



**Statement by**

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**Before**

**The Committee on Oversight and Government Reform  
United States House of Representatives  
Tuesday, January 29, 2008, 10:00 a.m.  
Room 2154, Rayburn House Office Building**

Good morning, Mr. Chairman and distinguished members of the Committee. I am Dr. Otis Brawley, Chief Medical Officer of the American Cancer Society. On behalf of the three million volunteers of the Society, I appreciate the opportunity to discuss an issue of utmost importance to our organization and to me personally. Reducing the burden of cancer globally and especially among minorities and medically underserved populations is a key priority of the American Cancer Society. Today, I'd like to share with you the importance of cancer screening and specifically, what our organization is doing to fight the war on cancer and describe how communities of color and low-income Americans often face the greatest barriers to accessing quality health care.

Since 1972, the Society has funded more than \$323 million in breast cancer research grants that examine ways we can improve upon the prevention, early detection and treatment of breast cancer including the Sister-to-Sister study, which will enroll 50,000 women who have a sister with breast cancer, in an effort to find the causes of breast cancer. We also work in communities nationwide implementing programs that directly impact women battling cancer and their families, including helping them navigate through the health care system during treatment; providing support through recovery by offering wigs and prostheses, and continuing what is often lifetime support through our survivors network. In addition, we hope that many of you have, or will join the more than 400,000 walkers who participate in our Making Strides Against Breast Cancer events held in 112 communities nationwide and which have raised approximately \$194 million since 1993 to help in the fight against breast cancer.

Tens of thousands of these walkers have joined with our other volunteers to advocate for additional funds at the state and federal level for the National Breast and Cervical Cancer Early Detection Program, a program that strives to reduce the unequal burden of cancer among low-income and medically underserved women. Today, unfortunately, the program is only serving 1 out of 5 eligible women nationwide who are 50-64 years old. If you include women as young as 40 years old who should be screened according to ACS guidelines, coverage nationally drops to just 14 percent of eligible women. This is largely due to insufficient federal funding support for the program. Federal appropriations have remained essentially static for the past six years.

### **The Impact of NBCCEDP**

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP), run by the Centers for Disease Control and Prevention (CDC) is a positive partnership between the states and federal government to provide medically underserved women, who previously may not have received these services due to their insurance and economic status, access to critical cancer screenings. NBCCEDP brings breast and cervical cancer screenings and post-screening diagnostic services to low-income, uninsured, and underinsured women, and since 2000 when Congress passed the Breast and Cervical Cancer Prevention and Treatment Act of 2000, women who are found to have cancer are being saved through access to cancer treatment through a Medicaid option that has been adopted by all 50 states.

Since its establishment in 1991, the NBCCEDP has been implemented in all 50 states, the District of Columbia, 4 U.S. territories, and 13 American Indian/Alaska Native organizations. To date, the program has provided 7.2 million screening exams to more than 3 million underserved women. About 50 percent of the women who received screenings through the program were minority women. In addition to providing access to life-saving screening tests, the NBCCEDP invests in numerous outreach activities. Outreach is essential; especially to serve women who are harder to reach since they are often also the women who have never been screened. The NBCCEDP supports an array of strategies, including education, quality assurance and improvement, evaluation, partnerships and provider recruitment. These

accomplishments demonstrate a truly successful collaborative effort between the federal, state and local government. It builds on the existing public health infrastructure and involves all sectors of the community in the outreach and delivery of services.

The American Cancer Society, along with our sister organization the American Cancer Society Cancer Action Network<sup>SM</sup> (ACS CAN), recognizes the enormous impact this program has on saving the lives of low-income, uninsured, and underinsured women diagnosed with breast and cervical cancer. The proven success of this life-saving early detection program demands that we fully fund it and that we focus more attention on outreach into communities to find and serve the 4 in 5 eligible women who are not being screened. It is critical that we invest federal resources to figure out new ways of reaching women as well as to maintain a critical level of providers to serve the women in this program.

In this regard, ACS and ACS CAN work with the NBCCEDP at the local level to increase breast and cervical cancer awareness for women, provides resources and promotes the accessibility of breast and cervical cancer screening and treatment. In addition to advocating for NBCCEDP, the American Cancer Society also helped secure implementation of the Breast and Cervical Cancer Prevention and Treatment Act in all 50 states and the District of Columbia. This act ensures that low-income women diagnosed with cancer through the NBCCEDP are eligible for Medicaid coverage of their treatment. The Society continues to advocate at the state level to protect Medicaid dollars so that there is sufficient funding for treatment of these women.

### **Screening and Early Detection**

Last year it was estimated 178,480 women in the U.S. would be diagnosed with breast cancer and another 40,460 would die from the disease in 2007 alone. Furthermore, an estimated 11,150 women would be diagnosed with cervical cancer and another 3,670 would die from it. Together, breast and cervical cancer account for 28 percent of the estimated new cancer cases in women.

Preventing or curing all cancers is our collective goal. We know today essentially how to prevent 100 percent of all deaths from cervical cancer. We are also able to prevent up to 30 percent of all deaths from breast cancer. This is not because of a new scientific breakthrough; it is because of cancer screening tests, some which have been around since the late 1940s. The American Cancer Society has strongly advocated routine screening for cervical cancer with the Pap test for the past 50 years and has recommended routine mammography screening since the 1980s.

Regular mammography use has been shown to reduce breast cancer mortality. In the United States, death rates from breast cancer in women have been declining since 1990, due in large part to early detection. Further reductions in breast cancer death rates are possible by increasing mammography screening rates and providing timely access to high-quality follow-up and treatment.

Cervical cancer incidence and mortality rates have decreased 67 percent over the past three decades with most of the reduction attributed to the Pap test, which detects cervical cancer and precancerous lesions. Between 60 and 80 percent of women who are found to have advanced cervical cancer have not had a Pap test in the past five years. For women whose precancerous lesions have been detected through Pap tests, the likelihood of survival is nearly 100 percent with appropriate evaluation, treatment and follow-up. Cervical cancer is now one of the most successfully treated cancers and with the recent approval of vaccine immunization against HPV among young girls, there is a great potential for further reducing the occurrence of cervical cancer in the US. The American Cancer Society has played a critical role in developing and promoting the use of both the Pap test and mammography screening.

The stage at which breast or cervical cancer is diagnosed has an enormous impact on mortality and 5-year survival rates. For example, the five-year survival rate drops from 98 percent when breast cancer is diagnosed at the local stage, to 26 percent when it is detected after having spread. Likewise, the five-year survival rate is 92 percent when cervical cancer is found in the local stage but drops to 14.6 percent when spread to other parts of the body. Low rates of screening or irregular screening increases the risk that the cancer will grow

larger, and eventually present at an advanced stage when prognosis is poorer than it would have been if the cancer had been detected while still localized. In so far as we presently are unable to predict with any certainty whether or not a woman will develop breast or cervical cancer in her life, and if so when, regular screening is a form of insurance against the risk of being diagnosed with an advanced cervical or breast cancer.

It is pretty clear, screening and early detection are critical for decreasing the mortality rates of breast and cervical cancer. Any reduction in cancer mortality depends on the increased use of mammography and pap tests for the early detection of the disease.

Despite increased awareness among women to utilize these screenings, many women continue to face barriers that prevent their screening participation. Approximately 40 percent of American women age 40 and older did not have a mammogram in the past year. The uninsured, low-income, and racial and ethnic minority women are especially at high risk. While there have been improvements in prevalence of mammography screening since the 1980s, racial disparities have grown and stagnated since the late 1990s. Many deaths from breast and cervical cancers could be avoided by increasing screening rates among minority and medically underserved women.

### **Cancer Disparities**

Recent studies show that substantial disparities exist in breast and cervical cancer diagnosis, treatment, and survival among American women. Stage at diagnosis is consistently shown to be more advanced in racial and ethnic minority, lower income, and uninsured women. Much of the disparity in breast and cervical cancer screening and outcomes is due to underlying differences in income and health insurance, although quality of care, language barriers, unhealthy environments, region of residence, cultural and genetic differences, and racial discrimination also play a significant role. Minority women may be at a higher risk for dying of breast cancer because they are more likely to be diagnosed at later stages in which treatment is more difficult and prognoses are often worse. A recent study by American Cancer Society researchers found that breast cancer patients who are African American are

less likely to get a key diagnostic test to make appropriate treatment decisions and as a result are not receiving the quality treatment that they need [Halpern MT ,Chen AY, Schrag NM, Ward, EM. Disparities in receipt of lymph node assessment among early stage female breast cancer patients. Presented at the American Association for Cancer Research conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, Atlanta, GA. November 2007.].

Additionally, other socioeconomic factors, such as poverty and insurance coverage that lead to disparities in screening, may account for some of the differences seen between races in stage at diagnosis. Currently, less than one in three uninsured women were able to get a mammogram in the previous year. A new report from the American Cancer Society finds substantial evidence that lack of adequate health insurance coverage is associated with less access to care and poorer outcomes for breast cancer patients [Ward E, Halpern M, Schrag N, Cokkinides V, Desantis C, Bandi P, Siegel R, Stewart A, Jemal A. Association of insurance with cancer care utilization and outcomes. CA Cancer J Clin. 2008 Jan-Feb;58(1):9-31. Epub 2007 Dec 20]. The report finds the uninsured are less likely to receive recommended cancer screening tests, are more likely to be diagnosed with later stage disease, and have lower survival rates than those with private insurance for breast and several other cancers. For breast cancer, the article reports that:

- Women without health insurance are about half as likely as those with private health insurance to have received a mammogram in the past two years (38.1 percent of uninsured women versus 74.5 percent of insured women age 40-64), a pattern seen for all race/ethnicities studied (white, African American and Hispanic) at all levels of education.
- Twenty to 30 percent of uninsured women were diagnosed with late stage (stage III/IV) breast cancer, compared with ten to 15 percent of privately insured patients.
- Uninsured women were also less likely to be diagnosed with Stage I (early) breast cancer than privately insured women. In white women, where this disparity was greatest, almost 50 percent of those who were privately insured were diagnosed with early-stage cancer, compared to less than 35 percent of those who were uninsured.
- Among white women diagnosed with all stages of breast cancer, 76 percent of those who were uninsured survived five years, compared with 89 percent of those with private insurance; among African Americans, five-year survival rates were 65 percent for

uninsured and 81 percent for privately insured women; among Hispanics, five-year survival rates were 83 percent for uninsured and 86 percent for privately insured women.

- Differences in survival between privately insured and uninsured women were seen for all stages of breast cancer.

## **Conclusion**

In conclusion, breast and cervical cancer have become two of the most preventable and increasingly curable life-threatening diseases – but only if we take the steps necessary to prevent it, detect it early and provide access to care. The only way we can continue to make progress in the fight against breast and cervical cancer is by working to ensure women continue getting their regular mammogram and pap test, which can detect cancer at its earliest, most treatable stage.

While we have made some strides, much work remains to be done to increase screening in medically underserved populations. We should make a commitment as a nation to remove any and all financial barriers to breast and cervical cancer screenings for the uninsured and underinsured women. The National Breast and Cervical Cancer Early Detection Program helps accomplish this but current funding is completely insufficient to continue the progress this program has made in reaching increasing numbers of women that might not otherwise receive these life-saving tests, and is not sufficient to maintain a steady pool of providers.

Our goal at the American Cancer Society, working with our sister organization, the American Cancer Society Cancer Action Network, is to ensure that all women have access to existing and future detection methods and treatments so that breast and cervical cancer will eventually no longer kill so many of our mothers, sisters, wives and friends. We look forward to working with you on all of these efforts. Thank you again for inviting me here today, and I would be happy to answer any of your questions.

**American Cancer Society Recommendations for the Early Detection of Cancer in  
Average Risk, Asymptomatic People**

<b>Cancer Site</b>	<b>Population</b>	<b>Test /Procedure</b>	<b>Frequency</b>
Breast	Women, aged $\geq 20$ years	Breast self-examination (BSE)	Beginning in their early 20s, women should be told about the benefits and limitations of BSE. The importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination. It is acceptable for women to choose not to do BSE or to do BSE irregularly.
		Clinical breast examination (CBE)	For women in their 20s and 30s, it is recommended that CBE be part of a periodic health examination, preferably at least every 3 years. Asymptomatic women aged $\geq 40$ years should continue to receive a clinical breast examination as part of a periodic health examination, preferably annually.
		Mammography	Begin annual mammography at age 40 years.*
Cervix	Women, aged $\geq 18$ years	Pap test	Cervical cancer screening should begin approximately 3 years after a woman begins having vaginal intercourse, but no later than age 21 years. Screening should be done every year with conventional Pap tests or every 2 years using liquid-based Pap tests. At or after age 30 years, women who have had 3 normal test results in a row may get screened every 2 to 3 years with cervical cytology (either conventional or liquid-based Pap test) alone, or every 3 years with a human papillomavirus DNA test, plus cervical cytology. Women aged $\geq 70$ years who have had 3 or more normal Pap tests and no abnormal Pap tests in the last 10 years and women who have had a total hysterectomy may choose to stop cervical cancer screening.

\* Beginning at age 40 years, annual clinical breast examination should be performed prior to mammography.



## How the American Cancer Society Helps Women with Breast and Cervical Cancer

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### American Cancer Society Nationwide Services

- **National Cancer Information Center (1-800-ACS-2345)**  
Trained cancer information specialists are available 24 hours a day, seven days a week, to offer the comfort of live support and to answer questions about cancer, link callers with resources in their communities, and provide information on local events. Spanish-speaking information specialists are available, and callers who speak languages other than English and Spanish can also be assisted.
- **American Cancer Society Web site ([www.cancer.org](http://www.cancer.org))**  
This user-friendly Web site includes an interactive cancer resource center containing in-depth information on every major cancer type. The site answers questions about breast and cervical cancer, risk factors, strategies for early detection, new diagnostic techniques, and the latest treatment options. Additionally, select content is available in Spanish.
- **Cancer Survivors Network<sup>SM</sup> ([www.cancer.org](http://www.cancer.org))**  
This virtual community provides connectivity, anonymity, and accessibility for survivors and their caregivers. The Cancer Survivors Network's online services contain survivor and caregiver content, including radio talk show conversations/interviews, personal stories, personal Web pages, discussion forums, an expressions gallery, and survivor-recommended resources.

### American Cancer Society Programs

- **Reach to Recovery<sup>®</sup>**  
A one-on-one peer support program, Reach to Recovery trains breast cancer survivors to respond to concerns of people who are going through breast cancer diagnosis or treatment. The success of this program is rooted in the idea that women facing breast cancer benefit from receiving health information and support from someone who has been through what they are experiencing.
- **"tlc"<sup>TM</sup>**  
A "magalog" (magazine and catalogue in one) that provides medical information and special products for women newly diagnosed with breast cancer, breast cancer survivors, and any woman experiencing treatment-related hair loss. This convenient, nationwide catalog is sent directly to homes upon request. Products in "tlc" include a variety of hats, turbans, kerchiefs, hairpieces, mastectomy bras, and breast forms. Silicone prostheses are also offered.
- **I Can Cope<sup>®</sup>**  
This series of educational classes is for people with cancer and their families and friends. Doctors, nurses, social workers, and other health care professionals provide information about cancer, encouragement, and practical hints through presentations and class discussions.

## American Cancer Society Special Events

- ***Making Strides Against Breast Cancer***<sup>®</sup>

A nationwide series of noncompetitive walking events, Making Strides Against Breast Cancer is designed to raise funds and awareness to fight breast cancer. In 2005, more than 400,000 walkers across the country raised more than \$34 million to help the American Cancer Society help fight this disease.

- ***Relay For Life***<sup>®</sup>

This unique community event celebrates survivorship and raises money for cancer-fighting programs. Teams of eight to 15 people camp out overnight at a local stadium, park, or fairground and take turns walking around a track or path for 12 to 24 hours. The event usually begins with a survivor lap in which cancer survivors take a victory lap around the track. Later, a candlelight ceremony is held to honor cancer survivors and remember those lost to the disease. Relay For Life events are held in more than 4,700 communities across the country.

## Collaborative Programs

- ***Look Good...Feel Better***<sup>®</sup>

This free, national public service program is sponsored by the American Cancer Society, the Cosmetic Toiletry and Fragrance Association Foundation, and the National Cosmetology Association. Look Good...Feel Better is dedicated to teaching female cancer patients beauty techniques to help restore their appearance and self-image during cancer treatments. Services include two-hour group makeover workshops and one-on-one salon consultations. The program also provides educational materials.

## Research

- The American Cancer Society's comprehensive research program has four components, all involved with breast cancer research: extramural grants, intramural epidemiology and surveillance, the intramural behavioral research center, and the intramural statistics and evaluation center. As of January 1, 2006, through its extramural research grants program, the American Cancer Society funds 203 extramural research projects relating to breast cancer, totaling nearly \$109 million. These projects include: research on antiangiogenesis drugs that block the supply of new blood vessels to breast tumors; how differences in the ability to metabolize alcohol influence breast cancer risk; and how a woman's genetic makeup determines her response to treatment.
- The Society's Department of Epidemiology and Surveillance conducts studies of breast cancer, such as the relationship between obesity and breast cancer, and performs surveillance research to monitor long-term trends and statistics. The Behavioral Research Center, through its long-term study of cancer survivors, is studying the unmet needs of breast cancer survivors. The Statistics and Evaluation Center will analyze data provided from all components and from local American Cancer Society programs to ensure that results are evidenced based.

## Advocacy

- American Cancer Society Cancer Action Network (ACS CAN) works with state advocacy and media advocacy staff to ensure they have the most updated information, research, and news on federal cancer issues. ACS CAN organizes an annual National Lobby Day for Society volunteer advocates and staff in Washington, D.C. and schedules meetings for advocates with their Members of Congress or their staff. Additionally, the One Voice Against Cancer Coalition (OVAC) was established in 2000. OVAC is a coalition of nearly 40 cancer-related advocacy groups supporting cancer program funding at the National Cancer Institute, National Center on Minority Health and Health Disparities, National Institute of Health, Centers for Disease Control and Prevention, and Health Resources and Services Administration.
- State government relations and advocacy departments educate and mobilize state advocates to take action on policy issues at the local, state, and federal levels. Volunteers participate in organized one-on-one visits with lawmakers, special advocacy and media events, call-to-action issue alerts, and other modes of communicating to and with lawmakers, like letters to the editor to apply pressure on cancer issues such as state funding for the Breast and Cervical Cancer programs and Medicaid which provides treatment for women served through these programs
- The Society's non-profit, non-partisan sister advocacy organization, the American Cancer Society Cancer Action Network<sup>SM</sup> (ACS CAN) was founded in 2001. It uses issue campaigns and voter education aimed at lawmakers and candidates to support laws and policies that will help people fight cancer.