2005 Program Report

# NEW YORK STATE DEPARTMENT OF HEALTH

# CANCER SERVICES PROGRAM

## Breast and Cervical Cancer Screening
## (Healthy Women Partnerships)

### Program Report
### 2005

Additional and related information also is available from the
New York State Department of Health web site at:
http://www.nyhealth.gov/

Persons interested in obtaining additional information on this report should
contact the NYS Department of Health Cancer Services Program at:


Telephone: (518) 474-1222
Fax: (518) 473-0642
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# I. Program Description

## Overview

The Cancer Services Program (CSP) oversees the delivery of comprehensive breast and cervical cancer screening services to underserved populations in New York State (NYS) through contracts with local community-based organizations known as Healthy Women Partnerships (HWP.) The CSP also provides public and healthcare provider education regarding cancer prevention and early detection, performs outreach and recruitment of eligible clients, advises on case management and ensures the quality of clinical services provided through the program. The CSP oversees other grant initiatives including community-based cancer support services, legal and supportive services for persons with cancer and mobile mammography and has a combined State and Federal budget of more than $28 million annually for all facets of the program.

There are currently 53 HWPs comprised of over 2,300 community partner agencies statewide. HWPs are selected through a competitive application process every five years. The most recent selection process resulted in contracts covering the period April 1, 2002 through March 31, 2007.

There has been a steady growth in the number of women screened each year. Nearly 57,000 women are screened through the program annually (see Figure 4 on page 13). This program has provided approximately 486,000 mammograms and almost 200,500 Pap tests to low income, uninsured and underinsured women in NYS since 1994 (Figure 1).

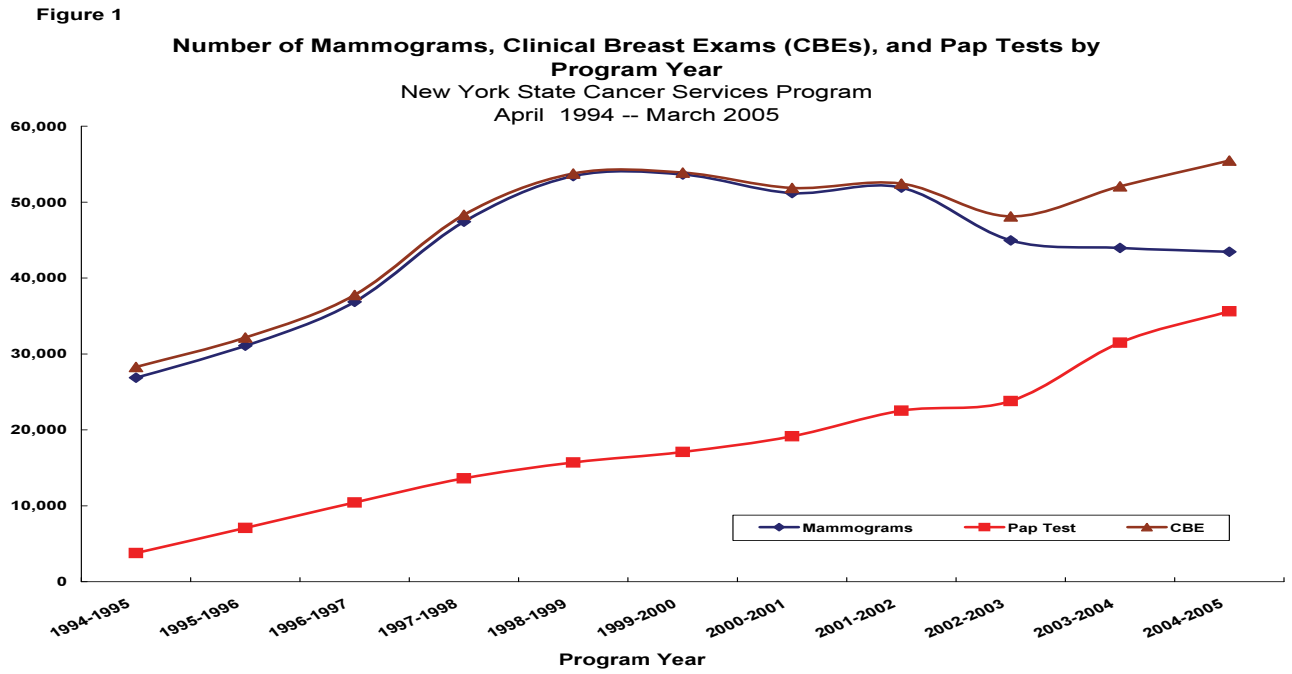



***Figure 1: Number of Mammograms, Clinical Breast Exams (CBEs), and Pap Tests by Program Year***
*There has been an overall increase in breast and cervical cancer screenings in the program during the last 11 years. The number of clinical breast exams (CBEs) and Pap tests have increased at an average annual rate of 6.1% and 19.1% respectively. The continued growth in CBEs and pelvic exams is due, in part, to the expansion in program eligibility, in 2002, to include comprehensive breast and cervical cancer screening for women ages 18-39 years. The number of mammograms has increased at an average annual rate of 4.1%. The loss of three major providers in the New York City metropolitan region contributed to the decline of mammograms starting in the 2002-2003 program year.*

More than 2,900 cases of breast cancer, 85 cases of invasive cervical cancer and over 5,600 precancerous cervical lesions have been detected in women screened through the CSP since its inception. Approximately 54% of breast cancers detected through the program are diagnosed at an early stage when breast conserving surgery is more feasible, the survival rate is more favorable, and treatment is less expensive. Cancers are detected at earlier and more curable stages among women who return for annual repeat screening in the program. The

rescreening rate has more than doubled since program inception (see Figure 6) from 20% in 1994 to 53% in 2004. In addition to screening services, the HWPs provide diagnostic services and assist women diagnosed with cancer in obtaining prompt and comprehensive treatment.

## Eligibility Criteria

In order to access the detection, diagnostic, and support services that are available through the CSP, individuals must meet the program's eligibility criteria. These include being 18 years of age or older, uninsured or underinsured, and unable to afford cancer screening. Women who are underinsured (defined as those financially unable to meet their co-payments or deductibles) or whose insurance does not provide coverage for annual screening may participate. Women whose annual household income is above 250% of the federal poverty level also can obtain services through the HWPs if they are uninsured and unable to otherwise afford cancer screening. It is estimated that 550,000 women meet the eligibility criteria for program services in NYS. Women between the ages of 18 through 39 are eligible for clinical breast exams, Pap tests and any associated diagnostic testing. Women aged 40 and older are eligible for annual mammograms in addition to these same services.

Women who are diagnosed with breast or cervical cancer or pre-cancerous cervical conditions through the CSP and who meet certain eligibility criteria are eligible to apply for full Medicaid coverage for the duration of their actual treatment. To become eligible upon diagnosis of breast or cervical cancer for Medicaid coverage under the Medicaid Treatment Act, individuals must meet criteria set forth in the Breast and Cervical Cancer Treatment Program (BCCTP), which are partly defined by state and federal law. For the first three years in which this coverage has been available, 1,554 women received coverage for the duration of their treatment. This includes 582 women with breast cancer and 972 women with cervical cancer or precancerous cervical dysplasia. Applications for enrollment receive a final determination of eligibility for coverage in an average of 7 days. To date, 44% of the women who received coverage for a diagnosis of breast cancer have been recertified for a second year of coverage, 18% have been recertified for a third year, and 6% have been recertified for a fourth year.

**PROGRAM SAVES LIVES – Survivor Tells Story to Congress**

When Gail Hagen unexpectedly lost her job at a local bank, her main focus wasn't on the fact that she had just lost her health insurance as well. When she received a postcard advertising low and no-cost mammograms that were being offered at a nearby health center, she scheduled an appointment. *"Luckily, I held on to that postcard because a few weeks later I felt a lump in my breast."* Gail called back and the Onondaga Partnership for Healthy Living immediately scheduled her for an exam, mammogram and ultrasound. Within days, a surgeon told her that she needed surgery to remove a suspicious lump. As the surgery date approached, Gail became more anxious and cancelled her procedure. The surgeon's office notified the Onondaga Partnership and a case manager recognized that Gail needed reassurance and visited her home to talk about her fears. At last, Gail agreed to the biopsy and was diagnosed with breast cancer.

Gail's life turned upside down. *"It was a very dark time. I cried constantly and was very afraid of what was ahead for me."* She had surgery to remove the entire breast, along with nearby lymph nodes, and a port was surgically inserted so that she could begin chemotherapy.

Because Gail used the services of the Onondaga Partnership which provides cancer screenings for the uninsured, she had the support of an entire network of Onondaga Partnership staff to assist her through diagnosis, treatment and recovery. *"The Partnership held my hand and got all the Medicaid paperwork filed so my treatment could begin. There was no way I could afford the cost of treatment on my own. The program and Medicaid coverage saved my life."* Since the chance of recurrence of cancer was high, Gail had a second mastectomy a year later to remove her other breast. It revealed another cancer.

Today, Gail has a new career as a real estate agent and is committed to helping others find their way through the experience of cancer. *"I want to do what I can to help others get the cancer screenings they need."* In July 2005, Gail testified at a Congressional Briefing "Winning the War on Cancer" sponsored by the American Cancer Society to share her personal experience of how the federal and state funded CSP saved her life.

## Case Management

Case management has been an integral part of the CSP since 1998 when the Federal legislation for the National Breast and Cervical Cancer Early Detection Program was reauthorized to include this new component of the program. Women who are found to have abnormal screenings through the program are provided with case management services to ensure that they receive timely diagnosis, affordable care and treatment, if necessary. Infrastructure funding from the state supports this effort.

While case management activities increase client adherence to screening, diagnostic and treatment services, they also assure clients receive support to obtain needed services. The CSP requires that a direct, personal level of support be available to assist clients in addressing any barriers that might delay or prevent care. These barriers include transportation, child/elder care, language and fear of, or lack of understanding of, diagnostic recommendations. However, in order to succeed in addressing these barriers, the HWP case manager must often first deal with more basic issues, such as referrals to other agencies to address mental health needs or connecting individuals with organizations that supply other services.

There are six key elements of case management: assessment, planning, coordination, resource development, monitoring and evaluation. Cancer patients and their families have psychosocial needs in addition to the clinical management of treatment. Attention to the emotional burden of cancer is an important, but under-appreciated part of a patient's treatment plan. Quarterly case management conference calls, an electronic list-serv and semi-annual contractor reports provide a means for HWP case managers to discuss issues with CSP staff and one another.

To maximize the number of women that would have access to coverage under the BCCTP, the CSP expanded its eligibility criteria in 2002 to allow women aged 18 to 39 to obtain annual CBEs and Pap tests. Expansion of services provided to this age group has resulted in a steep rise in the number of women now requiring follow-up for abnormal Pap tests. This has necessitated coverage of more diagnostic services, and consequently case management responsibilities have increased. (Figure 2)

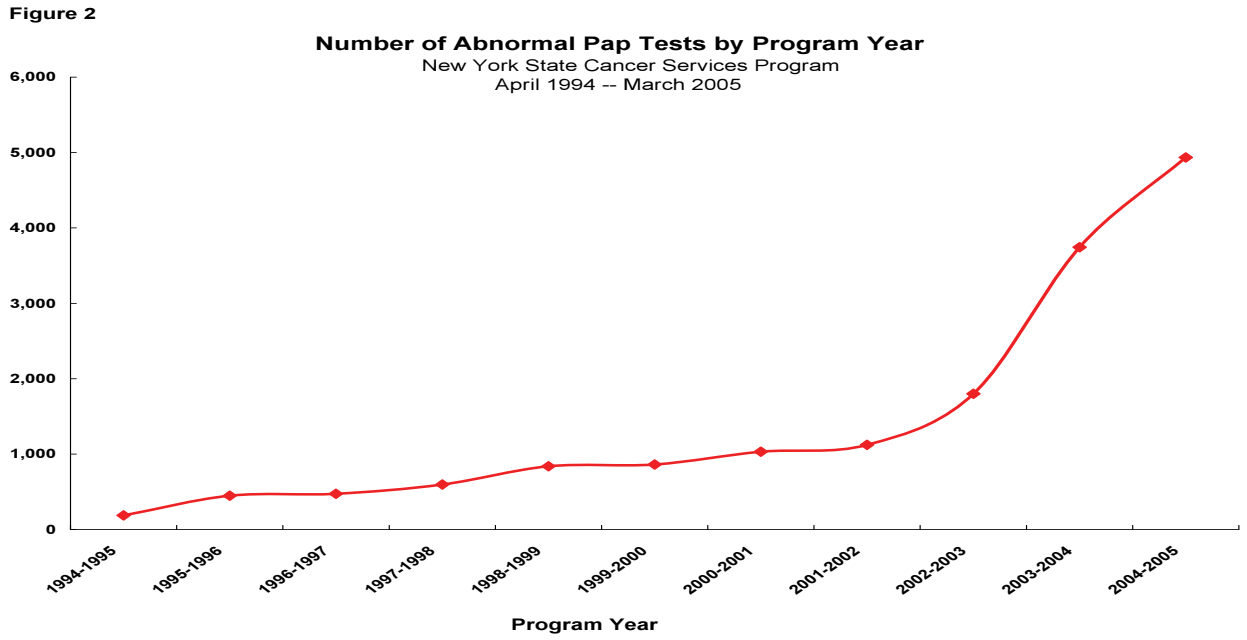



***Figure 2: Number of Abnormal Pap Tests by Program Year***
*The number of abnormal Pap tests among clients in the program has increased since the program's inception. The greatest increase began during the 2002-2003 program year and continued through the current reporting period. This dramatic change is largely due to the increasing number of younger women enrolled in the program as a result of the expanded eligibility criteria, allowing women ages 18 to 39 to receive CBEs and pelvic exams. Abnormal Pap tests are more likely to occur among women <40 years of age, resulting in a greater number of abnormal Pap tests overall, among program clients.*

## *Outreach and Recruitment*

The CSP makes a concerted effort to continually recruit more clients. Outreach and recruitment efforts strive to reach underserved populations, those who are uninsured and underinsured and women who are rarely or never screened. Technical assistance is provided to HWPs to guide planning, implementation and evaluation of recruitment strategies and activities and assistance in partnership building.

Performance data for the HWPs across the state are reviewed and site visits scheduled to assist HWPs that have been identified as not reaching their screening goals. During site visits, CSP staff review data and barriers to screening, staffing structure, current outreach and recruitment strategies, and HWP work plan activities. The CSP assists HWPs in attaining their screening goals by working with each HWP to implement and monitor an action plan over the months following a site visit. Site visits have proven to be a successful intervention, as 83% of the HWPs receiving site visits during 2005 increased their level of screening performance.

Another outreach activity undertaken in 2005 included a collaboration with the NYSDOH's Office of Medicaid Management (OMM) to incorporate information about the CSP's free screenings in notices sent to OMM clients. All English and Spanish Medicaid notices including denial, acceptance, and discontinuance letters sent to clients in Upstate NY now include information about free breast, cervical, and colorectal cancer screening. All women and men who are uninsured or cannot pay for cancer screening services are encouraged to call 1-800-422-6237 for more information on how to receive screening services. CSP staff is continuing to work with OMM staff to include this information in notices for clients in New York City.

The CSP launched a statewide recruitment campaign to locate and enroll eligible women in 2004. The ASK ME campaign is a strategy that focuses on engaging local volunteers from businesses, schools, agencies, libraries and healthcare facilities. Volunteers wear buttons or aprons with a message "Uninsured? ASK ME How To Get a FREE Cancer Screening" and engage in conversations with uninsured women to inform them how they can access the program's free screening services. During 2005, the program materials were revised and are being translated into ten languages (Korean, Russian, Chinese, Spanish, Vietnamese, Laotian, Portuguese, Haitin Creole, French and Bosnian) in order to reach additional ethnic populations. In addition, window clings were developed for placement on windows or doors of participating locations.


The CSP created an Outreach Advisory Workgroup comprised of local recruitment coordinators from across the state, which continues to meet bimonthly to provide input and direction to CSP staff in the planning and implementation of statewide outreach and recruitment initiatives. The workgroup has been a vehicle for staff to share outreach and recruitment strategies and best practices with partnerships across the state. Each representative is responsible for communicating workgroup discussions and for soliciting input from other HWP staff in their designated regions. In 2005, the workgroup provided valuable input and feedback on several initiatives including the revision of "Ask Me" campaign materials, regional meeting agenda topics, and public awareness campaigns.

The CSP developed a tool called the *Recruitment Spotlight* to highlight HWP's outreach and recruitment strategies and best practices from across the state. The *Spotlight* is a forum for HWP's to share recruitment resources, tools and strategies with one another. Mobile mammography screening events, worksite recruitment at a major hotel, and a senior housing recruitment campaign are all examples of effective strategies and tools that were shared in the *Recruitment Spotlight* in 2005.

## Public Education

The CSP maintains a series of publications to educate the general public about the importance of cancer screening and other cancer-related topics.

The following publications have been developed and distributed:

| Name | # Distributed in 2005 |
|---|---|
| *Mammography Facts* | 39,025 |
| *Breast Screenings Help Save Lives* | 63,688 |
| *A Women's Guide to Breast Cancer Diagnosis and Treatment* | 45,769 |
| *Breast Reconstruction: Is It Right for You?(undergoing revision in 2005)* | 250 |
| *The Pap Test (undergoing revision in 2005)* | 200 |
| *Colposcopy* | 11,101 |
| *What You Need to Know About Preventing Cancer of the Cervix* | 51,931 |

More detailed information about each publication is contained in Appendix I.

## Professional Education

During the past year, the CSP issued a Request for Proposals for a Clinical Breast Examination (CBE) Training contractor. CBE training has been an important component of the CSP's professional educational activities since 1997. The CSP sought proposals for a qualified training contractor to deliver statewide CBE training utilizing existing NYSDOH curriculum. The State University of New York at Albany, School of Public Health recently was awarded this funding to support the delivery of 10-15 trainings per year in multiple locations across NYS to clinicians performing CBEs for CSP clients.

In May 2005, the CSP held a meeting in Albany for contractors, which was attended by 330 individuals. The agenda included workshops and plenary sessions on cancer survivorship, emerging cervical cancer screening technologies, mammography workforce issues, social marketing and health literacy.

Professional education is also linked to quality assurance in the CSP. Many of the activities aimed at improving providers' clinical skills were initiated as a result of the outcomes of the program's quality assurance activities and have resulted in positive outcomes for the program's clients, the facilities and the CSP.

In the fall of 2005, the CSP convened an intradepartmental workgroup to begin to prepare professional education materials in anticipation of the potential release and FDA approval of the first vaccine against the strains of human papillomavirus that cause 70% of all cervical cancers.

## Mammography Capacity and Quality

The population of women in NYS who are in need of breast cancer screening continues to rise and thus, it is becoming increasingly difficult to maintain adequate mammography capacity. Mobile mammography programs help maintain capacity. The CSP received funding to enable the extension of six current hospital-based Mobile Mammography Initiative (MMI) contracts from April 1, 2005 through January 31, 2006. The MMI strives to enhance the geographic availability and the cultural acceptability of services, reaching women unable or unwilling to use fixed-site services. The current contractors serve uninsured women in approximately one-third of NYS counties (Appendix II).

Meanwhile, a new Request for Applications for the MMI was released on August 10, 2005 which is expected to fund up to nine hospitals at $50,000 for each of three years. Awards are expected to be announced in 2006. The goal of the new MMI is to supplement capacity in counties where the current mammography capacity is at or below 74% of the capacity for female residents aged 40 or older (Appendix II).

In 2005, the CSP collaborated with the US Government Accountability Office (GAO) by completing a survey on access to mammography services. The purpose of GAO's survey is to inform Congress about issues of access

## Quality Assurance (QA) in Action

One QA initiative in 2005 involved a large hospital which has participated in the HWP since 2001. As a result of collaboration to address a QA issue, the hospital has increased the number of women seen each year.

During a routine review of data submitted to the CSP by the facility, fewer abnormal Pap test results than expected were identified. Only 1.64% of the 792 Pap tests performed at this facility on program clients were reported to be abnormal. In comparison, 5.21% of the Pap tests in the statewide program are reported to be abnormal. The Partnership coordinator was contacted regarding the unusual data pattern and welcomed a further review. Underreporting of abnormal Pap tests for eligible women was one possible explanation.

The CSP next requested a sample of 50 medical records and laboratory test reports. The CSP received copies of medical records for review that were comprehensive and demonstrated that all Pap tests were reviewed by a pathologist, and were consistent with the data reported. The facility proactively engaged in an internal review with its own administration, clinical and laboratory departments. The facility identified that a number of women had Pap reports that showed the area of sampling did not reach the area of the cervix where cancer most often occurs.

Additional factors were identified during the review. For example, 9.6% of women who had received a Pap test had a history of hysterectomy not related to a cervical cancer diagnosis. These clients are ineligible for Pap testing through the CSP as they are not at risk for cervical cancer.

The review prompted the hospital to initiate a number of actions to improve its services:

- The facility's Cervical Cancer Screening Policy was updated to include follow-up according to the current cervical cancer screening guidelines of the American College of Obstetrics and Genecology.
- All gynecologic providers received in-service training on the policy changes, as well as a review of the proper technique for obtaining adequate sampling.
- The Chief of Gynecology now reviews all abnormal Pap results as well as those where the tissue sample examined did not reach the area where cervical cancer starts and necessary follow-up is identified.
- The rates of abnormal Pap results for women are compared with the abnormal rate of a similar hospital in the same health care system. These data are reviewed monthly by the gynecology department and by the ambulatory care committee to review trends.

This positive collaboration has prompted an increased awareness of the benefits of participation in the CSP, resulting in an increase in the number of women reported to have had a Pap test and pelvic exam at this facility. Due both to the increased number of women screened and improved screening techniques, there also has been a resulting increase in the number of women referred for diagnostic testing through the CSP after an abnormal Pap test. These outcomes demonstrate that the facility's actions have improved service provision.

to mammography services for underserved populations. The survey included questions about factors that may have contributed to mammography facility closures and the effect that these closures may have had on CSP participants in NYS. The survey focused on five facilities in four counties and highlighted the special challenges that the CSP clients face in rural and metropolitan areas when obtaining mammography services. Facility closures in some areas have resulted in increased distance and travel time to facilities for CSP clients.

## Quality Assurance

In 1998, the CSP began to monitor clinical performance and outcomes among HWP providers across the state to assure that women in the CSP receive quality clinical services. These quality assurance efforts have since become a model recognized by the Centers for Disease Control and Prevention, which has encouraged other states to adopt similar quality assurance activities.

The program reviews data from approximately 1,200 clinical providers to identify facilities that report a very low or very high number of abnormal mammograms, clinical breast exams (CBE) and Pap tests. The proportion of breast biopsies that are positive for cancer, the timeliness of follow-up of breast or cervical abnormalities detected on screening and adherence to established clinical algorithms for abnormal findings are also reviewed.

Several interventions occur as a result of these quality assurance activities. Through QA interventions, clinical providers often attain increased awareness of program policies and increase their level of participation. Facilities found deficient may be placed on probation until successful completion of corrective action plans or may even be suspended from the program. QA interventions affect women beyond those enrolled in the CSP, as improvements in technique or processes are realized by both uninsured and insured women served by these providers.

The QA activities of the CSP not only result in improved quality of clinical care, but also help to raise awareness of program goals, increased participation by the providers and facilities, and improved access for clients.

## Research and Evaluation

The Department's Cancer Screening Research and Evaluation Unit continues to support the CSP in ongoing efforts while expanding its scope and taking on new challenges. The unit has been collaborating with the Center for Health Workforce Studies at SUNY Albany to better understand the factors that impact the provision of mammography services in NYS. During the fall of 2004, all certified facilities providing mammography services in the state were surveyed to enhance the understanding of the characteristics of the radiology facilities, background of the radiological workforce, current working conditions and attitudes towards the field of breast imaging. A total of 290 facilities, 451 radiologists and 629 radiologic technologists completed surveys. The report of findings is currently being finalized. The findings will be used to identify areas in need of improvement and ultimately to enhance access to mammography services in NYS.

In collaboration with the University at Albany School of Public Health, the CSP developed a protocol to evaluate the effectiveness of the CSP's training program in the performance of clinical breast exams. The protocol currently is being implemented with select HWPs in the Capital District around Albany and in New York City. A total of 50 providers will be recruited to participate in a standard training program and an accompanying set of pre- and post-assessments. The findings from the assessments will be used to evaluate changes in knowledge and skills demonstrated in relation to participation in the training program.

New York was one of seven states to be selected to participate in a CDC project to validate data collected in the National Breast and Cervical Cancer Early Detection Program. The study will assess the accuracy of data submitted by each state to the CDC. During the fall of 2004, CDC investigators, together with CSP staff, examined the agreement between a sample of local medical records and the data reported to the CDC. During 2005, analysis of these data began along with data from other states. The findings will be used to improve the data quality for both the national and NYS programs.

Finally, the CSP assisted the Mount Sinai School of Medicine's Department of Oncological Sciences and Human Genetics with its efforts to recruit individuals for two studies involving genetic counseling and genetic testing for the BRCA1 and BRCA2 genes and examining the impact various counseling formats have on women of African descent. The CSP supported the study by sending out information about the study to eligible women enrolled in three New York City-based HWPs. This collaboration provides CSP clients with services not currently available to them and also helps support efforts to recruit minorities into clinical research.

## Survivorship

The NYSDOH was the first state health department in the nation to address the issue of survivorship by funding initiatives that offer psychosocial supportive services extending beyond the treatment phase of cancer. These programs meet the needs of thousands of individuals and families across the state.

The community-based cancer support services grants were continued and expanded in 2005. The community-based grants now include grantees providing services for children with cancer and their families. Nearly $600,000 was awarded to 32 hospitals and community agencies throughout New York State in 2005 to assist adults, children and families whose lives have been affected by cancer. The projects that were funded through 2008 provide counseling, support groups, transportation to treatment, family support activities, respite and childcare.

The Legal and Support Services Initiative helps people with cancer cope with legal, financial and medical issues, including estate planning, development of advance directives, child custody and guardianship, and designation of health care proxies. A Request for Applications was issued in November 2005 to solicit applications for projects for a two-year period beginning in late 2006.

## Breast and Cervical Cancer Detection and Education Program Advisory Council

Chapter 430 of the laws of New York, 2005 expanded the scope and composition of the Breast Cancer Detection and Education Program Advisory Council to include cervical cancer. As of January 1, 2006, five additional seats were added to the Council, bringing the membership to 18. In addition to advising the Commissioner with respect to the implementation of the breast cancer program, the expanded council now also advises on matters relating to cervical cancer.

The new law also directs the Advisory Council, in collaboration with NYSDOH, to develop a comprehensive cervical cancer prevention plan and to identify strategies and new technologies to prevent and control the risk of cervical cancer. The Council continues to meet three times a year. In 2005, the Advisory Council began to deliberate on strategies to comply with new legislation on cervical cancer, and also discussed breast imaging quality and the Department's epidemiologic and surveillance activities in support of the CSP.

The Council also reviews and selects individuals for the *Innovations in Breast Cancer Research and Education Awards* which are given annually.

The 2005 awards were presented to:

**Nola Royce**
(Consumer Category)
Program Coordinator, To Life!

**Cynthia Hamilton, R.T.**
(Health Professional Category)
Bellevue Woman's Hospital
Manager, Medical Imaging Department

**Sharsheret**
(Non-profit Organization Category)
Sharsheret, Hebrew for "chain," is a New York metropolitan area-based organization of cancer survivors dedicated to addressing the unique concerns of young Jewish women facing breast cancer.

Council members during the period covered by this report included:

**Elizabeth A. Ayello, PhD, RN,**
Ayello, Harris & Associates, Inc.

**Geraldine Barish**
1 in 9: Long Island Breast Cancer Coalition

**Ruth Beer, MD**
Community Care Physicians

**Suzanne Covel**
United Memorial Medical Center

**Lynda Distler**
Breast Cancer Help, Inc.

**Beverly Finnegan**
American Cancer Society

**Mara Ginsberg, Esq.**
To Life!

**Roslynn Glicksman, MD, MPH**
New York City Prison Health Services (formerly with the Westchester County Health Department)

**Ann McConnachie**
Office of the Governor, NYC Office

**Karen Miller**
Huntington Breast Cancer Action Coalition

**Marlene Price, MD**
Kings County Hosptial Center

**Maryann Riviello**
Gilda's Club of the Capital Region, Inc.

# II. Program Outcomes

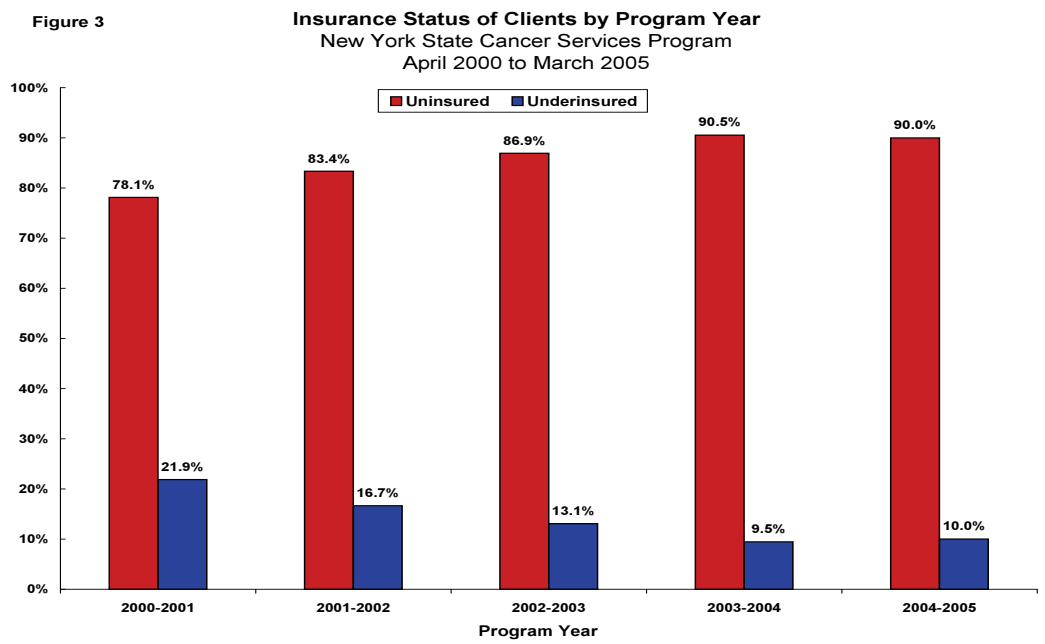



***Figure 3: Insurance Status of Clients by Program Year***

*Underinsured, indicated in blue, includes a number of circumstances where health insurance does not adequately cover the cost of screening. Examples of underinsured include clients with insurance that does not cover annual cancer screening; or health insurance with annual deductibles, monthly spend downs, or co-payments that are high enough to prevent them from obtaining cancer screening services. The percentage of uninsured clients, indicated in red, has increased over the past five program years, demonstrating that the program is continuing to reach uninsured women.*

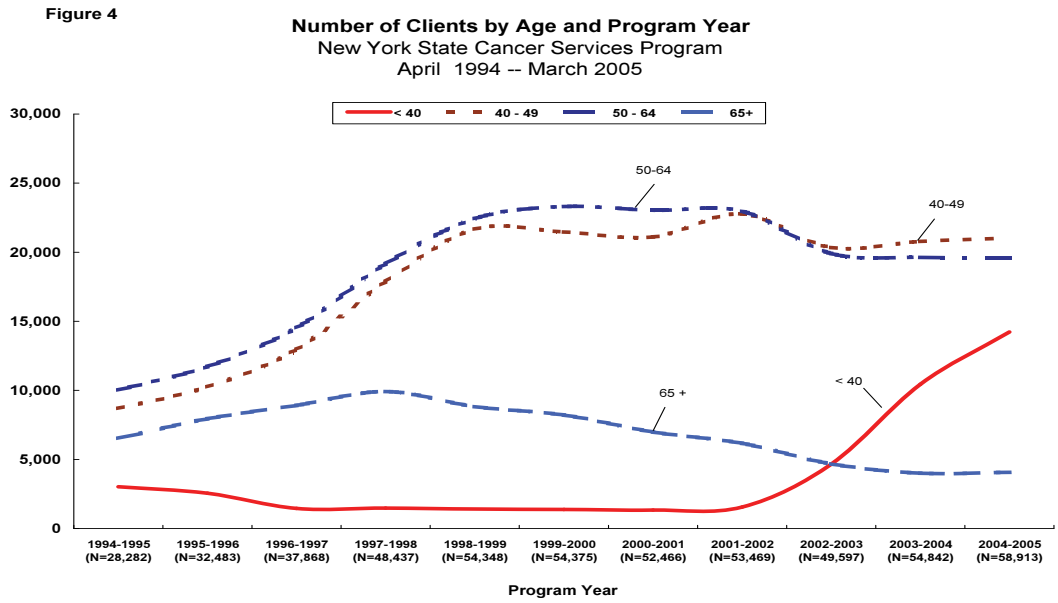



***Figure 4: Number of Clients by Age and Program Year***

*The greatest increase in the number of clients screened has occurred among women under 40 years of age. This is due to the program's expanded eligibility criteria allowing these women to receive CBEs and pelvic exams beginning in 2002. The steady decline in women aged 65 and older is attributed to the changes in Medicare part B coverage to include annual mammograms effective January 1, 1998.*

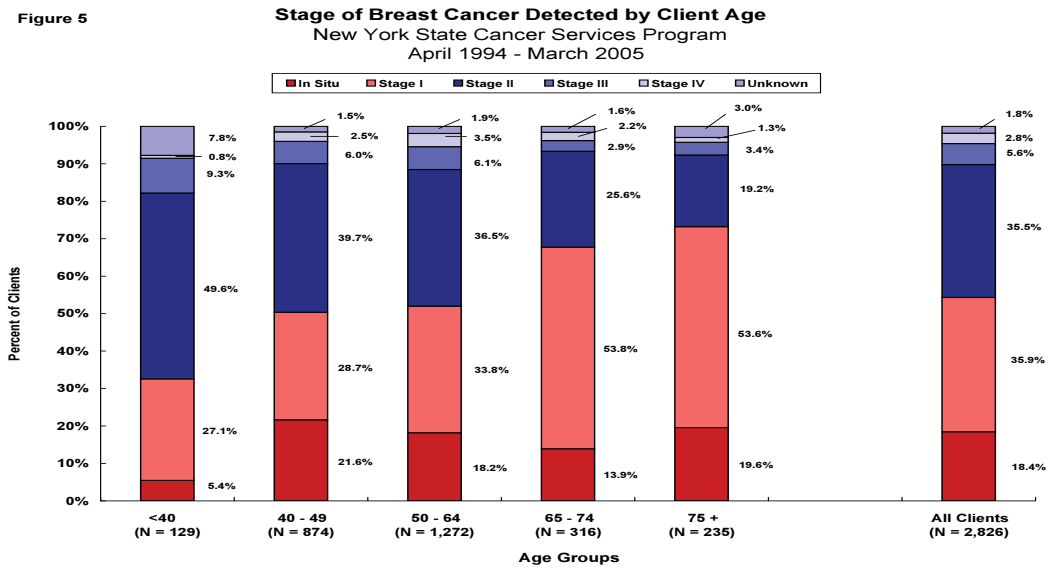



***Figure 5: Stage of Breast Cancer Detected by Client Age***

*The overall percent of clients diagnosed with breast cancer who were diagnosed with In Situ or Stage 1 disease in the last 11 years was 54.3%. This percentage of earlier stage diagnosis increases with age. Women under age 40 must be at increased risk for breast cancer to receive a mammogram in the program. In addition, mammography is a less effective tool in women under 40. As a result, breast cancers tend to be detected at a later stage in this age group.*

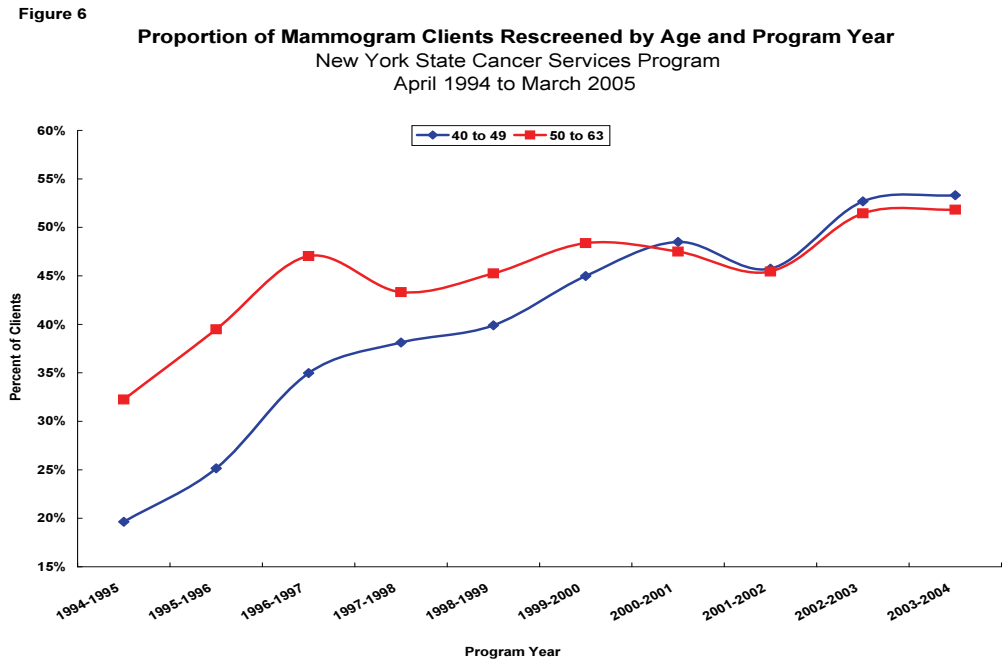



***Figure 6: Proportion of Mammogram Clients Rescreened by Age and Program Year***

*Annual screening mammograms for women aged 40-63 result in an earlier stage of diagnosis for breast cancer. Therefore, the program measures the rate of timely mammography rescreening as an indicator of program performance. The rate for mammography rescreening is defined as the number of women who have returned for an annual screening mammogram within 8-18 months from their last screening mammogram, divided by the number of women age 40 to 63, whose last breast screening was normal. The proportion of mammogram clients rescreened within 8-18 months has continued to increase with a peak during the last program year at 53.3% and 51.8% for clients aged 40-49 and 50-63 respectively. In addition, the difference seen in earlier program years between the two age groups has been eliminated.*

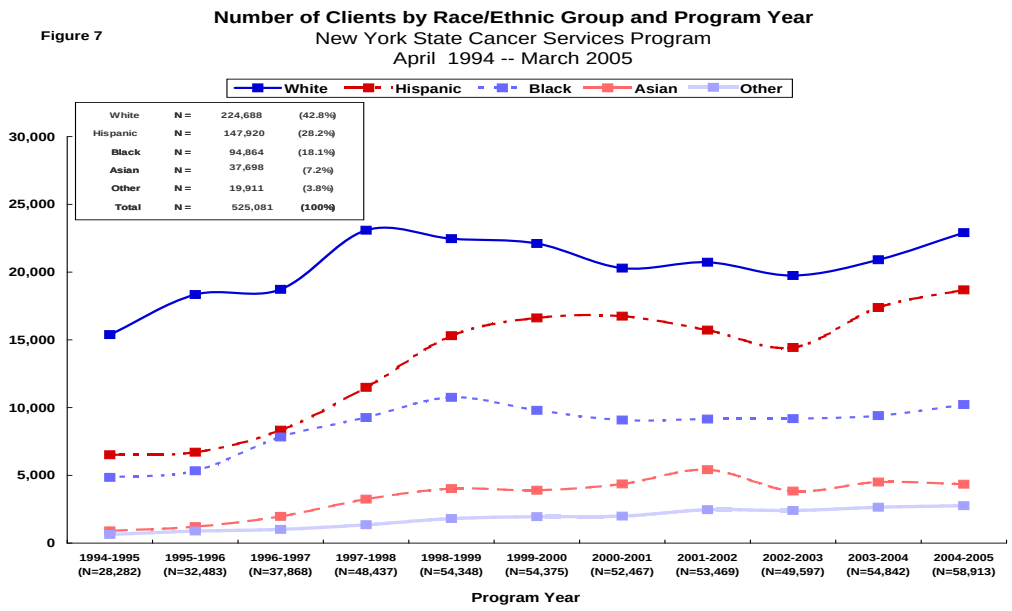



***Figure 7: Number of Clients by Race/Ethnic Group and Program Year***

*Consistent with program objectives in reaching minority populations, the greatest overall increase in screenings has occurred among Hispanic women with a 22.8% change from 14,433 to 18,690 in the last two program years.*

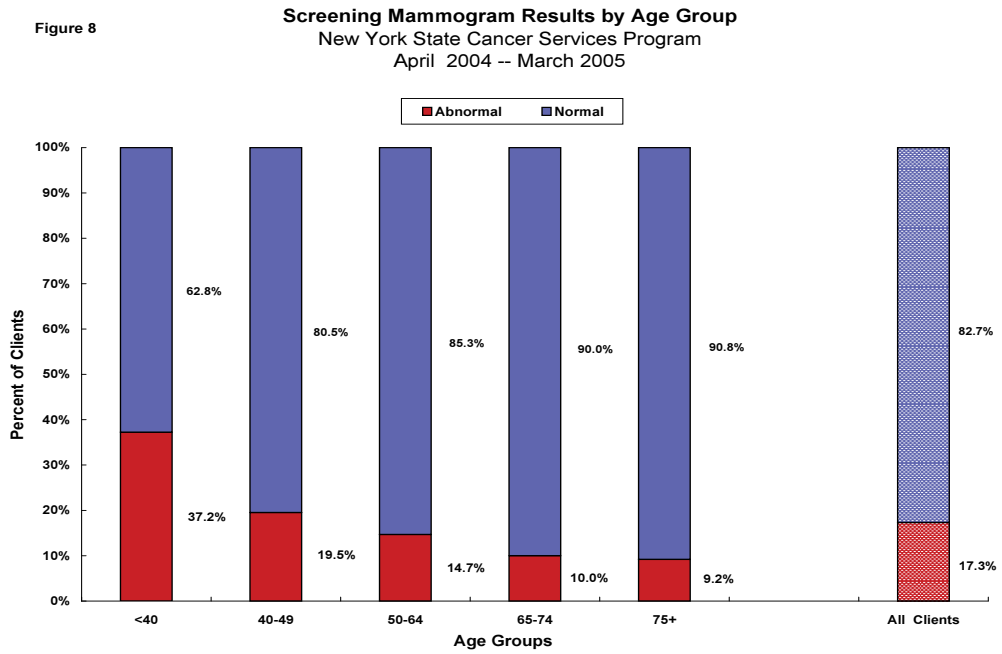



***Figure 8: Screening Mammogram Results by Age Group***

*The percentage of abnormal screening mammograms among all women screened in the program during the last year was 17.3%. A normal mammogram is indicated in blue. Abnormal screening mammograms, indicated in red, include those with a result of assessment incomplete, suspicious abnormality, and highly suggestive of malignancy. The percentage of abnormal screening mammograms varies with age. Younger women have four times as many abnormal findings as women 75 years and older. This is explained in part by the decreased effectiveness of mammograms in younger women as a result of dense breast tissue. In addition, women under 40 are screened through the program only if they are at increased risk for breast cancer.*

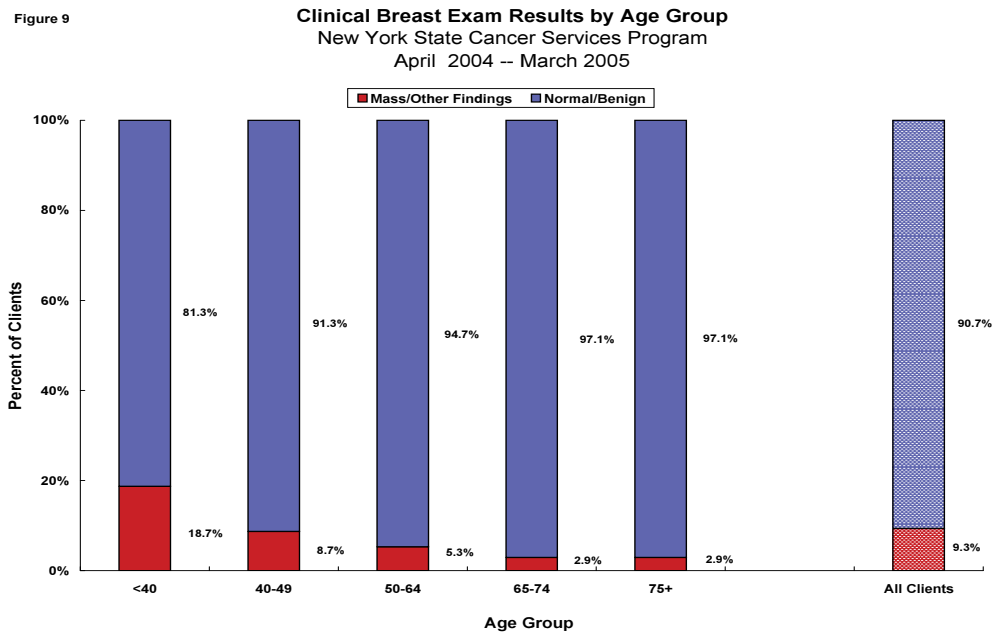



***Figure 9: Clinical Breast Exam Results by Age Group***

*The percentage of abnormal Clinical Breast Exams (CBEs) among all clients screened in the program during the last year was 9.3%. An abnormal CBE result is defined as having a mass or other finding and is indicated in red, while a normal/benign screen is indicated in blue. The percentage of abnormal CBEs varies with age and was highest among women under 40.*

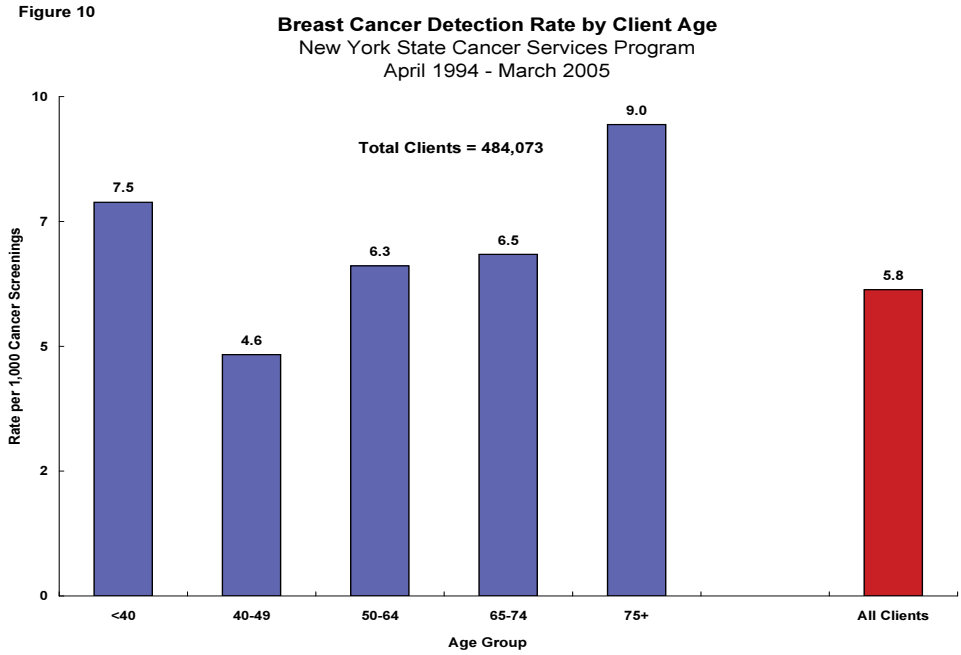



***Figure 10: Breast Cancer Detection Rate by Client Age***

*The overall rate of breast cancer per 1,000 clients screened in the program during the last 11 years is 5.8. This rate varies by age and is greatest among clients age 75 years and older. According to the American Cancer Society, 75% of women diagnosed with breast cancer are age 50 or older. The risk of breast cancer increases with increasing age. The higher detection rate of breast* cancer among women *under 40 can be explained by the program's eligibility criteria, which allow women under 40 to have a screening mammogram only if they are considered to be at high risk for breast cancer.*

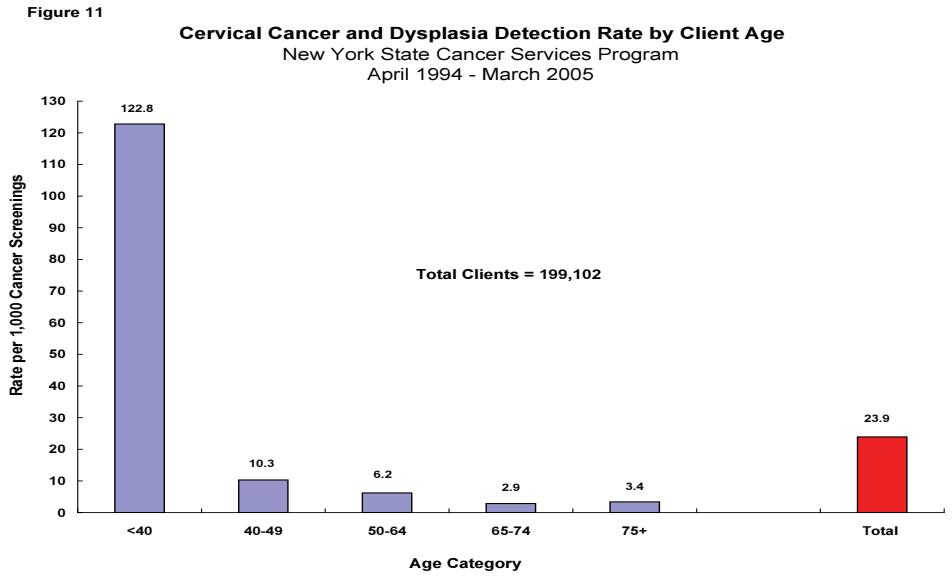



***Figure 11: Cervical Cancer and Dysplasia Detection Rate by Client Age***

*The rate of cervical cancer and dysplasia per 1,000 women screened in the program during the last 11 years was 23.9%. This rate varies by age and is greatest among women under 40. The high detection rate for younger women may be due to program-specific enrollment patterns, which increase the likelihood that younger women who are enrolled are at higher risk for cervical cancer and dysplasia. In addition, younger women may be more often rarely screened (defined as having a Pap test more than 5 years ago) or never screened (defined as never having a Pap test). The decrease in detection with increasing age demonstrated in New York's program data is consistent with trends seen in data from the National Breast and Cervical Cancer Early Detection Program.*

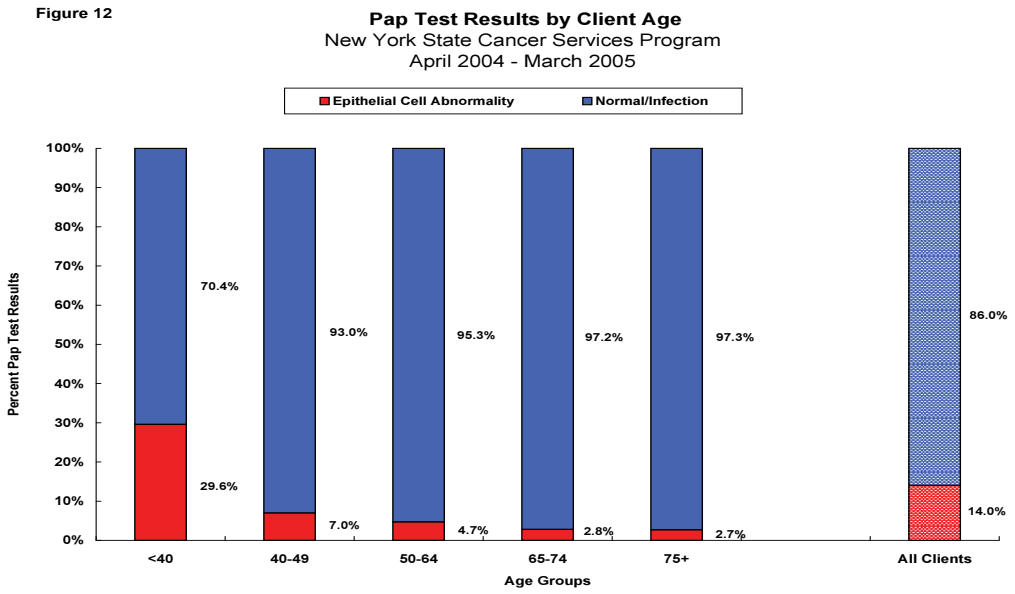



***Figure 12: Pap Test Results by Client Age***

*The percentage of abnormal Pap test results among all women screened in the program during the last year was 14.0%. An abnormal Pap test result is indicated in red and is defined by the following results: ASCUS (Atypical Squamous Cells of Undetermined Significance), Low Grade SIL (Squamous Intraepithelial Lesion), High Grade SIL, Squamous Cell Cancer, ASC-H (Atypical Squamous Cells of Undetermined Significance - cannot exclude High Grade SIL), AGCUS (Atypical Endocervical, Endometrial, or Glandular Cells of Undetermined Significance), or Other. A normal Pap test is indicated in blue. The percentage of abnormal Pap test results varies with age. As age increases, the proportion of abnormal Pap test results declines. This proportion is highest among women under 40.*

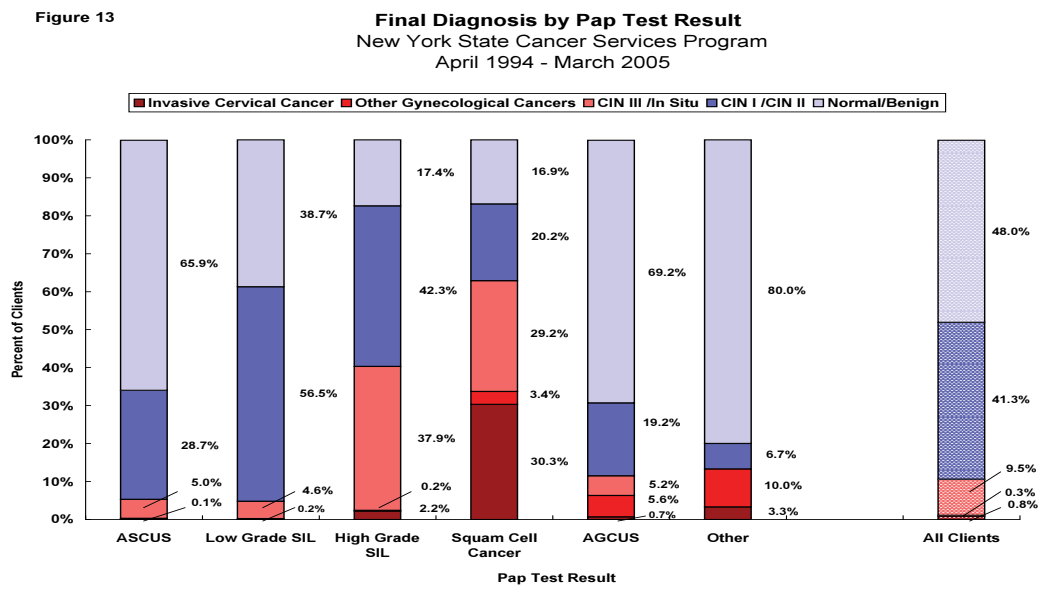



***Figure 13: Final Diagnosis by Pap Test Result***

*The overall percent of women with an abnormal Pap test in the program who were diagnosed with cervical or other gynecological cancers in the last 11 years was 10.6%. Cervical or other gynecological cancers are represented by the three diagnosis categories of CIN III/In Situ, Invasive Cervical Cancer, or Other Gynecological Cancers and is indicated in red, while normal is indicated in blue. A Pap test result of the more severe finding of Squamous Cell Cancer is much more likely to result in a final diagnosis of invasive or in situ cervical cancer or other gynecological cancers (62.9%) than a result of ASCUS (Atypical Squamous Cells of Undetermined Significance) (5.1%) or Low Grade SIL (Squamous Intraepithelial Lesion) (4.8%).*

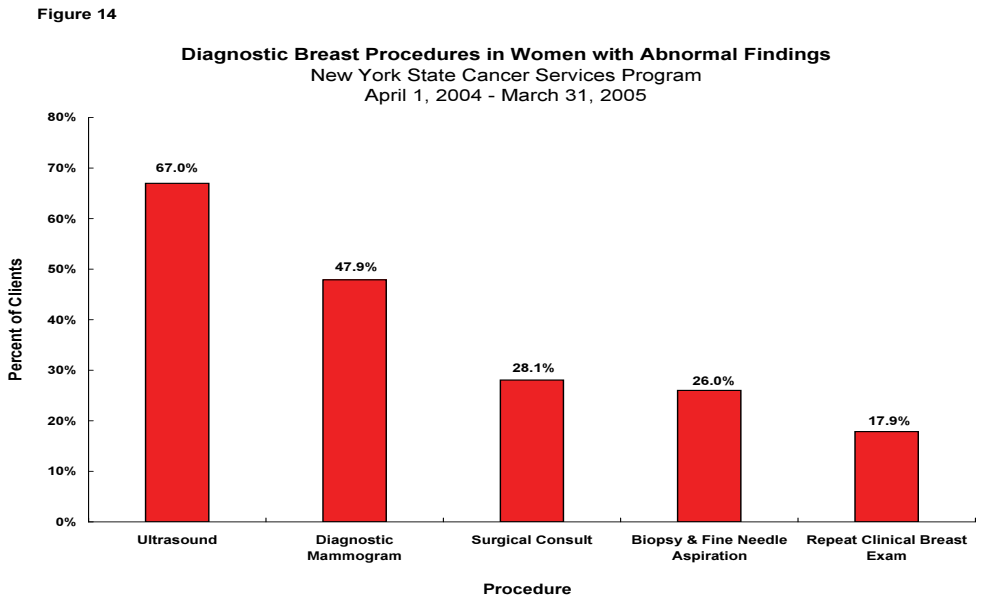



***Figure 14: Diagnostic Breast Procedures in Women with Abnormal Findings***

*The majority of clients with abnormal breast findings receive an ultrasound. Other frequently received diagnostic procedures include diagnostic mammograms and surgical consultations.*

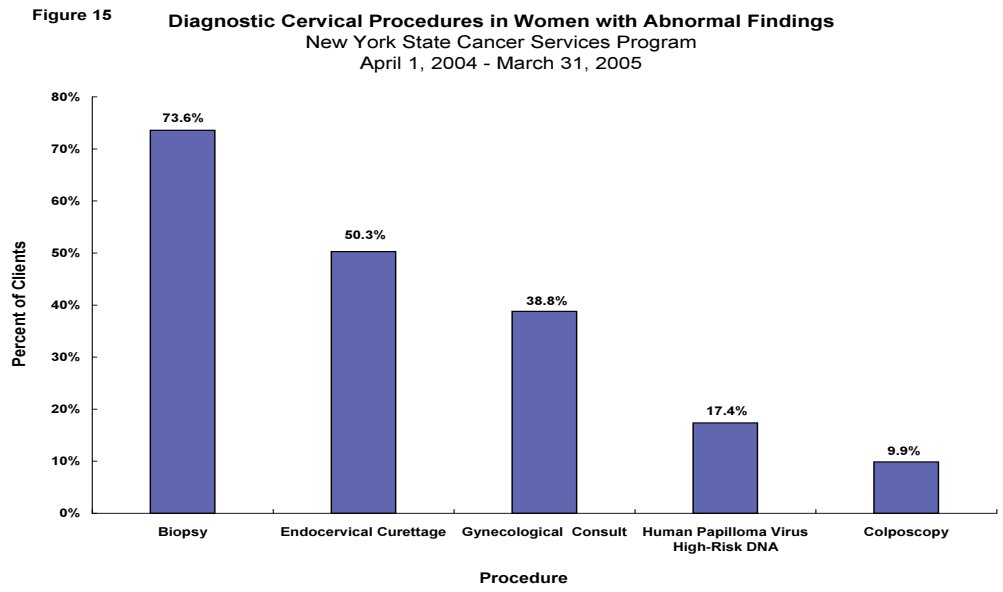



***Figure 15: Diagnostic Cervical Procedures in Women with Abnormal Findings***
*Seventy four percent of women with abnormal cervical findings receive a cervical biopsy and 50% receive Endocervical Curettage (ECC).*

# III. Appendix I

# New York State Department of Health
# Cancer Services Program
# Mammography Facts

The efficacy of screening mammography has been the subject of debate especially, after a Danish study claimed that the clinical trials of screening mammography had procedural and other flaws. The publication of a study in the journal *Cancer** that involved a third of the women in Sweden refutes the claims that mammography is not beneficial and confirms that reductions in breast cancer mortality can be achieved in screening programs through the use of mammography. In addition, research from eight large randomized clinical trials has shown that screening mammograms can reduce breast cancer mortality by more than 30%.

**Mammography, in conjunction with a clinical breast exam is still the best way to detect breast cancer in its earliest, most treatable stage — an average of 1-3 years before a woman can feel the lump.**

Over the past 25 years, deaths from breast cancer in the U. S. have declined by nearly 16%. These decreases are attributed to earlier detection through mammography and also improved treatments. The five-year survival rate for women with breast cancer that has not spread beyond the breast is 96.5%. Death rates from breast cancer showed their first significant decline between 1989 and 1995 with the advent of mammography, dropping 1.6% each year. The percent of invasive breast cancer that is detected at an early stage in New York has increased from 52% in 1985 to 67% in 1998.

## Current Recommendations Related to Mammography:

- Independent expert groups in the U.S. and Europe have repeatedly subjected the world's major clinical studies of mammography to careful scientific scrutiny. In addition to the New York State Department of Health (NYSDOH), the following organizations continue to recommend that women get annual screening mammograms:

  American Academy of Family Physicians
  American Cancer Society
  American College of Obstetricians and Gynecologists
  American College of Preventive Medicine
  American College of Surgeons
  American Society of Clinical Oncology
  Cancer Research Foundation of America
  National Alliance of Breast Cancer Organizations
  National Medical Association
  Oncology Nursing Society
  Society of Gynecological Oncology
  Susan G. Komen Breast Cancer Foundation

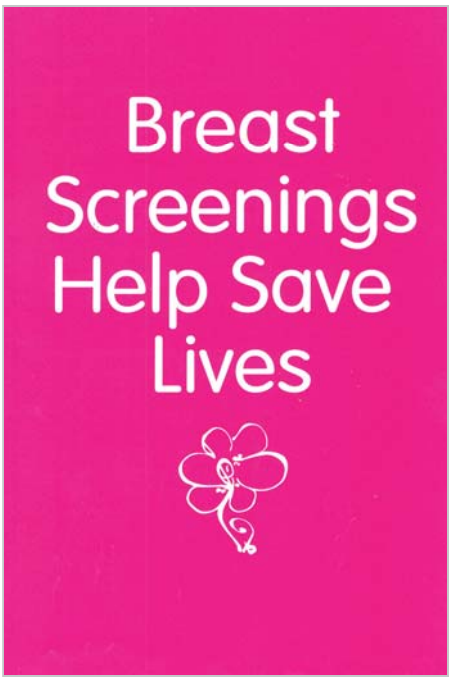
- In February 2002, the Department of Health and Human Services strengthened its recommendation for screening mammography by lowering the age from 50 to 40 when women should start getting regular annual mammograms.

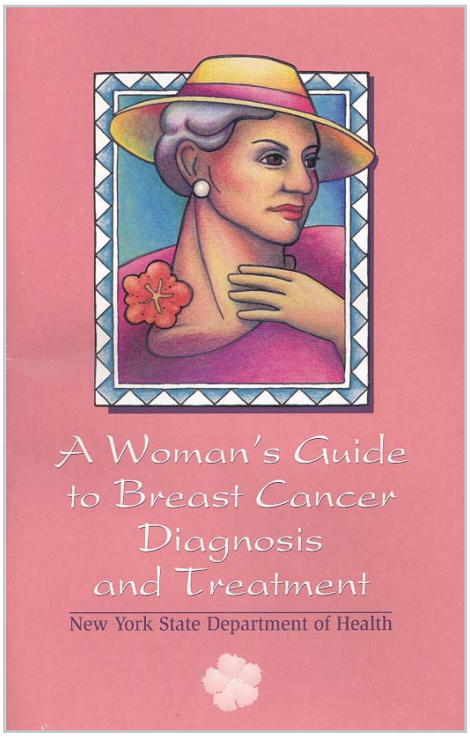
**Women can get high-quality mammograms in, breast clinics, radiology departments of hospitals, mobile vans, and private radiology offices.** New York State Healthy Women Partnerships provide free breast and cervical screening services to low-income women throughout the state. The priority population for screening through this program is women ages 40 and older who are at or below 250% of the Federal Poverty Guidelines and who lack health insurance or whose health insurance coverage is inadequate or who cannot meet their deductible obligations for purposes of accessing coverage under their health insurance. The NYSDOH Web site http://www.nyhealth.gov/nysdoh/cancer/center/partnerships.htm contains a directory of local partnerships, contact names and phone numbers to call for an appointment.

*Duffy SW, Tabar L, Chen H-H, et al. The impact of organized mammography service screening on breast carcinoma mortality in seven Swedish counties: a Collaborative Evaluation. Cancer. 2002; 95: 458-469.

### *Breast Screenings Help Save Lives*

This brochure is intended for all women aged 40 and older. The purpose of this publication is to educate women about breast cancer screenings and dispel some common myths about these exams. Available in: English, Spanish, Chinese, and Russian.




### *A Woman's Guide to Breast Cancer Diagnosis and Treatment*

Physicians are mandated by State law to provide this publication to women who have been diagnosed with breast cancer or who are about to have a breast biopsy. The purpose of the booklet is to provide a guide for women to help them become a partner with their health care team when making diagnostic and treatment choices. Available in: English, Spanish, Chinese, and Russian.


### *Breast Reconstruction: Is It Right for You?*

This publication is for women who may be considering breast reconstruction surgery. It provides answers to the most common questions that women have about breast reconstruction.


***The Pap Test***

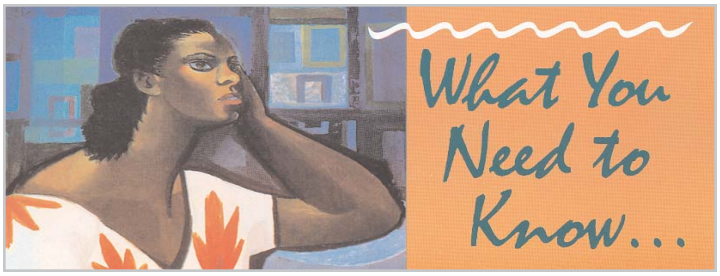
This brochure is for sexually active women and provides information that women should know about having a Pap test. Available in: English, Spanish, Chinese, and Russian.


***Colposcopy***

This publication is for women who have recently had an abnormal Pap test or cervical exam. It provides additional information on Colposcopy, a diagnostic test that is used after an abnormal finding.

***What You Need to Know About Preventing Cancer of the Cervix***

This brochure discusses what is known about preventing cervical cancer. Available in: English and Spanish.

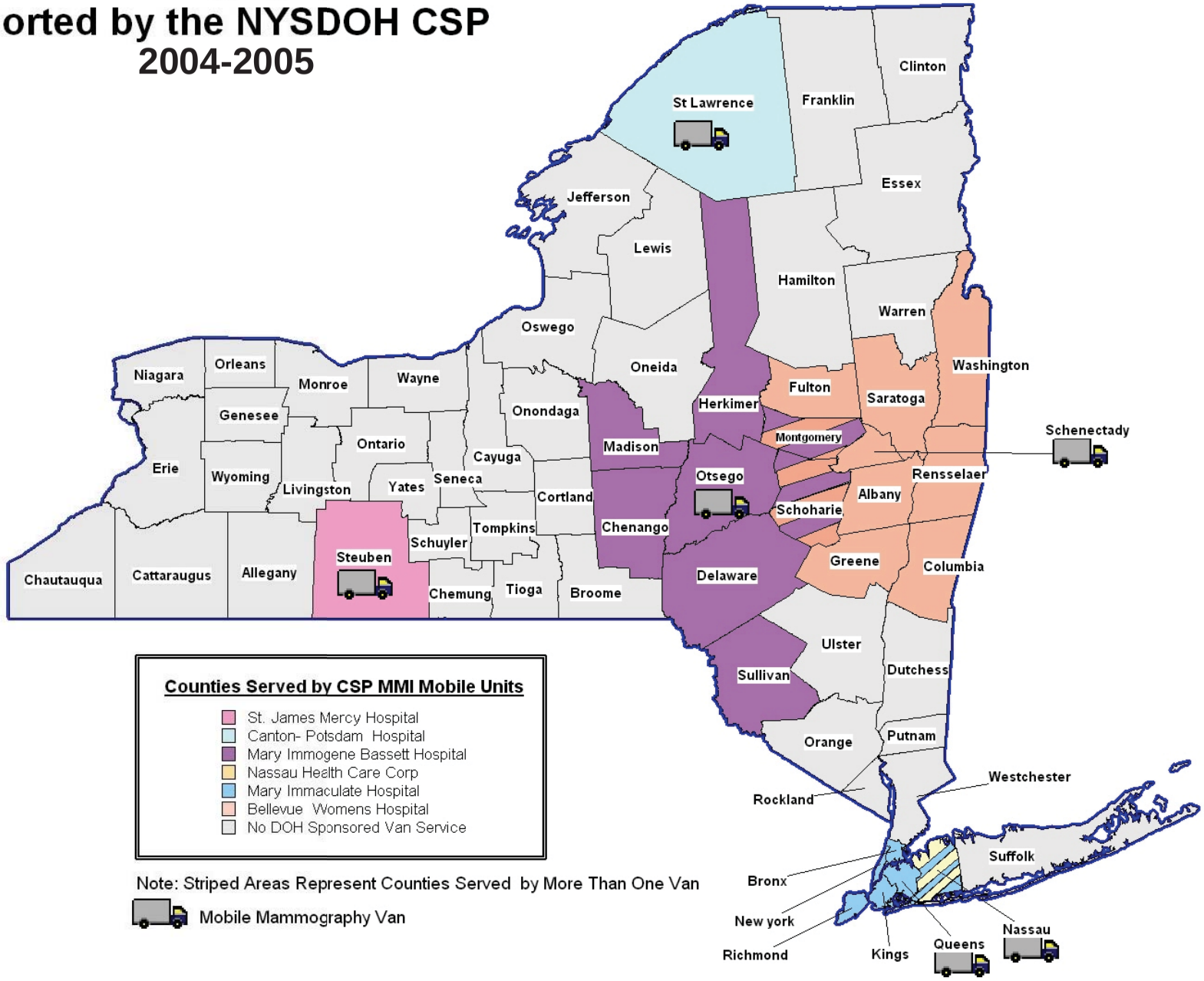



These publications are available through the following website:

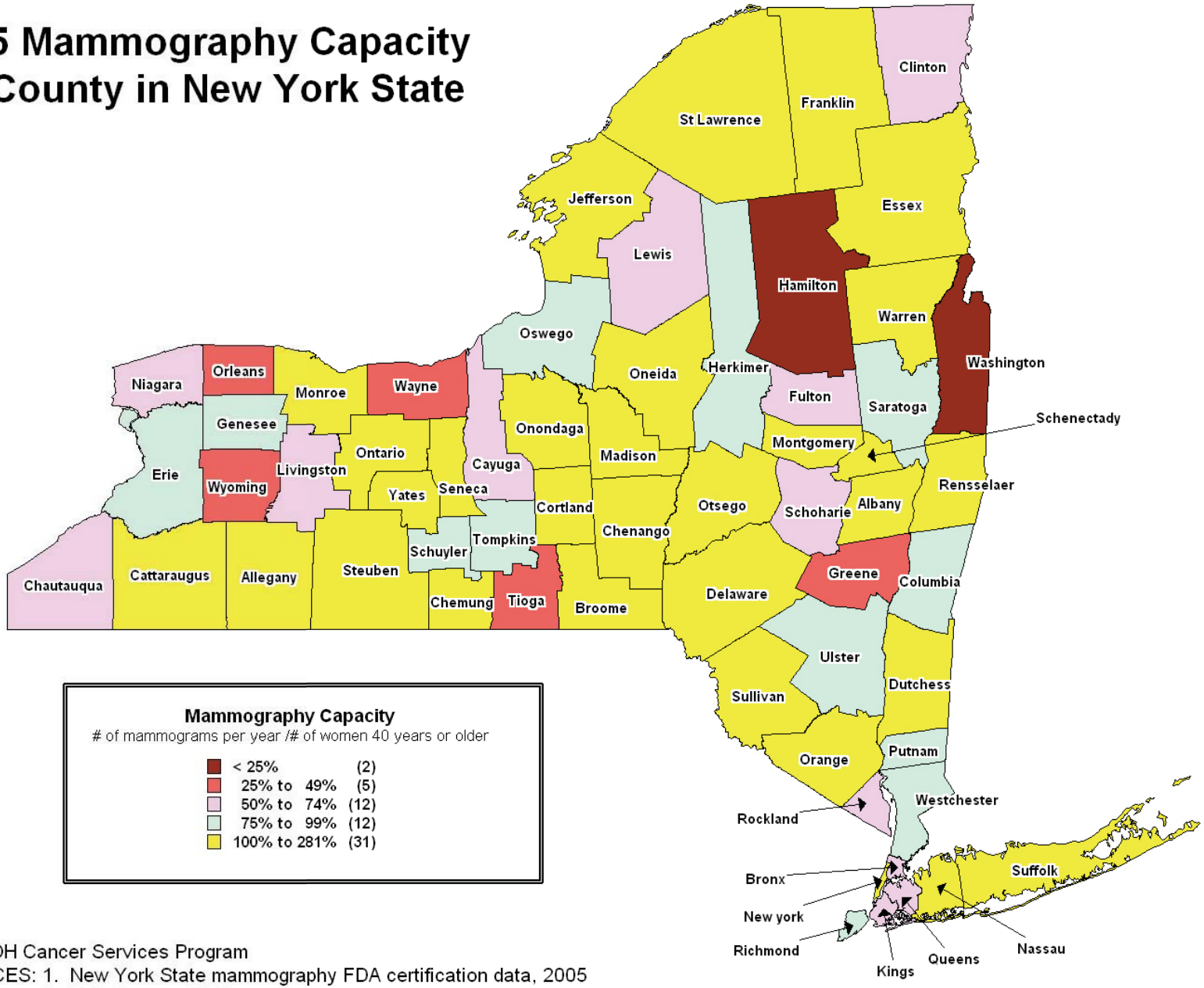
**http://www.nyhealth.gov/nysdoh/cancer/center/publication.htm**

# IV. Appendix II

# Mobile Mammography Units Supported by the NYSDOH CSP 2004-2005



# 2005 Mammography Capacity By County in New York State




**Mammography Capacity**

# of mammograms per year /# of women 40 years or older

| | | |
|---|---|---|
| < 25% | | (2) |
| 25% to | 49% | (5) |
| 50% to | 74% | (12) |
| 75% to | 99% | (12) |
| 100% to | 281% | (31) |

NYSDOH Cancer Services Program

SOURCES: 1. New York State mammography FDA certification data, 2005

2. U.S. Census 2000

03/17/2006

CANCER
SERVICES
PROGRAM

New York State Department of Health