

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST & CERVICAL CANCER
EARLY DETECTION PROGRAM

Annual Legislative Report
And Executive Summary

For the period July 1, 2004, through June 30, 2005

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Commissioner

**Breast and Cervical Cancer Early Detection Program (CBCCEDP)
July 1, 2004 – June 30, 2005**

EXECUTIVE SUMMARY

2003 New Cancer Cases And Cancer Deaths		
	Breast Cancer	Cervical Cancer
U. S. Women diagnosed	158,111¹	10,457¹
CT Women diagnosed	2,706¹	130¹
U. S. Women deaths	3,303²	220²
CT Women deaths	518³	37³
¹ 2003 CT Tumor Registry Data as submitted to NAACCR December 2006 ² CDC Wonder Compressed Mortality Tables 2003 ³ CT Vital Statistics: CT Resident Deaths 2003		

Deaths due to breast or cervical cancer can virtually be prevented with early detection and treatment. Early detection and treatment can save lives, reduce the extent of treatment, and improve the quality of life of many of the women affected by breast and cervical cancer. Essential to early detection and treatment are appropriate and timely screenings. Current efforts to identify and treat breast and cervical cancers have contributed to an annual percent change in death rates. Cost and lack of access are the main barriers to receiving these screenings.

CBCCEDP Target Population: Connecticut women with no or inadequate health care coverage.

CBCCEDP Screening Test Provided: Age

Mammograms: 40-64 years, and 35–39 for women with high risk factors
 Pap Tests: 19-64 years

Clinical Services

In the past year, from July 1, 2004 – June 30, 2005, a recorded 9,487 women were provided screening services through the CBCCEDP, resulting in the early detection and treatment of cancer as listed below:

<u>Screening Exams Performed</u>	<u>FY 03-04</u>	<u>State Funded</u>	<u>CDC Funded</u>	<u>FY 04-05</u>	<u>State Funded</u>	<u>CDC Funded</u>
Clinical Breast Exams	8,554	4,363	4,191	7,864	3,932	3,932
Mammograms	6,369	2,165	4,204	5,792	1,969	3,823
Pap	7,369	5,232	2,137	6,716	4,768	1,948
 <u>Cancers Diagnosed</u>	 <u>FY 03-04</u>			 <u>FY 04-05</u>		
	Breast 50			45		
	Cervical 29			7		

EXECUTIVE SUMMARY, Continued

Treatment Coverage:

The Governor signed the Connecticut Breast and Cervical Cancer Prevention and Treatment Act on July 2, 2001. This legislation provides Medicaid coverage for treatment to women with a precancerous condition or cancer of the breast or cervix who were screened through the Connecticut Breast and Cervical Early Detection Program (CBCCEDP) and who have no means of payment for treatment services. Since July 2, 2001 a total of 406 women have been diagnosed with in-situ or invasive carcinoma through the CBCCEDP. Of this number 191 cases were breast carcinoma, 215 were cervical carcinoma. And from this program, 374 women have received treatment (184 for breast cancer and 190 for cervical cancer).

Public Education and Outreach:

The Program has participated in numerous activities throughout the year to reach the target populations with information regarding the importance of breast and cervical cancer screening and to encourage their participation. Public education and outreach efforts continue to focus on the never or rarely screened women for breast and cervical cancer, as well as encouraging women to return for re-screening services.

Case Management

Case management's primary purpose is to ensure that all women enrolled in the CBCCEDP with abnormal screening results or a diagnosis of cancer receive the follow-up services they need in a timely and systemic manner. The case management process ensures that clients with abnormal results receive individualized advice and counseling, with the appropriate linking to services. In addition, case managers aid with health education activities, tracking, reporting, and sending out reminders for clients due for rescreening.

Professional Education Services

Professional education activities for the CBCCEDP continue to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new advances as approved. Educational programs are based on contracted health care provider's specific educational needs and by building on existing seminars and professional organizations educational programs. Efforts have focused on facilitating the use of CDC sponsored on-line interactive training and telephone conferences provided through Cancer Care, another nationally sponsored program.

Quality Assurance Activities

The CBCCEDP continues to be dedicated to ensuring quality cost effective care is offered to program clients. Quality assurance is a continuous process involving a systematic evaluation of program services and systems to ensure program objectives are being met. Patient data submission forms are reviewed on a daily basis to ensure that women are getting timely and appropriate follow-up. Contracted health care providers are monitored bi-annually to ensure that they are meeting projected screening numbers and fiscal obligations.

Contracted health care providers receive technical assistance regarding administrative and clinical issues on an ongoing basis. Policies and procedures are provided to each contracted provider in the Program Manual and updated in consultation with the Medical Advisory to ensure standards of care are clearly defined.

Program Challenges

As of June 30, 2005, the program has been successful in enrolling nearly 34,000 Connecticut women in the CBCCEDP and has provided more than 146,000 screening services (clinical breast exams, mammograms and Pap tests). The most concerning challenge for the CBCCEDP is to ensure that the

program is sufficiently funded so that no women seeking program services have to be turned away. Connecticut continues to have one of the highest annual incidence rates of breast cancer in the United States, with 127.8 per 100,000 women, in contrast to U.S. rate of 119.0 per 100,000 (age adjusted to the 2000 U.S. standard population). Connecticut consistently continues to have a breast cancer mortality rate below that of the United States. In consideration of both incidence and mortality as a function of survival, women in Connecticut may receive early detection and timely treatment. While both federal and state funding for the program has remained consistent, the number of women presenting for breast and/or cervical cancer screening continues to significantly increase. Additional resources are needed to address gaps and disparities among population sub-groups, and to cover screening diagnostic services and case management costs for these newly enrolled women.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM

Annual Legislative Report

For the period July 1, 2004 through June 30, 2005

This Annual Legislative Report of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) administered by the State of Connecticut, Department of Public Health contains the following four sections:

- Needs Statement
- Program Resources
- Surveillance Initiatives
- Future Program Challenges

Needs Statement

Invasive Breast and Cervical Cancer Incidence and Mortality				
United States and Connecticut 2003				
	Incidence		Deaths	
	Cases	Rates*	Cases	Rates*
Breast Cancer				
United States	158,111 ¹	65.57 ¹	41,611 ²	25.2 ²
Connecticut	2,706 ¹	70.95 ¹	525 ²	23.7 ²
Cervical Cancer				
United States	10,457 ¹	8.45 ¹	3,891 ²	2.5 ²
Connecticut	130 ¹	6.77 ¹	37 ²	1.8 ²

¹2003 CT Tumor Registry Data as submitted to NAACCR December 2006

²CDC Wonder Compressed Mortality Tables 2003

³CT Vital Statistics: CT Resident Deaths 2003

*Rates are age-adjusted to the 2000 U.S. Standard Million Population

Breast Cancer

In Connecticut an estimated 2,850 women are expected to be diagnosed with breast cancer in 2004. After lung cancer, breast cancer is the second leading cause of cancer deaths among women.

Early detection of breast cancer has been found to be the key to reducing breast cancer mortality. Regularly scheduled clinical breast examinations combined with mammography have resulted in the detection of breast cancer at earlier stages before symptoms appear.

Cervical Cancer

Among women in Connecticut it is estimated that 80 new cases of invasive cervical cancer will be diagnosed in 2004. The initial precancerous stage known as cervical cancer *in-situ* is not a reporting requirement to the Connecticut Tumor Registry. Cervical cancer *in situ* is diagnosed 5-6 times more than invasive cervical cancer.

The Papanicolaou (Pap) test was introduced as a screening exam for cervical cancer in the mid-1950s. The utilization of this test has proven to result in a reduction in the cervical cancer mortality. Cervical cancer detected in its earliest stage (*in-situ*) is nearly 100% curable. This high rate of cure for its early stages combined with the slow development of the disease make screening programs for cervical cancer a highly effective method for reducing morbidity and mortality due to this form of cancer.

Barriers to Screening

The most frequently cited barrier to breast and cervical cancer screening is cost. Women with limited income generally do not have any health insurance or have health insurance that either does not cover the cost of screening exams or has a high deductible. These women are at greater risk of being diagnosed with late-stage breast and/or cervical cancer, which is more difficult to treat. The State of Connecticut, Department of Public Health has established the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) to promote the early detection of breast and cervical cancer. In addition to providing screening and diagnostic services to medically underserved, low-income women, this program also supports public and professional education, outreach, and case management.

Program Resources

The CBCCEDP was established in 1995 by the federal Centers for Disease Control and Prevention (CDC) through a Cooperative Agreement with funding of approximately \$1.5 million per year. Each year since July 1996, state funds have also been allocated from the Governor's budget to expand and enhance the CBCCEDP. From the initial four health care providers contracted in 1996, the CBCCEDP has expanded program services to ensure that all women in Connecticut have access through a total of 18 health care provider sites and approximately 120 satellite sites. The CBCCEDP provides breast and cervical cancer screening, diagnostic follow-up, and treatment as needed. Table 1 illustrates the program's expansion from its initial 4 provider sites to the program's current 18 provider sites.

TABLE 1

Date Providers Joined Program	# of Contracted Health Care Providers
1-Oct-95	4
1-Apr-96	7
1-Dec-96	4
1-Feb-98	3
Total	18

State legislation was amended in fiscal year 1997/1998 to increase the number of women in the State eligible for CBCCEDP services. Previous legislation stipulated that women age 40 and older were eligible for breast and cervical cancer screening. The amended legislation made mammograms available to women age 35-39 who have risk factors for breast cancer and Pap tests available to women beginning at age 19.

Coverage for Treatment

Governor Rowland signed the Connecticut Breast and Cervical Treatment Act, effective as of July 2, 2001. This legislation provides Medicaid coverage for treatment to women with a precancerous condition or cancer of the breast or cervix who were screened through the CBCCEDP. Women in need of treatment are granted presumptive eligibility, under the Department of Social Services' Medicaid Program if they are not covered under creditable insurance, are under age 65, and are legally residing in the U.S. since July 2, 2001 a total of 281 women have been diagnosed through the CBCCEDP with *in situ* or invasive carcinoma. Of this number 191 cases were breast carcinoma, 86 were cervical carcinoma.

Services and Activities

Services and activities supported under this program include: 1) **Clinical Services:** Clinical exams for breast and cervical cancer screening, diagnostic services, treatment referral services, and case management; 2) **Public Education and Outreach Activities:** community outreach, public education, and promotional activities to increase awareness of the benefits of early detection and participation in screening services; 3) **Professional Education Services:** education for professionals and providers of services to assure quality, and promote access to and use of, these services; and, 4) **Quality Assurance Activities:** ensuring clinical standards and the quality of services are maintained with ongoing program review for effectiveness.

Clinical Services

The CBCCEDP continues to monitor the implementation of the Program's Cervical Cancer Screening Policy effective since April 1, 2000 that has been developed to maximize the overall health benefit by increasing the number of women receiving Pap tests. The policy, which includes an operational plan and protocol, mandates increased screening for CBCCEDP-eligible women never or rarely screened and decreased over-screening among CBCCEDP-enrolled women. More specifically, at least 25% of the women screened by each screening provider must have never had a Pap test or not have had a Pap test within the last five years.

Priority has been given to ensuring that Program eligible women with abnormal breast and/or cervical screening examinations receive appropriate diagnostic follow-up and linkage to treatment. Evaluation of case management is initiated through review of the CBCCEDP program data and the Program's quality improvement process. This process compares state Program data to the federal Centers of Disease Control and Prevention's national benchmarks, and identifies areas of quality improvement. Education regarding quality improvement measures are provided to contracted health care providers to ensure CBCCEDP clients are receiving quality cost effective care.

The program continued to maintain a centralized computer tracking, follow-up and reminder database system. This system includes demographic, screening, diagnostic and treatment referral data on all women enrolled in the program. Reports are generated to ensure that all women with abnormal screenings have been followed-up. In addition, lists and labels (which include women due for their breast and cervical cancer rescreening tests at the recommended intervals) are distributed to the contracted health care providers on a monthly basis. These are used to remind enrolled clients to return for rescreening.

Current systems are labor intensive and unable to accommodate the increasing volume of women receiving services through the program. An investigation is underway to identify enhanced systems that would streamline efforts and allow for computerized reporting from the health care providers and the state program. Further, enhanced reporting systems would improve quality assurance activities and data management.

Program Data

The CBCCEDP has enrolled 33,916 women from October 1, 1995 through June 30, 2005. For the period, July 1, 2004 through June 30, 2005, a recorded 9,487 women received services through the program. The program continues to provide services to a greater number of new participants each year, as well as rescreening services for women enrolled in previous years.

Tables 2 and 3 present selected demographic characteristics of women screened.

TABLE 2

Age Distribution of Screened Women July 1, 2004 – June 30, 2005		
Age Group	Number	Percent
<40	2,319	24%
40-44	1,703	18%
45-49	1,820	19%
50-54	1,478	16%
55-59	1,215	13%
60-64	919	10%
65+	179	2%
Total	9,487	~100.0%

TABLE 3

Race and Ethnicity of Screened Woman July 1, 2004 - June 30,2005			
Race & Ethnicity	Number	Percent	% Change FY 03-04
White Non-Hispanic	4,225	44.6%	
White Hispanic	1,345	14.2%	
Black Non-Hispanic	1,377	14.5%	
Black Hispanic	68	0.7%	
Asian Non-Hispanic	192	2.3%	
Asian Hispanic	11	<1%	
Native American Non-Hispanic	912	<1%	
Native American Hispanic	9	<1%	
Hawaiian / Pacific Islander Non-Hispanic	6	<1%	
Hawaiian / Pacific Islander Hispanic	6	<1%	
Multiple Race Non-Hispanic	143	1.51%	
Multiple Race Hispanic	35	<1%	
Unknown Non-Hispanic	651	6.8%	
Unknown Hispanic	1,300	13.7%	
Unknown Ethnicity	103	1.1	
Total	9,473	~100%	

Table 4 below presents all screening tests (including women enrolled during this past year, as well as, previously enrolled women) performed by health care providers contracted through the CBCCEDP. The numbers of screening tests performed differ due to the recommended screening guidelines for each test. Depending on a woman's age, previous screening history, and current medical situation, screening tests offered through the program are not appropriate for all women.

TABLE 4

Screening Tests Performed July 1, 2004 - June 30,2005	
Exam Type	Number
Clinical Breast Exams	7,864
Mammograms	5,792
Pap Tests	6,716

Table 5 below describes the total number of cancers diagnosed through the CBCCEDP for this reporting period.

TABLE 5

Diagnoses and Treatment of Cancer Cases July 1, 2004 – June 30, 2005		
	Diagnosed	Receiving Treatment
Breast Cancer	45	42 (93%)
In-situ	23	21
Invasive	22	21
Cervical Cancer	7	5 (71%)
In-situ	7	5
Invasive	0	0
Total Cancers	52	47 (90%)

Based on current program records approximately 93% of all women diagnosed with breast cancer through the program are known to have received treatment. Approximately 71% of all women diagnosed with cervical cancer through the program are known to have received treatment. These estimates exclude women lost to follow-up and women who have been recently diagnosed and whose treatment plan has yet to be determined.

Public Education and Outreach Activities

State funds for this program have provided opportunities to develop educational material and conduct public education initiatives to educate Connecticut’s target population regarding the importance of early detection of breast and cervical cancers. State-funded outreach educators have conducted local community-based activities including visits to shelters, churches, drug rehabilitation centers, health fairs, presentation of education programs to women’s groups and adult education classes

Professional Education Services

Professional education activities for the CBCCEDP continue to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new advances as approved. Educational programs are based on contracted health care provider’s specific educational needs and by building on existing seminars and professional organizations educational programs through sponsorship of speakers

Over 100 individual physician offices received cancer education on five cancers through the ongoing Primary Care Physician Program conducted in partnership with the American Cancer Society. Site visits included an assessment of cancer screening practices, a discussion of screening guidelines and available tools and resources to promote office administrative systems that support cancer screenings.

Quality Assurance Activities

Ensuring that the Program is reaching underserved women in the state is a priority. Contracted health care provider quarterly reports are monitored to ensure that screening projections are being met. Technical assistance and professional education is provided to ensure effective outreach strategies are being utilized and systems are in place to remind women to return for rescreening. To date the CBCCEDP has been successful in enrolling nearly 34,000 Connecticut women. During fiscal year 2004-2005 the program provided 20,372 screening examinations to 9,487 women. All patient data are continually monitored to ensure timely and appropriate care is being provided

To ensure contracted health care providers are kept up to date on administrative and clinical policies and procedures, the Program Manual was revised to reflect changes in the clinical reporting language for the Pap test and the new guidelines for the follow-up of cervical cytological abnormalities by the American Society for Colposcopy and Cervical Pathology. Also, professional education was provided to the Program's contracted health care provider case managers.

Program Challenges

As of June 30, 2005, the program has been successful in enrolling nearly 34,000 Connecticut women in the CBCCEDP and has provided more than 146,000 screening services (clinical breast exams, mammograms and Pap tests). The most concerning challenge for the CBCCEDP is to ensure that the program is sufficiently funded so that no women seeking program services have to be turned away. Connecticut continues to have one of the highest annual incidence rates of breast cancer in the United States, with 70.9 per 100,000 women, in contrast to U.S. rate of 63.84 per 100,000 (age adjusted to the 2000 U.S. standard population. Connecticut consistently continues to have a breast cancer mortality rate below that of the United States. In consideration of both incidence and mortality as a function of survival, women in Connecticut may receive early detection and timely treatment. While both federal and state funding for the program has remained consistent, the number of women presenting for breast and/or cervical cancer screening continues to significantly increase. Additional resources are needed to address gaps and disparities among population sub-groups, and to cover screening diagnostic services and case management costs for these newly enrolled women.