



# Commission on Cancer State Chair Toolkit

2023

This is a toolkit for Commission on Cancer (CoC) State Chairs. This toolkit includes an overview of the CoC, describes how the CoC State Chair role is integral to the work of the CoC, and provides a list of resources available to CoC State Chairs.

For questions, please contact Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org)

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# Commission on Cancer (CoC) Overview

## Mission

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting, prevention, research, education, and the monitoring of comprehensive quality care.

## History

Established by the American College of Surgeons (ACS) in 1922, the CoC establishes standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery in health care settings; conducts surveys in health care settings to assess compliance with those standards; collects standardized data from CoC-accredited health care settings to measure cancer care quality; uses data to monitor treatment patterns and outcomes, as well as enhance cancer control and clinical surveillance activities; and develops effective educational interventions to improve cancer prevention, early detection, cancer care delivery, and outcomes in health care settings.

## Membership

CoC membership is comprised of surgeons representing the ACS and representatives from member organizations of the CoC. These individuals direct the activities of the CoC through its committees: Executive, Nominating, Accreditation, Cancer Liaison, Advocacy, Education, Member Organization Steering and Quality Integration.

*CoC Member Organizations* include administrative, patient-focused, allied health, clinical, governmental, registry, and research/education organizations.

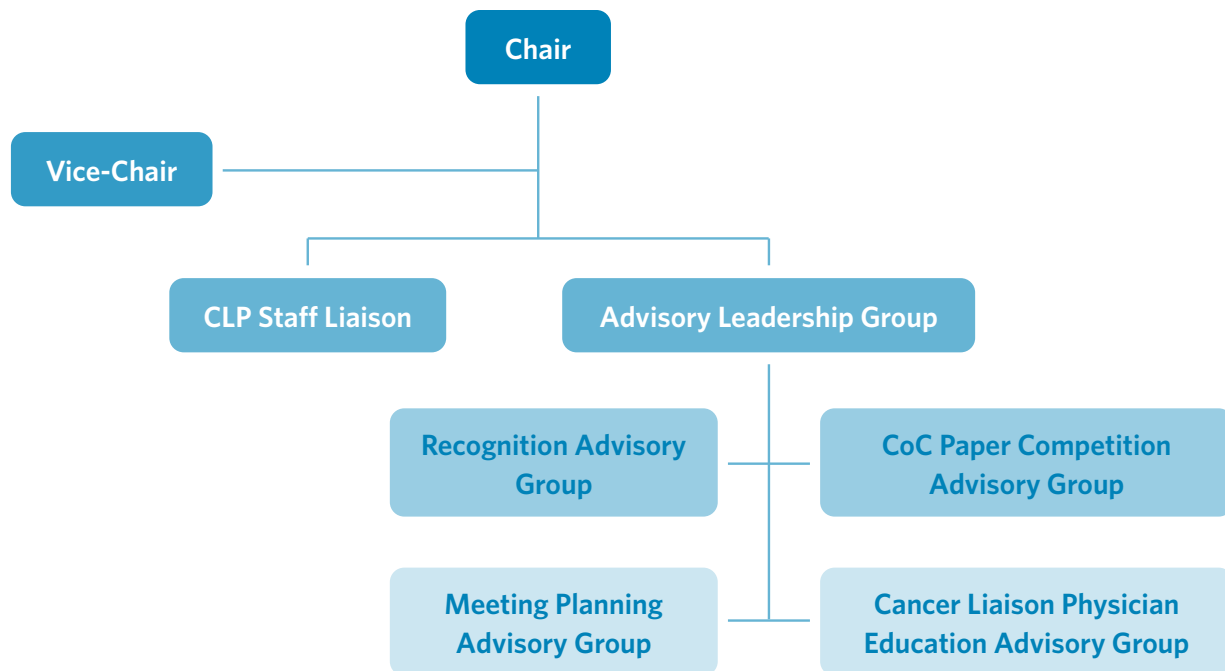
# Cancer Liaison Program

Established in 1963, the Cancer Liaison Program of the Commission on Cancer was developed as a grassroots network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities. The Cancer Liaison Program is composed of a network of 1,500 Cancer Liaison Physicians (CLP) and 64 CoC State Chairs who provide leadership to the CLPs in their state or region.

## Committee on Cancer Liaison

The Committee on Cancer Liaison directs the activities of the Cancer Liaison Program and oversees the implementation of priorities established by the funding agency, the American Cancer Society.

Roles in the Committee include Chair, Vice-Chair, the Cancer Liaison Program Advisory Leadership Group (this group is comprised of the four CoC State Chair Advisory Groups Chairs), and the CLP Staff Liaisons from the American College of Surgeons Cancer Programs. The Advisory Groups are comprised of CoC State Chairs and American Cancer Society staff.



## CoC State Chair Responsibilities

CoC State Chairs are American College of Surgeons Fellows, or those applying for Fellowship, who serve as representatives of the CoC by providing leadership and support to CoC-accredited programs and CLPs in their state or region. CoC State Chairs serve a three-year term and can be reappointed based on performance. They are collaborators, innovators, and experts working with cancer programs, cancer professionals, the American Cancer Society and Comprehensive Cancer Control (CCC) coalitions to improve the quality of cancer care in their state or region.

### Communicate Regularly with Cancer Liaison Physicians in their State/Region

A list of CLPs as well as a list of scheduled accreditation site visits are auto-generated and emailed directly from the CLP Staff Liaison to CoC State Chairs at the beginning of every month so that CoC State Chairs can maintain regular communication with CLPs.

#### Regular communication with CLPs includes:

- Quarterly emails using the template email provided by ACS Cancer Programs staff after every CoC State Chair Town Hall
- Phone or video conference calls held annually, at a minimum
- In-person meetings, if feasible

#### Suggested topics for CLP communications and meetings include:

- CoC activities
- Collaborative projects with the American Cancer Society
- ACS Chapter activities
- Cancer-related advocacy issues
- Comprehensive cancer control coalition activities
- Dissemination of new cancer specific guidelines or landmark clinical trial results

### Support and Provide Direction for CoC Initiatives and Activities

- Serve on a CoC State Chair Advisory Group (more information below)
- Encourage and facilitate CLP participation on the cancer committee
- Ensure CLPs understand CoC standards for accreditation and the importance and value of the [National Cancer Database \(NCDB\) Quality Reporting Tools](#) to monitor and the improve the quality of patient care
- Connect with CLPs prior to their accreditation site visit to offer assistance
- Identify and encourage non-accredited programs in the state or region to consider accreditation and contact programs considering withdrawal
- Read the weekly [Cancer Programs News newsletter](#)
- Follow Cancer Programs on social media
  - Twitter: @AmColSurgCancer
  - Facebook: @AmColSurgCancer

## Participate in Collaborative Activities

**ACS Chapter:** Serve as a member of *ACS Chapter Council*, report on CoC activities, and participate in cancer related legislative activities.

**American Cancer Society:** Participate in and provide leadership for the activities of the American Cancer Society. Work with the regional staff to plan your involvement. Cancer Programs staff will provide you with contact information for your American Cancer Society staff partner.

**Comprehensive Cancer Control Coalition:** Participate and provide leadership to your state’s cancer coalition. Encourage CLP involvement in implementation activities of the state cancer plan. Cancer Programs staff will provide you with contact information for your state CCC program.

## Other

- Complete the annual CoC State Chair Activity Report survey
- Observe an accreditation site visit in your state or region
  - Staff must obtain approval from the site reviewer and the program for you to attend. Please contact Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org) to request attendance.
- Attend the in-person CoC State Chair Town Hall and CoC Plenary Session held during the annual ACS Clinical Congress
- Attend the virtual quarterly CoC State Chair Town Halls and bi-annual CLP meetings
- Network with your CoC State Chair colleagues

## Serve on CoC State Chair Advisory Group

All CoC State Chairs are required to serve on one of four Advisory Groups. The groups meet by conference call a few times each year.

- **Recognition Advisory Group:** Reviews CoC State Chair Activity Reports and chooses the annual CoC State Chair Outstanding Performance Award recipients.
- **CoC Paper Competition Advisory Group:** Reviews abstracts submitted to the CoC Annual Cancer Research Paper Competition, and chooses the first, second and third place winners.
- **Meeting Planning Advisory Group:** Develops the agendas for the CoC State Chair Town Hall meetings.
- **Cancer Liaison Physician Education:** Develops educational resources for CLPs and chooses the annual CoC CLP Outstanding Performance Award recipients.

# How to Get Started

## One to Three Months

**Attend quarterly CoC State Chair Town Hall/Webinars.**

**Become Familiar with CoC State Chair Resources**

Resources and tools are available on the [CoC State Chair Resources web page](#).

Some of the resources and tools provided include:

- CoC State Chair orientation materials
- Recordings and slides from past State Chair Town Halls
- [National Cancer Database \(NCDB\) Quality Cancer Tools](#)

**Obtain a Working Knowledge of the CoC’s Cancer Program Reporting Standards**

It’s important for you to be familiar with the [CoC’s Standards](#) and the [site visit process](#). Be knowledgeable about what the CoC expects of its programs and CLPs and be prepared to answer questions from CLPs with an upcoming site visit, from programs seeking accreditation for the first time, and programs interested in participating in the CoC accreditation program.

**Send an Introductory Email to Your CLPs Upon Appointment**

It is important that your CLPs know who you are and how to reach you. Use the CLP contact list sent to you on the first of each month. Give them a brief description of your background and your expectations as CoC State Chair. Let them know the best way to contact you. You are expected to communicate and update CLPs on CoC activities at least quarterly.

**Contact the American Cancer Society and the CCC Coalition**

Review the guidelines of partnership with both the American Cancer Society and CCC coalition and contact your respective state representatives provided to you by Cancer Programs staff. Your expertise and leadership as a representative of the CoC can enhance partnership goals with these organizations.

**Participate in Your Local American College of Surgeons Chapter**

Find out when your local [ACS Chapter Annual Meeting](#) is scheduled. CoC State Chairs are encouraged to participate in chapter activities, including advocacy efforts.

## Three to Six Months

**Stay in Touch with Your CLPs**

At least one update sent via email should be sent to your CLPs during this time. Sort the monthly list of CLPs by appointment date to identify newly appointed CLPs and send them an introductory email.

## Six to Nine Months

**Stay in Touch with Your CLPs**

Send an email to your CLPs.

## Host a CLP Meeting

There are multiple ways you can convene your CLPs:

- Conference calls or webinars
- In person meetings, if feasible

### Within First Year

#### Send E-mail Communications to Your CLPs

A minimum of 4 emailed updates to your CLPs should be provided by this point. These templated emails are drafted for your use following each CoC State Chair Town Hall meeting.

#### Complete a CoC State Chair Activity Report

The CoC collects data on CoC State Chair activity at the beginning of each year. The data provided should reflect your activity over the past calendar year and provide an assessment of your performance and areas for improvement and allow you to provide feedback to CoC leadership on how to support you in your role.

#### Recognize CoC-Accredited Programs in Your State

Be creative in ways that you can promote and recognize facilities in your state or region that are CoC-accredited. Reach out to CLPs prior to or after a CoC Site Visit to offer assistance or congratulatory remarks.

#### Identify Programs for Recruitment into the Accreditation Program

You are asked to assist the CoC in identifying eligible and/or programs interested in pursuing CoC accreditation and referring them to CoC staff.

#### Contact Programs that Want to Withdraw from Accreditation

You are asked to assist the CoC by contacting CLPs at accredited programs that communicate their interest in withdrawing their accreditation to understand their concerns and determine how we can bring them back on board.

#### Present to State Groups on Behalf of the CoC

As the CoC State Chair, you are likely to be asked to present at meetings. These may include American Cancer Society meetings, state comprehensive cancer control coalition meetings, and meetings of the state cancer registrars. Please contact Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org) if you need assistance in preparing a presentation. A minimum two-week turn-around time is requested.

### Within Three-Year Term

#### Observe a CoC Site Visit at a Facility Other Than Your Own

In order to fully understand the CoC standards and the site visit process, the CoC encourages you to observe a site visit in your state or region at an institution other than your own. Observation of a site visit is educational in nature and provides you with the experience to address concerns or questions from facilities in your own state. A list of site visits in your state or region will be emailed to you at the beginning of every month by the CLP Staff Liaison. Contact Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org) for the procedures required to obtain permission for you to attend.

#### Advocate for CoC Inclusion in the State Cancer Plan

Include objectives in the cancer plan such as increasing the number of CoC-accredited programs in the state or increasing CoC-accredited programs participation as critical coalition members.



## CoC State Chair Activity Report

After your first complete calendar year as CoC State Chair, you are required to complete the annual State Chair Activity Report. Data collected from the State Chair Activity Report survey will be used to:

- Assess the level of activity of the individual CoC State Chairs
- Determine recipients of the CoC State Chair Outstanding Performance Awards
- Identify CoC State Chairs who need additional assistance
- Determine eligibility to serve an additional term
- Gather feedback on additional resources needed to support State Chairs in their role
- Summarize activities of the CoC State Chair network and present aggregate findings

## Outstanding Performance Award

Outstanding Performance Awards are given to CoC State Chairs who have met the eligibility criteria and exhibited outstanding leadership and innovation and made significant contributions to the improvement of cancer care in their state or region. CoC staff compiles a list of eligible CoC State Chairs based on data from the State Chair Activity Reports and other data collected throughout the year. Decisions are based on activity from the previous calendar year. The CoC State Chair Recognition Advisory Group reviews nominations and selects the awardees.

## Cancer Liaison Physicians (CLPs)

### CLP as Quality Champion

In their role as physician quality leader of the cancer committee, the CLP must identify, analyze, and present pertinent and cancer program specific NCDB data to their cancer committee at a minimum of two meetings each calendar year. CLPs are given access to NCDB reporting tools that include survival reports, benchmarking, and other cancer program performance reports. Data from the NCDB must be used as the basis of the reports. Focus is given to areas of concern or where expected performance is not being met. Reports must be given by the CLP or the CLP's alternate.

### Measures of Compliance

The cancer program fulfills all the compliance criteria:

- The CLP or the CLP's alternate identifies, analyzes, and presents NCDB data specific to the cancer program, with preference for areas of concern and/or where benchmarks are not met, to the cancer committee at a minimum of two meetings each calendar year
- The CLP is present during the CoC site visit and meets with the site visit reviewer to discuss CLP activities and responsibilities

### Additional Responsibilities

- The CLP reports on CoC activities, initiatives, and priorities to the cancer committee

The CLP serves as liaison between the cancer program and the American Cancer Society

The American Cancer Society staff can provide accredited programs with additional information on the resources that support specific Standards.

## CoC State Chair Role with American College of Surgeons Chapters

CoC State Chairs hold a variety of responsibilities, but one of the most important is to collaborate with local groups including [ACS Chapters](#). CoC State Chairs must:

- Serve as an ex officio member of the ACS Chapter Council (via their bylaws, chapters may determine if CoC State Chairs have voting rights)
- CoC State Chairs are expected to provide an annual written or verbal report on CoC activities to their chapter

The ACS Chapter Council is responsible for selecting the individual to be appointed by the CoC to the role of CoC State Chair. CoC State Chairs are appointed to a three-year term and can serve additional terms based on evaluation of their performance.

Upon expiration of his/her term, CoC State Chairs are expected to recommend a replacement and assist in ensuring a smooth transition of the incoming CoC State Chair. If a CoC State Chair is unresponsive or inactive in several areas, he/she can be asked to step down from his/her position at any time.

## American Cancer Society Partnership

The American Cancer Society is a nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem. The Society’s Global Headquarters are located in Atlanta, Georgia, with six affiliate regions nationwide to ensure a presence in every community. CoC State Chairs are expected to be highly involved with their respective American Cancer Society staff.

Examples of CoC State Chair involvement with the American Cancer Society include, but are not limited to:

- Serving in a regional leadership capacity
- Advocating for cancer legislative issues (in partnership with the American Cancer Society Cancer Action Network (ACS CAN))
- Serving as a media/medical spokesperson
- Analyzing regional/statewide data
- Participating in special projects and local events
- Participating on national workgroups and roundtables

### Fostering a Partnership with the American Cancer Society

CoC State Chairs lead and direct the relationship between the CLPs and the local Society staff. CoC State Chairs should meet with their respective Society regional staff to define a set of objectives that will guide the relationship and activities of the CLPs and Society staff in their state. Suggestions for partnership include but are not limited to:

- Participating in meetings with Society staff to discuss national and state priorities, along with upcoming activities
- Leveraging CoC accredited programs and CLPs in your state or region to move shared priorities forward
- Asking Society regional staff to present new programs and activities at your annual CLP meeting (in-person or virtual)
- Sending a joint email with Society regional staff to CLPs encouraging collaborative work with local Society staff and in implementing initiatives at the facility and within the community

### Who Supports the CoC State Chairs?

Designated State relationship managers are assigned to work directly with the CoC State Chairs. They meet with the CoC State Chairs and communicate regularly with them to guide and direct the activities of the local Society staff and their CLPs. If you do not know the name of your American Cancer Society State Lead contact, please contact Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org).

## American Cancer Society's Relationship with the Cancer Liaison Physician (CLP)

The CLP facilitates the cancer program's relationship with the American Cancer Society and acts as a door opener to other relationships within the hospital system. CLPs are responsible for promoting Society staff participation in cancer committee meetings. Society staff also may engage with others in the cancer program or health care system to collaborate on initiatives outside of the cancer center (such as screenings and early detection activities).

Examples of CLP involvement with the American Cancer Society include but are not limited to:

- Facilitating community outreach activities (e.g., education and screening)
- Promoting ways to connect patients to Society resources
- Serving on a local Society committee(s)
- Serving as a medical spokesperson
- Advocating for cancer legislative issues (in partnership with ACS CAN)

## American Cancer Society Participation in the Cancer Committee

CLPs are encouraged to invite Society staff to participate on the cancer committee to present/discuss opportunities for collaboration on cancer control projects and connect Society staff to hospital staff as needed. Society staff should provide the cancer program with information about its services, programs, and events. It is not required of accredited cancer programs to allow Society staff participation in cancer committees, but it is encouraged. American Cancer Society staff members are expected to uphold the confidentiality of the cancer committee meetings according to hospital policy.

Society staff are encouraged to develop individual relationships with key cancer program and health care system staff, as determined by the collaboration. As CoC State Chair, it is important to encourage your CLPs to work with the Society as a partner and encourage collaboration at the local level.

## Role with Comprehensive Cancer Control Coalition

Comprehensive Cancer Control (CCC) plans identify strategies for addressing the burden of cancer in their geographic areas. The plans are specific to each region and based on data collected about the people living there.

The goals of CCC are:

- Coordination across silos – funding streams, public health, and care delivery
- Less duplication of effort
- Comprehensive approach to cancer control – from prevention to end of life
- Focus on evidence-based interventions
- Multisector partnership approach

### State Cancer Control Plans

Every state has a cancer control plan. State cancer plans summarize the cancer burden in the state and identify goals, objectives and strategies to address the entire cancer continuum.

Goals and measurable objectives guide the selection of evidence-based interventions that will work best in a state's communities and populations. Plans are typically updated every 5 years.

[Download and review your state's plan.](#)

### CCC Coalitions

Comprehensive cancer control (CCC) coalitions have been established in each state to bring together cancer control stakeholders. CCC coalitions represent an engine of change in the U.S. for cancer issues. These coalitions develop, implement, and evaluate state cancer plans and initiatives for the communities where they live and work. Across the nation, thousands of organizations and individuals are involved in CCC coalitions.

### CCC National Stakeholders

The CCC National Partnership is similar to state-level coalitions. The National Partnership consists of 19 leading national cancer organizations that come together to utilize their combined strengths and resources to support and advance the work of CCC coalitions. The CoC is an active member of the National Partnership.

[Learn more about the National Partnership.](#)

## ACS CoC State Chair and CCC Coalitions Benefits

Many past and current CoC State Chairs have been a member of their state’s coalition and have shared several benefits of being involved in a CCC coalition, including:

- Exposure to a larger view and understanding of the state’s cancer burden as well as cancer control efforts in the state
- Opportunity to develop new or stronger relationships with cancer stakeholders (individuals and organizations) throughout the state
- Involvement on a policy level on cancer-related issues, such as pain/palliative care, tobacco and tanning bed policies
- Opportunity to serve as a liaison between the CCC coalition and the state CLPs to communicate current cancer control efforts in the state, suggestions for getting involved in local activities, opportunities to advocate for state and local policies, and needs and gaps in services throughout the state

## CoC State Chair Roles

As a CoC State Chair your involvement in your state’s CCC coalition can happen in many diverse ways that best meets your interests, needs and availability. Examples of CoC State Chair roles in a CCC coalition include:

- Serving in a medical advisory role to the state cancer coalition
- Getting involved in a state cancer coalition workgroup
- Serving as the state cancer coalition chair
- Joining the leadership team of the state CCC coalition
- Presenting to the coalition on clinical perspectives of the cancer burden in the state

## How to Get Connected to Your State CCC Coalition

Cancer Programs staff will share the name and contact information for your state coalition. The American Cancer Society also is an important partner in each state CCC coalition. Your regional staff representative can share information about current coalition activities, upcoming meetings, and ways to get involved.

# Advocacy Engagement

To support the CoC’s advocacy initiatives, CoC State Chairs are encouraged to assist in supporting and advancing cancer-related legislation in their states. This includes disseminating key public policy initiatives, set by the CoC Advocacy Committee, to in state partners and stakeholders. CoC State Chairs may also share active cancer public policy discussions and activities with the CoC Advocacy Committee for evaluation and consideration for inclusion on the CoC’s legislative agenda. Additionally, CoC State Chairs are encouraged to engage in grassroots and stakeholder activities to support public policy initiatives of the American College of Surgeons Chapter Council and the advocacy efforts of the American Cancer Society Cancer Action Network (ACS CAN).

## Goals

1. Through active engagement of CoC State Chairs, the CoC will be able to utilize the grassroots strength of the organizational structure and CoC membership to influence and increase support for cancer related public policy at the state and federal levels.
2. The CoC Advocacy Committee will attain a better understanding of cancer public policy trends and discussion occurring at the state level to develop national priorities that can be employed in other states or in Congress.
3. The CoC will leverage the existing structure for grassroots activation in support of calls to action at the state and federal level as well as in district meetings and engagement with elected officials in support of CoC legislative priorities.

## CoC State Chair Advocacy Tasks

- Identify pending or active cancer related state legislation from leading state sources such as the ACS CAN, local news, relationships with key health policy leaders and elected officials, and other state cancer stakeholders
- Build working relationships with ACS CAN representatives and staff and other leading cancer public policy organizations in the state
- Report on pending and active cancer related state legislation to the CoC Advocacy Committee, state CLP network, and ACS State Chapter Council
- Report on requests from partner organizations to engage on legislation via action alerts, signing onto letters, coalition partnership opportunities, or other requests for CoC Advocacy Committee evaluation
- Share CoC legislative priorities and CoC/ACS calls for action with state CLP network and state stakeholder partners
- Respond to CoC and ACS requests for advocacy action such as email action alerts, analysis of legislative issues, signing letters, attending meetings with elected officials and staff or testifying in a public hearing
- Coordinate with CoC Advocacy Committee and ACS Chapter on planning and execution of advocacy strategy

## CoC State Chair Advocacy Engagement with Key CoC Partners

### American College of Surgeons

As a member of the ACS State Chapter Council, CoC State Chairs will collaborate with ACS members and staff to identify and engage on cancer specific issues in their state and share information on cancer related legislation and activities. ACS staff can prepare support materials and information including letters, grassroots action, and toolkits to engage the Chapter and at-large membership in the state. ACS staff interacts with staff from other cancer related physician and patient national organizations for resources on state legislation to employ in a state. Additionally, ACS staff supports the CoC Advocacy Committee to develop the CoC’s legislative policy positions. The ACS does not employ full-time staff in each state and relies on the CoC State Chapter membership as the lead representatives with state policymakers.

### American Cancer Society Cancer Action Network

ACS CAN has dedicated advocacy staff resources in nearly every state. CoC State Chairs should utilize ACS CAN resources for identifying active and priority cancer related legislative activities taking place within their state. The ACS CAN focuses on setting priority public policy issues and may, at times, focus only on those specific issues while the CoC will want to engage on additional ongoing cancer related legislation. To find the ACS CAN staff in your state visit, <https://www.fightcancer.org/>.

### Advocacy Resources

- [American College of Surgeons State Legislative Toolkits and Resources](#)
- [Legislation Tracked by the ACS State Affairs Staff](#)
- [ACS State Chapter Resources and Contacts](#)
- [American Cancer Society “How Do You Measure Up?” State Reports](#)

For questions, requests for further information, or assistance with advocacy initiatives regarding cancer related legislation, contact Rebecca King, American College of Surgeons State Affairs Associate at (202) 672-1525 or at [rebeccaking@facs.org](mailto:rebeccaking@facs.org).



# Data Tools and Resources

## National Cancer Database

The [NCDB](#) is a nationwide, facility-based, oncology database that currently captures 72 percent of all newly diagnosed cancer cases in the United States annually, holds information on more than 40 million cases of cancer diagnoses reported since 1989, and continues to grow. Operations of the NCDB are jointly supported by the CoC and the American Cancer Society.

The NCDB maintains a number of web-based data applications to promote access to NCDB data. These tools can be used by CoC-accredited cancer programs to evaluate and compare the cancer care delivered to patients diagnosed and/or treated at their facility with the care provided at state, regional, and national cancer facilities.

### Public Access to Cancer Data

The NCDB maintains a number of web-based benchmarking applications that have been developed to promote access to NCDB data by the general public, researchers, and clinicians. The NCDB Public Benchmark Reports include the 14 most commonly diagnosed solid tumors in the United States. Users are provided access to data from six diagnosis years (2008–2017), slightly more than 11 million cases.

Users can design queries using data from any one or a combination of three types of hospitals (community, comprehensive community, and academic/teaching facilities) and specify a geographic region or state to narrow the scope of their analysis. As many as three co-variables (including patient age, ethnicity, sex, tumor histology, stage, first course therapy, and type of surgical resection) are available for users to define the type of information they wish to review.

- [Navigation Guide for Public NCDB Benchmark Reports](#)
- [Cancer Cases Reported to the NCDB by Tumor Type and AJCC Stage \(2008-2017\)](#)

## Other Data Sources

### [National Cancer Institute's State Cancer Profiles](#)

Interactive graphics and maps provide quick and easy access to cancer statistics at the national, state and county level. Statistics are displayed by geographic region, race/ethnicity, cancer site, age, and sex. Statistics: Incidence and mortality by geographic region.

### [National Cancer Institute's Surveillance, Epidemiology, and End Results \(SEER\) Program](#)

SEER provides a collection of printable statistical summaries for a number of common cancer types or through Fast Stats. You can also build tables, charts, and graphs of cancer statistics for all major cancer sites by age, sex, race, and geographic area.

*Statistics: Incidence, mortality, survival and stage, prevalence, and the probability of developing or dying from cancer.*

### *American Cancer Society Statistics*

The American Cancer Society projects the numbers of new cancer cases and deaths expected each year in order to estimate the contemporary cancer burden, because cancer incidence and mortality data lag three to four years behind the current year. In addition, the regularly updated Facts & Figures publications present the most current trends in cancer occurrence and survival, as well as information on symptoms, prevention, early detection, and treatment.

### *CDC National Program of Cancer Registries*

Data collected by local cancer registries enable public health professionals to understand and address the cancer burden more effectively. The CDC provides support for states and territories to maintain registries that provide high-quality data.

### *North American Association of Central Cancer Registries (NAACCR) Data Products*

NAACCR receives de-identified population-based cancer data from member registries across the US and Canada. With permission from the registries, NAACCR combines the cancer incidence data from submitting registries into comprehensive datasets for analysis. These datasets only include data from registries that meet NAACCR requirements for completeness and quality. Researchers may request access to the CiNA datasets, irrespective of their affiliated institution's geographic location.