National Breast and Cervical Cancer Early Detection Program Facts

FROM THE DIVISION OF CANCER PREVENTION AND CONTROL 2008 / 2009

Through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Centers for Disease Control and Prevention (CDC) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services.

The Burden of Breast and Cervical Cancer

Breast cancer is the most commonly diagnosed cancer among women in the United States, after skin cancer,[1] and the second most common cause of cancer death, after lung cancer, among U.S. women.[1] In 2004, 186,772 women were diagnosed with breast cancer and 40,954 women died from the disease.[1] Based on recent estimates, more than $8.4 billion per year (in 2004 dollars) is spent in the United States on the treatment of breast cancer.[2]

Cervical cancer was once the leading cause of death for women in the United States. However, during the past 50 years, incidence (the number of new cases each year) and mortality (the number of deaths each year) from cervical cancer have declined 75%, largely because of the widespread use of the Papanicolaou (Pap) test to detect cervical abnormalities.[3] In 2004, 11,892 women were diagnosed with cervical cancer and 3,850 women died from the disease.[1]

Screening

Mammography is the best available method to detect breast cancer in its earliest, most treatable form. Studies show that early detection of breast cancer can save lives. Mammography, performed every 1 to 2 years for women aged 40 years or older, can reduce mortality by approximately 20%–25% over 10 years.[4]

Cervical cancer is highly preventable if precancerous changes are identified and it is highly treatable if cancer is detected early. Regular Pap tests decrease a woman's risk of developing cervical cancer by detecting precancerous cervical lesions, which can be treated effectively.[3] The U.S. Preventive Services Task Force currently recommends a Pap test at least every 3 years, beginning within 3 years of onset of sexual activity or at age 21, whichever comes first.

Deaths from breast and cervical cancers could be avoided if cancer screening rates increased among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured. Mammography and Pap tests are underused by women who have no source or no regular source of health care, women without health insurance, and women who immigrated to the United States within the past 10 years.[5]

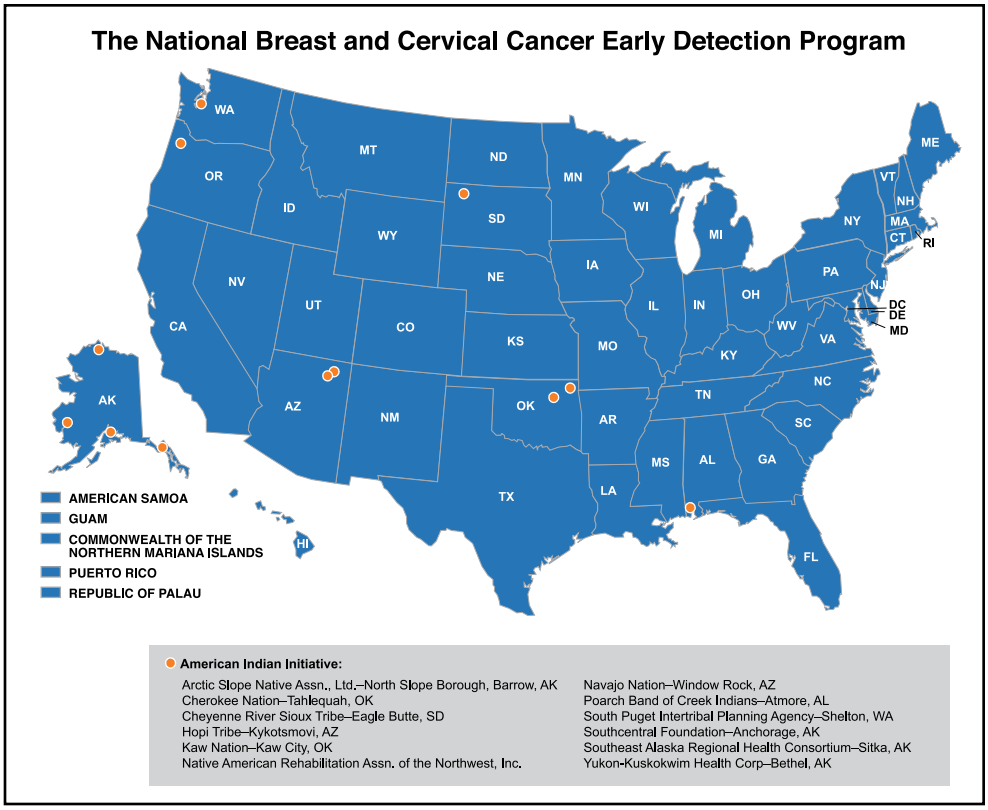
The National Program

To improve access to screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which guided CDC in creating the NBCCEDP. Currently, the NBCCEDP funds all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer. The program helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services. These services include:

- Clinical breast examinations.
- Mammograms.
- Pap tests.
- Pelvic examinations.
- Diagnostic testing if results are abnormal.
- Referrals to treatment.

In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act to give states the option of offering women in the NBCCEDP access to treatment through a special Medicaid option program. All 50 states

and the District of Columbia have approved this Medicaid option. In 2001, passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act by Congress expanded this option to include American Indians and Alaska Natives eligible for health services provided by the Indian Health Service or by a tribal organization.



Accomplishments

Since 1991, NBCCEDP-funded programs have served more than 3.2 million women, provided more than 7.8 million breast and cervical cancer screening examinations, and diagnosed 35,090 breast cancers, 2,161 cervical cancers, and 114,390 precursor cervical lesions, of which 42% were high grade. Approximately 15.9% of NBCCEDP-eligible women aged 40–64 years are screened for breast cancer and 7.1% of eligible women aged 18–64 years are screened for cervical cancer through the program.

In program year 2007, the NBCCEDP screened 295,338 women for breast cancer with mammography and found 3,962 breast cancers. That year, the NBCCEDP screened 318,220 women for cervical cancer with the Pap test and found 4,996 cervical cancers and high-grade precancerous lesions.

These and other public health efforts that address breast and cervical cancer support CDC's overarching goal of healthy people in every stage of life. They also address the U.S. Department of Health and Human Services' Healthy People 2010 goals of:

- Reducing the breast cancer death rate by 20%.
- Reducing the cervical cancer death rate to 2 deaths per 100,000 women.
- Increasing to 97% the proportion of women who have ever received a Pap test, and to 90% the proportion of women who have received a Pap test in the last 3 years.
- Increasing to 70% the proportion of women aged 40 years and older who have received a mammogram in the last 2 years.

State Programs

The NBCCEDP has experienced screening successes nationally through the 68 funded programs across the country. Here are some examples:

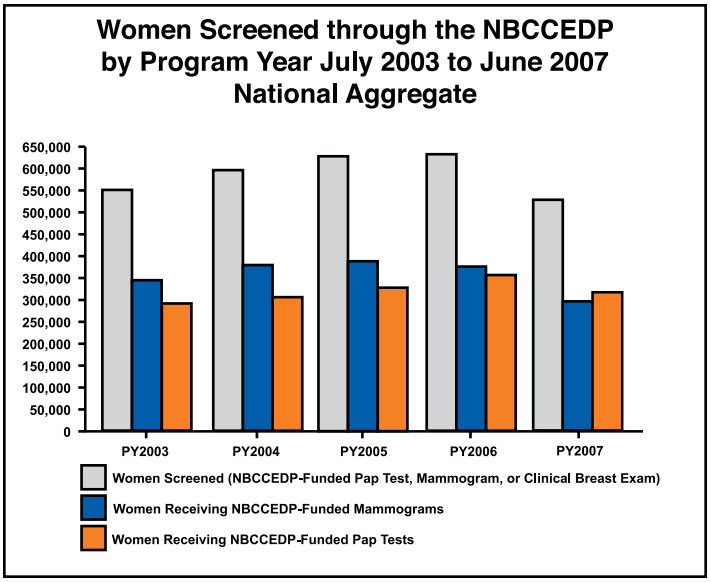
Alaska: Combined Leadership. Five programs in Alaska are funded by the NBCCEDP. In 2001, two of the programs drafted a Memorandum of Agreement (MOA) that outlined the basic operating principles where potential program overlap existed. By 2003, all of Alaska's five NBCCEDP grantees agreed to a new, comprehensive MOA, creating the Alaska Breast and Cervical Health Partnership. The Health Partnership began collaborating on many NBCCEDP components—recruitment, professional development, surveillance and evaluation, screening and diagnostic services, and quality assurance and improvement. Through annual meetings, ongoing communication, and consistent collaborative efforts, the Health Partnership has completed the following major projects:

- Development, production, and statewide distribution of new breast cancer screening guidelines.
- Coordination of professional, statewide education opportunities for clinicians that would not be available otherwise.
- Development, production, and statewide distribution of joint, consistent public education messages.
- Eliminating duplication and collaborating to maximize strengths has facilitated enhancement of individual programs and resulted in an integrated statewide infrastructure for training providers and conducting outreach, education, screening, and diagnosis for underserved Alaskan women of all races and ethnicities.

Florida: Building a Strong Referral Network. The Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), *Believe in Miracles,* covers 11 rural counties in northeast Florida. The local program has developed an extensive network of providers that coordinates services through 10 county health departments, 8 federally funded health centers, 2 hospitals, and 10 mammography sites. *Believe in Miracles* also has developed mutually beneficial relationships with partners such as the American Cancer Society (ACS) and the University of Florida. They also started a Cancer Connections information group that meets monthly to share information and resources and collaborate on grant projects. The group includes medical providers, social workers, and university staff, as well as ACS staff. *Believe in Miracles* staff members also serve on the advisory board for a University of Florida project funded by Susan G. Komen for the Cure. Additionally, the program has partnered with hospitals and has sponsored automatic charity eligibility for clients if their Medicaid treatment funds are not approved, opening another avenue for continuity of services. The relationships that *Believe in Miracles'* staff have developed within the health care community have facilitated—through the provision of such services as transportation, prompt registration into other need-based programs, and quick referrals—screening services that NBCCEDP supports.

New Jersey: Strength of Coalitions. Several programs have benefited from becoming involved in local coalitions. In New Jersey, the Statewide Cancer Coalition, initiated in 1994, has been instrumental in advocating for increased funding. The Coalition has brought together organizations and individuals with an interest in cancer control issues. The Coalition includes varied cultural and ethnic representation and membership is comprised of grass roots, civic, minority, community-based, and faith-based organizations; cancer service providers; other health care providers; consumers; survivors; pharmaceutical corporations; insurance corporations; and national and local cancer organizations. Since 2000, with the help of coalition partners and the hard work of screening programs, state funding doubled, enabling screening for twice as many women.

South Dakota: Working Together for Greater Success. In South Dakota, two NBCCEDP-funded programs are working together to better serve the women in their area. Collaboration between the Cheyenne River Sioux Tribal Project and the state's All Women Count! program continues to grow through recognition and appreciation of the distinct contributions from which both programs can benefit. This relationship took time to evolve, but as the staff from each program got to know each other they identified opportunities to assist, collaborate, and create economies of scale in screening women for breast and cervical cancer. The programs hold joint meetings, provide technical assistance between programs, participate on coalitions, communicate regularly about their programs, and are beginning to share resources for projects that benefit all of the women they serve. The state program serves as the portal for access to Medicaid through the Medicaid Treatment Act for women in both programs, while the tribal program helps resolve issues that affect the Native American women in the state program. They are also moving forward on efforts to develop health messages for American Indian women, with resulting materials to be used by both programs. Women throughout the state have benefited from this collaboration.



Washington: Maintaining Access. The Washington program's Medical Advisory Committee (MAC) has helped to ensure access to screening and diagnostic services for women. When a local radiology practice recently refused to perform stereotactic breast biopsies due to low reimbursement rates, women from five counties had to travel as far as 100 miles to access these services. The MAC intervened with persuasive letters to the radiology practice, resulting in the restoration of services for women living in the five-county area.

Future Directions

The Program Services Branch (PSB) of CDC's Division of Cancer Prevention and Control administers the NBCCEDP and is engaged in strategic planning to set directions and priorities for the future. Achieving program efficiency and effectiveness will continue to be high priorities.

VISION: Healthy women living cancer-free.

MISSION: To lead and support breast and cervical cancer screening to save lives.

GOALS:

- Reduce breast and cervical cancer mortality through public health approaches.

- Address environmental factors* to plan, manage, and communicate priorities.
- Provide the highest level of support to grantees to maximize their performance.

* *Environmental factors are issues that may impact the ability of the PSB to achieve its mission. They include potential reimbursement for more costly new technologies, trends in health care reform and universal coverage, recent evidence of population declines in mammography rates, and increases in the eligible population due to a rise in the number of uninsured women and an aging population.*

References

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