in 36 states and one territory will receive funding to promote healthy living and prevention locally over the next five years, reaching 120 million Americans. In Washington State, \$3.3 million dollars will be used to address five strategic objectives: tobacco-free living; active and healthy eating; high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure; social and emotional wellness; and healthy and safe physical environments. The Maine Department of Health and Human Services received a \$1.3 million implementation award to build on existing initiatives like a tobacco helpline and physical activity program for elementary school children, who as we know are otherwise experiencing fewer hours of physical activity in school every year.

Conclusion

Today, we know more about cancer than ever before, but while we continue to make important progress, we have not yet realized the true potential we already have to save lives and reduce suffering from this terrible disease. The simple truth is that while more Americans were saved from cancer last year than ever before, it is also true that millions of Americans still suffer and die from cancer. It doesn't have to be this way.

We don't need a magic bullet to control cancer, what we need is the will and courage to do the right things. If we do, we can and will significantly hasten the day when cancer is no longer a significant public health threat in America and around the world.