Healthy People 2020 Summary of Objectives

Cancer

Number	Objective Short Title
C-1	Overall cancer deaths
C-2	Lung cancer deaths
C-3	Female breast cancer deaths
C-4	Uterine cervix cancer deaths
C-5	Colorectal cancer deaths
C–6	Oropharyngeal cancer deaths
C-7	Prostate cancer deaths
C–8	Melanoma deaths
C-9	Invasive colorectal cancer
C-10	Invasive uterine cervical cancer
C-11	Late-stage female breast cancer
C-12	Statewide cancer registries
C-13	Cancer survival
C-14	Mental and physical health-related quality of life of cancer survivors
C-15	Cervical cancer screening
C-16	Colorectal cancer screening
C-17	Breast cancer screening
C-18	Receipt of counseling about cancer screening
C-19	Prostate-specific antigen (PSA) test
C-20	Ultraviolet irradiation exposure

Topic Area: Cancer

C-1: Reduce the overall cancer death rate.

Target: 160.6 deaths per 100,000 population.

Baseline: 178.4 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

C–2: Reduce the lung cancer death rate.

Target: 45.5 deaths per 100,000 population.

Baseline: 50.6 lung cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C-3: Reduce the female breast cancer death rate.

Target: 20.6 deaths per 100,000 females.

Baseline: 22.9 female breast cancer deaths per 100,000 females occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C-4: Reduce the death rate from cancer of the uterine cervix.

Target: 2.2 deaths per 100,000 females.

Baseline: 2.4 uterine cervix cancer deaths per 100,000 females occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C–5: Reduce the colorectal cancer death rate.

Target: 14.5 deaths per 100,000 population.

Baseline: 17.0 colorectal cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C–6: Reduce the oropharyngeal cancer death rate.

Target: 2.3 deaths per 100,000 population.

Baseline: 2.5 oropharyngeal cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C–7: Reduce the prostate cancer death rate.

Target: 21.2 deaths per 100,000 males.

Baseline: 23.5 prostate cancer deaths per 100,000 males occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

C-8: Reduce the melanoma cancer death rate.

Target: 2.4 deaths per 100,000 population.

Baseline: 2.7 melanoma cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

C–9: Reduce invasive colorectal cancer.

Target: 38.6 new cases per 100,000 population.

Baseline: 45.4 new cases of invasive colorectal cancer per 100,000 population were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data sources: National Program of Cancer Registries (NPCR), CDC, NCCDPHP; Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

C–10: Reduce invasive uterine cervical cancer.

Target: 7.1 new cases per 100,000 females.

Baseline: 7.9 new cases of invasive uterine cancer per 100,000 females were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Program of Cancer Registries (NPCR), CDC, NCCDPHP; Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

C-11: Reduce late-stage female breast cancer.

Target: 41.0 new cases per 100,000 females.

Baseline: 43.2 new cases of late-stage breast cancer per 100,000 females were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data sources: National Program of Cancer Registries (NPCR), CDC, NCCDPHP; Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

C–12: Increase the number of central, population-based registries from the 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers.

Target: 51 (50 States and the District of Columbia).

Baseline: 42 States had central, population-based registries that captured case information on at least 95 percent of the expected number of reportable cancers in 2006.

Target setting method: Total coverage.

Data sources: National Program of Cancer Registries (NPCR), CDC, NCCDPHP; Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

C–13: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Target: 72.8 percent.

Baseline: 66.2 percent of persons with cancer were living 5 years or longer after diagnosis in 2007.

Target setting method: 10 percent improvement.

Data source: Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

C–14: (Developmental) Increase the mental and physical health-related quality of life of cancer survivors.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Target: 93.0 percent.

Baseline: 84.5 percent of females aged 21 to 65 years received a cervical cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data Source: National Health Interview Survey (NHIS), CDC, NCHS.

C–16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Target: 70.5 percent.

Baseline: 52.1 percent of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Target: 81.1 percent.

Baseline: 73.7 percent of females aged 50 to 74 years received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18: Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines.

C–18.1 Increase the proportion of women who were counseled by their providers about mammograms.

Target: 76.8 percent.

Baseline: 69.8 percent of females aged 50 to 74 years were counseled by their providers about mammograms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18.2 Increase the proportion of women who were counseled by their providers about Pap tests.

Target: 65.8 percent.

Baseline: 59.8 percent of females aged 21 to 65 years were counseled by their providers about Pap tests in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18.3 (Developmental) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening.

Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.

C–19: (Developmental) Increase the proportion of men who have discussed with their health care provider whether to have a prostate-specific antigen (PSA) test to screen for prostate cancer.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–20: Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn.

C–20.1 (Developmental) Reduce the proportion of adolescents in grades 9 through 12 who report sunburn.

Potential data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC, NCCDPHP.

C–20.2 (Developmental) Reduce the proportion of adults aged 18 years and older who report sunburn.

Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.

C–20.3 Reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning.

Target: 14.0 percent.

Baseline: 15.6 percent of adolescents in grades 9 through 12 reported using artificial sources of ultraviolet light for tanning in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC, NCCDPHP.

C–20.4 Reduce the proportion of adults aged 18 and older who report using artificial sources of ultraviolet light for tanning.

Target: 13.7 percent.

Baseline: 15.2 percent of adults aged 18 and older reported using artificial sources of ultraviolet light for tanning in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–20.5 Increase the proportion of adolescents in grades 9 through 12 who follow protective measures that may reduce the risk of skin cancer.

Target: 11.2 percent.

Baseline: 9.3 percent of adolescents in grades 9 through 12 followed protective measures that may reduce the risk of skin cancer in 2009.

Target setting method: Minimal statistical significance.

Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC, NCCDPHP.

C–20.6 Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of skin cancer.

Target: 80.1 percent.

Baseline: 72.8 percent of adults aged 18 years and older followed protective measures that may reduce the risk of skin cancer in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.