CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA P-10-EBP1

Evidence-Based Prevention Programs and Services

2009–2010

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1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT); CPRIT may issue $3 billion in general obligation bonds over 10 years to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to:

- Create and expedite innovation in the area of cancer research, thereby enhancing the potential for a medical or scientific breakthrough in the prevention of cancer and cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in this State; and
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

2. EXECUTIVE SUMMARY

Cancer is the second leading cause of death in the United States and Texas. Several types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for relatively short-term projects (up to 24 months) that would provide services aimed toward prevention and reduction of the risk of cancer before treatment is needed, early detection and diagnosis of cancer, and improving the lives of those living with the disease. These projects would provide services that are based on scientific evidence of their effectiveness in prevention of cancer. CPRIT expects measurable outcomes of supported activities that demonstrate impact on incidence, mortality, or morbidity or interim measures related to the outcomes.

3. FUNDING OPPORTUNITY DESCRIPTION

3.1. Program Objectives

Background: It is estimated that 98,200 persons will be diagnosed with cancer and 36,000 persons will die of cancer in Texas alone during 2009. Research evidence indicates that several types of cancer can be cured if detected in early stages and treated promptly and that others can be controlled for many years with appropriate treatment and support services. Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage (e.g., precancerous colon polyps or precancerous changes in cervical tissue). In addition, the risk of many cancers can be reduced by personal behavior changes (e.g., smoking cessation, improved nutrition, and increased physical activity).

Objectives and Scope: The ultimate goals of this program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends, in part, on the application of some of the evidence-based strategies currently available. *However, CPRIT is seeking unique projects and partnerships that will apply these evidence-based programs and services in new ways in Texas in order to increase the current rates of recruitment, provision of services, and cancer detection, thereby leading to an increase in survival rates.*

Specifically, CPRIT seeks to fund projects that will:

- Offer effective and efficient prevention services based on the existing body of knowledge about and evidence for cancer prevention in ways that far exceed current performance in a given service area;
- Provide tailored, culturally appropriate, and accurate information on early detection and prevention to the public that results in a direct health impact that can be measured;
- Provide effective and innovative outreach strategies to educate the public and increase recruitment into appropriate clinical screening and survivorship services that demonstrate increased rates of early-stage cancer diagnosis and improved quality of life;
- Provide access to state-of-the-art preventive services to individuals;
- Target delivery of preventive services to areas and populations in the State with the greatest need; and/or
- Deliver evidence-based survivorship services aimed at reducing the after-effects of cancer diagnosis and treatment.

3.2. Award Description

The Evidence-Based Prevention Programs and Services award mechanism seeks to fund services and programs that greatly challenge the status quo in cancer prevention and control programs and services in Texas. It will be critical for funded programs to measure outcomes that have the potential to reduce cancer incidence, mortality, or morbidity. While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism *will not address treatment of cancer*. However, applicants offering screening services *must* ensure that there is access to treatment services for patients with cancers that are detected.

3.2.1. Priority Areas

CPRIT encourages applicants to address critical needs in cancer prevention for the following cancer types:

- Breast cancer
- Cervical cancer
- Colorectal cancer

There is sufficient evidence that the provision of age-appropriate, comprehensive preventive services for these cancers to eligible men and women reduces overall disease incidence and mortality. Applicants should select preventive services using evidence-based national clinical guidelines from the U.S. Preventive Services Task Force.

Program service examples include, but are not limited to, those that can demonstrate a significant increase over baseline for the following:

- Provision of breast cancer screening (clinical breast examination in conjunction with mammography) to underserved populations;
- Provision of cervical cancer screening (Pap test) to underserved populations;
- Provision of colorectal cancer screening (fecal occult blood test, sigmoidoscopy, colonoscopy) to underserved populations;
- Provision of multiple cancer screening services to underserved populations; and
- Provision of rehabilitation, psychosocial, or other evidence-based services that target improvement in quality of life for survivors of cancer in targeted populations (provision of services must be supported by patient need).

Prostate Cancer Note

At the current time, there is no scientific consensus on effective strategies to reduce the risk of prostate cancer. Additionally, there is no agreement on the effectiveness of screening or on whether the potential benefits of screening outweigh the risks. However, education on and awareness of the benefits and disadvantages of prostate cancer screening will be considered under the Health Promotion, Public Education, and Outreach Program RFA.

Cervical Cancer Note

The Centers for Disease Control and Prevention report that Texas had the 9th highest mortality rate and 7th highest incidence rate for cervical cancer in 2005 among the 50 States. Accordingly, CPRIT encourages applications that address this critical need in creative and compelling ways.

Priority populations should be a major focus for preventive services. Priority populations are subgroups who are disproportionately affected by cancer. Priority populations include, but are not limited to:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Any populations with low screening rates, high incidence rates, and high mortality rates.

The application should seek to serve individuals that are not eligible for other programs or benefits covering the same services proposed in the application.

3.2.2. Outcome Metrics

The applicant will be expected to describe final outcome measures for the project. Outcome measures should include, but are not be limited to, the following:

For Screening Services

- Percentage increase over baseline in provision of age-appropriate, comprehensive preventive services to eligible men and women in a defined service area, in particular:

- Underinsured and uninsured individuals age 50 and older who have never been screened for colorectal cancer;
- Women who have never been screened for cervical cancer or have not been screened in the past 5 years; and
- Women age 40 and older who have not received a mammogram within the past 5 years.
- Percentage increase over baseline in detection rates for cancer in a defined service area.

- Percentage increase over baseline in stage of cancer diagnosed at earlier stages in a defined service area.

For Survivor Services

- Percentage increase over baseline in provision of survivorship services in a defined service area.
- Percentage increase over baseline in improvement in quality-of-life measures.

The Appendix includes some baseline data on selected cancers for the State of Texas. However, applicants will be required to provide baseline data for the services and service area that they are proposing and must present a convincing plan describing how CPRIT funds will improve baseline rates.

3.3. Eligibility

3.3.1. Institutional Applicant

- The applicant must be a Texas-based entity, including a public or private institution of higher education, academic health institution, university, government organization, nongovernmental organization, or other public or private company.
- The applicant may submit more than one application, but each application must be for distinctly different services without overlap in the services provided. Applicants that do not meet this criterion will have all applications administratively withdrawn without peer review.
- The applicant must designate a single Program Director who will be responsible for the overall performance of the funded project.

- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non–Texas-based organizations are not eligible to receive CPRIT funds.
- CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in Section 7. All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

3.3.2. Program Management

- The Program Director must have relevant education and an appropriate level of education as well as management experience, must reside in Texas during the project performance time, and must be in a position to organize and manage service sites and various components of the program.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., epidemiology, statistics) and resides in Texas during the time the project that is the subject of the grant is conducted.

3.4. Funding Information

Applicants may request up to a maximum of $1 million in total funding over a maximum of 24 months. However, it is expected that the majority of the projects submitted in response to this RFA will be for significantly less than $1 million in total funding. Because of the nature of this funding mechanism, renewal applications will not be accepted. Grant funds may be used to pay for salary and benefits, project supplies, equipment (equipment having a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit must be specifically approved by CPRIT), costs for outreach and education of populations, travel of project personnel to project site(s), and clinical costs. The budget should be proportional to the number of individuals receiving services. Requests for funds for travel to professional meetings are not appropriate for

this funding mechanism, nor are requests for funds to support construction, renovation, or any other infrastructure needs.

Applicants should be aware that Texas law limits the amount of indirect costs that may be funded by CPRIT grants. Guidance regarding indirect cost recovery can be found in the administrative rules proposed by CPRIT. While State law does not specifically address a limit on indirect cost recovery for CPRIT-funded prevention programs, it is CPRIT's policy not to allow recovery of indirect costs for prevention programs except under exceptional circumstances. The proposed rules and the statute can be found at www.cprit.state.tx.us.

4. KEY DATES

RFA release	September 25, 2009
Online application opens	October 15, 2009, 7 a.m. Central Time
Application due	November 13, 2009, 3 p.m. Central Time
Application review	January/February 2010
Award notification	March/April 2010
Anticipated start date	April/May 2010

5. SUBMISSION GUIDELINES

5.1. Online Registration

Applications will be accepted beginning at 7 a.m. Central Time on October 15, 2009 and must be submitted via the CPRIT Application Receipt System (https://CPRITGrants.org). **Only applications submitted at this portal will be considered eligible for evaluation.** All applicants must register a user name to start and submit an application.

5.2. Application Submission Deadline

All applications must be submitted by 3 p.m. Central Time on November 13, 2009.

5.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of the online application.

5.3.1. Contact Information

Enter all required applicant and Application Signing Official (ASO) information along with the application title.

5.3.2. Abstract (3,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to its solution.

5.3.3. Significance (3,000 characters)

Clearly address how the proposed project/services, if successful, will have a unique and major impact on the field of cancer prevention and reduction of incidence, mortality, and/or morbidity. Describe how the funds from this grant will greatly improve outcomes for Texans compared to the current services being provided. Summarize the service need that the proposed project will address and how the project will overcome barriers to the provision of services.

5.3.4. Project Plan (15 pages)

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barrier to current service delivery that will be addressed. Pilot project evaluation data are not required; however, baseline data (e.g., screening and detection rates, stage at diagnosis, etc.) for the target population and target service area are required. Clearly demonstrate the ability to provide the proposed service, and describe how results will be improved over baseline. Clearly demonstrate the ability to reach the target population.

Specific Project Goals: Concisely state the specific goals of the proposed project that will be pursued, and describe the target population.

Components of the Project: Clearly describe all components of the project, and provide a plan to integrate multiple processes and components in order to provide seamless prevention services to the target population.

Evaluation Strategy: Describe the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the proportion of individuals receiving cancer screening) as outlined in Section 3.2.2, including data collection and management methods, statistical analyses, anticipated results, potential problems, barriers to achieving the goals, and alternative approaches. Since evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional

who has demonstrated expertise in the field, applicants should budget accordingly for this activity.

5.3.5. Supplemental Documents

References: Provide a concise and relevant list of references cited for the application.

Budget and Justification: Provide a brief outline and justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, education and outreach expenses, equipment, patient care costs, other expenses, and indirect costs. Equipment having a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit must be specifically approved by CPRIT. Applications requesting more than $1 million (total costs) will be administratively withdrawn from consideration.

Biographical Sketches: Applicants should provide a biographical sketch that describes their education and training, professional experience, awards and honors, and publications relevant to cancer prevention and/or service delivery and coordination. Up to two additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages.

Current and Pending Support: For all current and pending awards for proposed services, provide the funding source, amount, duration, title, and a two-line summary of the goal/use of the funds; if relevant, also describe how CPRIT funds will extend or complement the other awards. Applicants are encouraged to demonstrate how other resources from State, Federal, nonprofit, and other sources will be leveraged.

Letters of Support: Applicants should provide letters of support from community organizations, service providers, or any other component essential to the success of the program. For example, if the goal is to provide screening services to a specific underserved population, the applicant should provide letters of support demonstrating community connections with the targeted population.

Applications that are missing one or more of these components, exceed the specified page, word, or budget limits, or do not meet the eligibility requirements listed above will be administratively rejected without review.

6. APPLICATION REVIEW

6.1. Overview of the Review Process

All eligible applications will be reviewed using a two-stage process: (1) Peer review, and (2) programmatic review. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be most meritorious by review panels will be evaluated and recommended for funding based on comparisons with applications from all of the merit review panels and programmatic priorities. Each stage of application review is conducted completely confidentially, and all panel members are required to sign nondisclosure statements regarding the contents of the applications. All panel members will be non-Texas residents and operate under strict conflict of interest prohibitions. Under no circumstances should institutional personnel and/or individual applicants initiate contact with any member involved in the peer review process (with the exception of staff of the CPRIT Prevention Review Office) regarding the status or substance of the application. Violations of this prohibition will result in the administrative withdrawal of the application.

6.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, listed below. Review panels will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application.

6.2.1. Primary Criteria

Primary criteria will evaluate the impact on public health, organizational capacity, and innovation of the proposed work contained in the application. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

Impact and Innovation

- Do the proposed services address an important problem in cancer prevention? Does the proposed project support desired outcomes in cancer incidence, morbidity, and/or mortality?

- Is the program innovative and original? For example, does the project take evidence-based services and challenge existing paradigms to accelerate the rates of screening and detection?
- Has the applicant convincingly demonstrated the length of time to impact and the short- and long-term impacts?
- Is the proposed program nonduplicative? That is, does the program address known gaps in prevention services, avoid duplication of effort, and leverage resources to maximize the reach of the services proposed?

Project Strategy and Feasibility

- Are the proposed objectives and activities feasible within the duration of the award?
- Is the program design supported by established theory and practice as well as evidence-based interventions?
- Does the project have clearly described strategies for outreach and education of the target population? Are possible barriers addressed and alternative approaches proposed?

Target Population

- Does the project address the needs of an underserved area or population?
- Is the target population clearly described, including, but not limited to:
    - the demographics of each group?
    - the heterogeneity and/or homogeneity of the groups with regard to each specific group's cancer prevention needs and barriers to access to prevention services?
- Are culturally appropriate approaches demonstrated in outreach and education as well as in service provision?

Outcomes Evaluation

- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically and statistically significant?
- Are there clear baseline cancer prevention data for the targeted population (e.g., needs assessment for survivorship services)?
- Is there is a clearly described plan for assessment of the project's success, including process, outreach and education, and service outcomes evaluation?

- Does the project provide a clear plan for data collection and management, statistical analyses, and interpretation of results?

Access to Treatment (for screening services)

- Does the applicant demonstrate availability of resources and expertise to provide case management including follow up for abnormal results and access to treatment?

Organizational Capacity and Sustainability

- Does the organization demonstrate the ability to provide the proposed preventive services (e.g., do facilities have appropriate certifications, equipment, and staff available)? Does the organization have the necessary resources and infrastructure for the outreach, case management, and evaluative portion of the project?
- Does the organization demonstrate a connection to the community, cultural competence, and the ability to provide the proposed services to targeted populations?
- Have the appropriate personnel been recruited for the proposed project activities as they pertain to organizational ability to provide outreach, education, and preventive services, case management as well as the evaluative portion of the project?

6.2.2. Secondary Criteria

Secondary criteria contribute to the global score assigned to the application.

Budget: Is the budget appropriate for the scope of the proposed work?

Sustainability: Are there plans for sustainability of the project beyond the funded time frame of this award?

Personnel: Do project personnel have the needed expertise to accomplish all aspects of the proposed project? Are the levels of effort of the key personnel appropriate?

Collaborations (if applicable): Do the proposed collaborations add value to the program?

7. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's proposed administrative rules, which are available at www.cprit.state.tx.us. The proposed rule related to

CPRIT contract provisions, as well as other proposed rules regarding the CPRIT grant process, are expected to become final by November 10, 2009. The public, including applicants, are invited to provide written comments to CPRIT on the proposed rules by September 28, 2009. Although CPRIT does not anticipate substantive changes to the final rules, to the extent that the final rules adopted by CPRIT materially change application requirements provided herein, applicants will be notified of any changes and provided an opportunity to revise the application to fully comply with the final rules.

All CPRIT awards will be made to institutions, not to individuals. If the Project Director changes his or her institutional affiliation during the time period of the award, a written request must be submitted to CPRIT to transfer the award to the new institution. If the award is not transferred, the applicant institution may be required to provide evidence of the qualifications of the new Project Director in order to maintain awarded funding.

CPRIT requires the Project Director of the award to submit annual progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year. In addition, fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports will constitute an event of default of the award contract, which may result in the early termination of the CPRIT award, reimbursement to CPRIT of award funds, and cessation of future funding. Forms and instructions will be made available at the www.cprit.state.tx.us.

8. CONTACT INFORMATION

8.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via e-mail will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications.

Dates of Operation: October 15, 2009 to November 13, 2009

Hours of Operation: 8 a.m. – 5 p.m. Central Time

Tel: 866-973-6661

E-mail: PreventionHelp@CPRITGrants.org

8.2. Program Questions

Questions regarding the CPRIT program, including questions regarding this or other funding opportunities, should be directed to the CPRIT Prevention Review Office:

Tel: 512-305-8419

E-mail: PreventionHelp@CPRITGrants.org

Web: www.cprit.state.tx.us

9. APPENDIX

9.1. Baseline Data: Breast Cancer (Texas)

Breast cancer has the highest incidence rate of all cancers in women in Texas.[1] In 2009, it is estimated that 2,687 women in Texas will die of breast cancer and that another 15,110 will be diagnosed with the disease.[2] In 2007, the estimated direct cost of cancer care for breast cancer in Texas was $923.7 million.[3] Evidence suggests that mammography screening every 12 to 33 months significantly reduces mortality from breast cancer.[4]

	BASELINE
Population	2006 Mortality Rate
Total	**22.5**
Non-Hispanic White	22.6
Black	33.4
American Indian	~
Asian/Pacific Islander	6.3
Hispanic	17.3
No High School Diploma	5.83
High School Graduate	8.17
Some College	3.57
College +	5.18

a. All rates are per 100,000 females. Rates are age-adjusted to the 2000 U.S. Standard Population.

b. ~ Rates are suppressed if fewer than 16 deaths were reported in the specified population.

c. Source: Cancer mortality data provided by the Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, Texas 78756, www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523. Cancer mortality data by education level provided by the Texas Department of State Health Services, Center for Health Statistics, August 2009.

9.1.1. Intermediate Measures: Screening

Percentage of women age 40 and over who have received a mammogram within the past two years.

	BASELINE
Population	%
Total	**72.6**
White	75.2
Black	67.8
Hispanic	70.7
No High School Diploma	64.4
High School Graduate	68.9
Some College	73.8
College +	80.4

a. Source: Behavioral Risk Factor Surveillance System, Statewide Survey, 2008.

9.1.2. Intermediate Measures: Early Detection

	BASELINE
Stage at Diagnosis	2006 Incidence Rate
In Situ	21.2
Localized	62.1
Regional	34.5
Distant	6.6
Unknown Stage	8.1

a. Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups, Census P25-1130), User Standard.

b. Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence, 1995-2006, NPCR-CSS Sub 11-26-2008, SEER Pop-Adj, SEER*Prep 2.4.0.

9.2. Baseline Data: Cervical Cancer (Texas)

In 2009, it is estimated that 381 women in Texas will die of cervical cancer and another 1,054 will be diagnosed with the disease.[2] For 2007, the estimated direct cost of cancer care for cervical cancer in Texas was $77.4 million.[3] In 2005, Texas had the 9th highest mortality rate and 7th highest incidence rate for cervical cancer among all 50 States.[5] In 2006, the number of new cervical cancer cases in Texas was higher among minority groups.[6]

Evidence suggests that screening reduces both incidence of and mortality from cervical cancer.[7] Indeed, almost all deaths due to cervical cancer could be avoided if women followed screening and follow-up recommendations.[8] Data from a survey in Texas, however, show a decreasing trend over the past several years in the number of women age 18 and older who reported having a Pap test within the past 3 years.[9]

	BASELINE
Population	2006 Mortality Rate
Total	**3.0**
Non-Hispanic White	2.5
Black	4.0
American Indian	~
Asian/Pacific Islander	~
Hispanic	4.0
No High School Diploma	1.30
High School Graduate	0.88
Some College	0.37
College +	0.45

a. All rates are per 100,000 females. Rates are age-adjusted to the 2000 U.S. Standard Population.

b. ~ Rates are suppressed if fewer than 16 deaths were reported in the specified population.

c. Source: Cancer mortality data provided by the Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, Texas 78756; www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523. Cancer mortality data by education level provided by the Texas Department of State Health Services, Center for Health Statistics, August 2009.

9.2.1. Intermediate Measures: Screening

Percentage of women age 18 and older who have received a Pap test within the past 3 years.

	BASELINE
Population	%
Total	**81.5**
White	82.4
Black	84.4
Hispanic	81.7
No High School Diploma	76.3
High School Graduate	75.2
Some College	82.0
College +	89.7

Source: Behavioral Risk Factor Surveillance System, Statewide Survey, 2008.

9.2.2. Intermediate Measures: Early Detection

	BASELINE
Stage at Diagnosis	2006 Incidence Rate, by Stage
In Situ	Data Not Collected
Localized	3.7
Regional	2.9
Distant	0.9
Unknown Stage	1.3

Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence, 1995-2006, NPCR-CSS Sub 11-26-2008, SEER Pop-Adj, SEER*Prep 2.4.0.

9.3. Baseline Data: Colorectal Cancer (Texas)

Colorectal cancer has the third highest incidence rate of all cancers in both men and women in Texas.[1] In 2009, it is estimated that 3,477 Texans will die of colorectal cancer and another 9,858 will be diagnosed with the disease.[2] For 2007, the estimated direct cost of cancer care for colorectal cancer in Texas was over $1 billion.[3]

Evidence suggests that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage colorectal cancer and adenomatous polyps and reduces colorectal cancer mortality in adults age 50 to 75 years.[10] Data from a survey in Texas, however, showed no improvement between 2006 and 2008 in the number of adults age 50 and older who reported having received a sigmoidoscopy or colonoscopy.[9]

	BASELINE
Population	2006 Mortality Rate
Total	**16.7**
Non-Hispanic White	16.3
Black	27.6
American Indian	~
Asian/Pacific Islander	11.1
Hispanic	13.5
No High School Diploma	5.24
High School Graduate	5.96
Some College	2.27
College +	3.52

a. All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

b. ~ Rates are suppressed if fewer than 16 deaths were reported in the specified population.

c. Source: Cancer mortality data provided by the Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, Texas 78756; www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523. Cancer mortality data by education level provided by the Texas Department of State Health Services, Center for Health Statistics, August 2009.

9.3.1. Intermediate Measures: Screening

Percentage of adults age 50 and older who have received a blood stool test within the past 2 years (Column 1); and % of adults age 50 and older who have received a sigmoidoscopy or colonoscopy (Column 2).

	BASELINE (Column 1)	**BASELINE (Column 2)**
Population	%	%
Total	**19.3**	**56.2**
White	21.4	63.2
Black	25.3	53.3
Hispanic	12.1	40.8
No High School Diploma	13.5	38.2
High School Graduate	18.5	53.7
Some College	21.0	59.7
College +	21.6	66.2

Source: Behavioral Risk Factor Surveillance System, Statewide Survey, 2008.

9.3.2. Intermediate Measures: Early Detection

	BASELINE
Stage at Diagnosis	2006 Incidence Rate by Stage
In Situ	1.6
Localized	16.4
Regional	14.2
Distant	8.1
Unknown Stage	4.5

Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence, 1995-2006, NPCR-CSS Sub 11-26-2008, SEER Pop-Adj, SEER*Prep 2.4.0.

10. REFERENCES

1. Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence, 1995-2006, NPCR-CSS Submission, 11-26-2008, SEER Pop-Adj., SEER*Prep 2.4.0.

2. www.dshs.state.tx.us/tcr/Expected/2009expected/2009Expected-statewide.pdf (accessed on 8/14/2009).

3. Tan, A., Freeman, D.H., Freeman, J.L., Zhang, D.D., Dayal, H., and Philips, B.U. The Cost of Cancer in Texas, 2007. March 2009. Texas Cancer Registry, Texas Department of State Health Services, Publication No. 10-13121.

4. U.S. Preventive Services Task Force. Screening for Breast Cancer: Recommendations and Rationale. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm.

5. United States Cancer Statistics: 1999–2005 Incidence and Mortality Web-based Report. U.S. Cancer Statistics Working Group. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 2009. Available at: www.cdc.gov/uscs.

6. www.cancer-rates.info/tx (accessed on 8/14/2009).

7. U.S. Preventive Services Task Force. Screening for Cervical Cancer. January 2003. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/clinic/uspstf/uspscerv.htm.

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