

PUBLIC SUBMISSION

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Docket: CDC-2020-0064
Colorectal Cancer Control Program (CRCCP) Monitoring Activities

Comment On: CDC-2020-0064-0001
Colorectal Cancer Control Program (CRCCP) Monitoring Activities 2020-12244

Document: CDC-2020-0064-0002
Comment from (Anonymous Anonymous)

Submitter Information

Name: Anonymous Anonymous

General Comment

Colorectal cancer is the second leading cause of cancer death in the United States among men and women. So far in 2020, there are 53,200 estimated deaths from colorectal cancer (National Colorectal Cancer Roundtable, 2020). Screening is reliably effective and can help reduce those numbers to diagnose at an earlier stage when treatment can often lead to a cure. The United States Preventative Services Task Force (USPSTF) recommends screening for colorectal cancer for adults of average risk between the ages of 50 and 75 years old (Centers for Disease Control and Prevention, 2020). It is noted that one in three adults do not get the recommended screening, regardless if they have insurance (National Colorectal Cancer Roundtable, 2020). The Centers for Disease Control and Prevention's program, called Colorectal Cancer Control Program (CRCCP), has a purpose to implement evidence-based interventions and other supporting strategies in partnership with health systems to provide an increase in screening. The program focuses on improving screening rates within a health system, geographic area, or group most affected and in need (Centers for Disease Control and Prevention, 2020). The CCRCP uses strategies such as provider assessment and feedback, provider reminders, patient reminders, and removing structural barriers for patients in coordination with different health systems (Centers for Disease Control and Prevention, 2020).

In regards to their proposed project, it is feasible to revise the program's monitoring activities including a revised annual grantee survey instrument, a revised clinic-level data collection

instrument, and a new awardee-level quarterly program update. The program has been shown to have great success after three years of implementation. For example, 30 awardees have worked with 679 clinics in 221 health systems, reaching 5,436 health care providers and 1,135,719 patients between the ages of 50 to 70 years old (Centers for Disease Control and Prevention, 2020). The longer the clinic participates in the CRCCP, the greater increase from baseline in their colorectal screening rates. It has been shown that after three years, screening rates increased 10.1 percentage points (Centers for Disease Control and Prevention, 2020). The evidence is convincing to show the program is effective. Expanding and revising the program will lead to better screening rates among the impacted age population. Even though, there is a request for approval from the Office of Management and Budget, money is saved in several other areas. For example, patients' lost wages are reduced and employers have lower health care costs, lower absenteeism, and lower hiring and training new employee costs. For insurers, high costs associated with colorectal cancer treatment are avoided (Centers for Disease Control and Prevention, 2020). Those patients included in the program are positively impacted with the implementation of this program. Revising the program allows for expansion to continue data collection and to increase screening rates. This can ultimately lead to earlier treatment and decrease the cancer death rate. Colorectal screening is an important aspect of health promotion, and the program should be continued further in order to improve the lack of screening in the United States.

References

Centers for Disease Control and Prevention. (2020, February). Colorectal cancer control program (CRCCP).

<https://www.cdc.gov/cancer/crccp/about.htm>

National Colorectal Cancer Roundtable. (2020). Data & progress: Colorectal cancer is a major public health

problem. <https://nccrt.org/data-progress/>

CDC Response

CDC provided a courtesy reply. The Submitter's comment provides support for the Colorectal Cancer Control Program and updated monitoring activities; however, it is non-substantive as it does not affect this information request or burden. The comment was shared with relevant staff in CDC's Division of Cancer Prevention and Control.

PUBLIC SUBMISSION

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Colorectal Cancer Control Program (CRCCP) Monitoring Activities

Comment On: CDC-2020-0064-0001
Colorectal Cancer Control Program (CRCCP) Monitoring Activities 2020-12244

Document: CDC-2020-0064-0003
Comment from (information excluded for Clinical Content)

Submitter Information

Name: information excluded for Clinical Content

General Comment

95% of caid and care spending may be unnecessary. Proactive payment assurance to cover the operating costs and salaries of eligible and perhaps all providers and provider entities may be required. There are 12 factors, which become 20 and then 50 factors, all of which are required in every disease and detrimental behavior. These are being omitted from care. The estimates of first known ability to manage these is 1878. The number of unnecessary instances of abated vital being including the 1918 and 2020 pandemics, is more than 300,000,000, in the US alone. Review the statistical and actuarial information attached in this submittal.

Attachments

Health Industry Insight, Ideation, Visualization and Intimacy

Focus on Homocysteine, Health Industry Insight, Ideation, Visualization an Intimacy

lessons of Covid

Pregnenolone, Regenerative and Original Plasticity, as well as Choline Kinase Management

Health Industry, simplified insight, ideation, intimacy lists

Quick reference, Diagnostic, Analytic and therapeutics

Pandemics, an example of opportunity and essentiality ofmitigatingallowedInadequacyRevised

Redacted Analysis of Lysophospholipid and Cardiolipin Acyl Transferase

Redacted Analysis of Phospolipase and Diesterases

Redacted Analysis of Phospolipids, Phospholipidesterases and Acyltransferase

Redacted Clinical Indicator Matrix and Worksheet

Redacted Environmental Survey, Translating Environment Factors into Clinical Indicators

Redacted Environment and Safeness Survey

Redacted Summary of Aldehyde Dehydrogenases, and NAD to NADH Balance

Redacted Clinical Indicator Therapeutic Map

Redacted Foundational Development Pathways

CDC Response

CDC provided a courtesy reply. The Submitter's comment is non-substantive as it is not relevant to the Colorectal Cancer Control Program, or the design and implementation of this information collection under consideration.