There are more than 100 kinds of cancer, each with a distinct pathology and a unique blend of hereditary and environmental triggers. Many care options are available to people hoping to avoid cancer, facing a diagnosis and treatment needs, or living in the survivorship phase. Too often, there is little consensus on what will work best given a person's individual preferences and circumstances. PCORI funds research that addresses the difficult choices people face across the patient’s cancer journey from prevention and early diagnosis through treatment and survivorship.

1.69 MILLION people in the United States diagnosed with cancer in 2016

$87.8 BILLION estimated direct medical costs for cancer in the United States in 2011

Source: Centers for Disease Control and Prevention

Research Addressing Questions That Matter

PCORI funds comparative clinical effectiveness research to determine which healthcare options work best for which patients, based on their needs and preferences. PCORI also funds projects to more quickly move the results of our funded studies into practice and to more actively engage patients, clinicians, and other stakeholders in the research process.

ONCOLOGIST

After patients with colorectal cancer have surgery, they often ask how frequently they should be checked for recurrence. Should I advise them to opt for more frequent or less frequent testing?

PATIENT

I'm deciding whether to have just the breast with cancer or both breasts removed. What might be the health and emotional effects of each choice?

STUDY SPOTLIGHTS

How Treating Early-Stage Prostate Cancer Affects My Quality of Life

Two studies analyzed quality-of-life changes among men with prostate cancer who received either surgery or radiation or pursued active surveillance. They found that the men who had either surgery or radiation reported more adverse health effects. After two to three years, most symptoms improve, but there may still be differences. More information about these findings can be found at www.pcori.org/evidence-update-prostate-cancer.

Choosing Treatment for Cancer in One Breast

Some women diagnosed with invasive breast cancer in one breast choose to remove both. Research has shown little to no difference in life expectancy between patients who have only the affected breast or both breasts removed. This study examined mental and social outcomes. It found that patients who had both breasts removed often had worse outcomes in those categories. Learn more at www.pcori.org/Brewster037.
**Increasing Colon Cancer Screening Rates in the Hispanic Population**

This study compared the effectiveness of two communication approaches by the Lehigh Valley Health Network in Pennsylvania that aimed to increase the colon cancer screening rate among Hispanics. Compared with patients who received only a mailing, patients who also received a phone call were more likely to get a screening test for colorectal cancer in the next year. More details are at [www.pcori.org/Myers142](http://www.pcori.org/Myers142).

**Nondrug Therapies for Treating Insomnia in People with Cancer**

Insomnia troubles 30 to 50 percent of patients with cancer and is often caused by medications or anxiety. This PCORI-funded study found that patients like these might see improvement in quality of sleep and quality of life through nondrug treatments like acupuncture and cognitive behavioral therapy (CBT). While both therapies helped, CBT was more effective, the study found. More details are at [www.pcori.org/Mao250](http://www.pcori.org/Mao250).

**Intensity of Follow-Up Tests after Surgery for Colorectal Cancer**

People who have had surgery to remove colorectal cancer need to be checked periodically for recurrence. A PCORI-funded study found that healthcare facilities that do more frequent surveillance did not detect recurring cancers any earlier than facilities that do less frequent surveillance. The study also found no link between intensity of surveillance and overall survival, suggesting more frequent testing provided no health benefit. More details are at [www.pcori.org/Chang241](http://www.pcori.org/Chang241).

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As of September 2020, PCORI has awarded **$361 million** to fund **92** comparative clinical effectiveness research studies related to cancer.

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**BY THE NUMBER OF PROJECTS**

<table>
<thead>
<tr>
<th>Most Studied Cancer Types*</th>
<th>Areas of Care Addressed</th>
<th>Most Studied Populations of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>24</td>
<td>Prevention</td>
</tr>
<tr>
<td>Colorectal</td>
<td>14</td>
<td>Screening</td>
</tr>
<tr>
<td>Lung</td>
<td>13</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Prostate</td>
<td>12</td>
<td>Treatment</td>
</tr>
<tr>
<td>Cervical</td>
<td>9</td>
<td>Survivorship</td>
</tr>
<tr>
<td>Blood</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Head and Neck</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Prevention:** 5, **Screening:** 12, **Diagnosis:** 14, **Treatment:** 61, **Survivorship:** 5.

**Racial/Ethnic Minorities:** 59, **Women:** 38, **Older Adults:** 36, **Low Income:** 29, **Urban:** 16, **Rural:** 12, **Individuals with Multiple Chronic Conditions:** 10, **Low Literacy/ Numeracy:** 9.

*By number of projects. A project may study more than one type of cancer.*