



**New York State
Department of Health
Cancer Services Program**

**Breast, Cervical, and Colorectal Cancer
Detection and Education Program**

Report for April 1, 2018 to March 31, 2020

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Additional and related information is available from the New York State Department of Health (NYSDOH) at: <http://www.health.ny.gov/cancerservicesprogram>

For additional information about this report, contact the NYSDOH Cancer Services Program at:

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EXECUTIVE SUMMARY

The New York State Department of Health (NYSDOH) Cancer Services Program (CSP) provides breast, cervical, and colorectal cancer screening and diagnostic services for uninsured and underinsured people in New York State (NYS) and promotes awareness about and access to cancer screening for all New Yorkers. This work is done by a network of contractors that conduct public education and targeted outreach to enroll eligible New Yorkers into the program for services. The contractors enter into agreements with health care providers and clinical laboratories in their service areas to provide breast, cervical, and colorectal cancer screening and diagnostic services. Since 2013, CSP contractors also educate individuals about and make referrals to the New York State of Health, the State's health plan marketplace.

This report, which is required as part of Section 2408 of the Public Health Law, provides information about breast, cervical, and colorectal cancer screenings and diagnostics provided to eligible adults by CSP contractors for the period from April 1, 2018 through March 31, 2020, including cancers diagnosed and treatment facilitated through the program.

Each year in NYS, over 16,400 women are newly diagnosed with breast cancer and about 2,500 die from the disease.¹ Cervical cancer is diagnosed in about 843 women and about 254 women die from the disease each year in NYS.¹ For colorectal cancer, there are approximately 8,980 new cases every year and approximately 3,000 deaths annually.¹ An increase in timely, age-appropriate screening could prevent many of these deaths by detecting cancer early when it may be most treatable.

Mammograms (an x-ray of the breast) for breast cancer screening, Pap tests with or without the high-risk human papillomavirus (HPV) test for cervical cancer screening, and stool-based testing and direct visualization exams such as a colonoscopy for colorectal cancer, are all highly effective cancer screening tools. These cancer screening tools are not used enough among some population groups, with a disproportionate burden of deaths occurring from breast, cervical, and colorectal cancer among those who are uninsured and underinsured, geographically and culturally isolated, older, medically underserved or racial, ethnic, and cultural minorities.² The goal of the CSP is to improve access to and increase use of cancer screening services for these underserved populations and improve the quality of care received in NYS.

From April 1, 2018 through March 31, 2020, 53,098 eligible adults were screened for breast, cervical, or colorectal cancer by a network of over 5,000 providers, facilities, and laboratories, participating under

¹ New York State Cancer Registry, 2021. *Cancer Incidence and Mortality for New York State, 2014-2018*. <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1r1nys.htm>

² National Cancer Institute, 2020. *National Cancer Institute Cancer Fact Sheets: Cancer Health Disparities*. <http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities>

local screening program contractors who cover every NYS county and New York City borough. In total, 43,745 mammograms, 39,357 CBEs, 11,974 Pap tests, 9,616 high-risk HPV tests, 10,917 FIT/FOBT Kits (stool-based colorectal cancer screening tests), and 557 screening colonoscopies were provided. Over the course of this same 24-month period, the CSP identified a total of 1,166 people with cancer or precancerous conditions: 391 individuals with breast cancer, three with cervical cancer, 234 with precancerous cervical dysplasia, 30 with colorectal cancer, and 511 with precancerous colorectal polyps. A total of 489 people in need of cancer treatment were newly enrolled in the Medicaid Cancer Treatment Program (MCTP): 412 for breast cancer treatment, 27 for cervical cancer treatment, 38 for colorectal cancer treatment, and 12 for prostate cancer treatment. Note, some individuals newly enrolled in the MCTP may have been diagnosed prior to the 24-month period reflected in this report.

Variability in client volume and service provision since program inception have been driven by changes in eligibility criteria, national screening recommendations, and the provision of expanded health insurance eligibility through the Affordable Care Act and Medicaid expansion. While program enrollment declined in the initial years after implementation of the Affordable Care Act, the CSP has screened an average of 25-26,000 individuals in each year since. National Census data estimates highlight a remaining population of persons eligible for the CSP in NYS that exceeds current program reach. This estimate likely includes marginalized populations with disparities in cancer incidence and mortality who are most adversely impacted by the social determinants of health and less likely to be engaged with the health care system. Social determinants of health are, “the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes”.³ The COVID-19 pandemic is known to have impacted access to cancer screening and diagnostic services.⁴ This report includes only the first month of the pandemic in NYS, future reports will have more data and will be able to examine the impact on the NYS CSP more closely. The NYS CSP is dedicated to providing the critical cancer screening and diagnostic services to those individuals at greatest risk across the State in an effort to address disparities and achieve health equity for all.

³ Centers for Disease Control and Prevention, 2021. *About Social Determinants of Health (SDOH)*. <https://www.cdc.gov/socialdeterminants/about.html>

⁴ Epic Health Research Network, 2020. *Delayed Cancer Screenings*. <https://epicresearch.org/articles/delays-in-preventive-cancer-screenings-during-covid-19-pandemic/>

PROGRAM DESCRIPTION

OVERVIEW

The New York State Department of Health (NYSDOH) oversees the delivery of comprehensive breast, cervical, and colorectal cancer screening and diagnostic services to eligible uninsured and underinsured people in NYS through local screening program contractors, referred to as the Cancer Services Program (CSP) contractors, or CSPs. CSP contractors conduct outreach, public education, data management, case management and quality assurance activities, and develop relationships with regional providers (e.g., hospitals, clinics, laboratories) who offer screening and diagnostic services.

CSP contractors and their partners also help individuals diagnosed with breast, cervical, or colorectal cancer to quickly obtain their cancer treatment through the NYS Medicaid Cancer Treatment Program (MCTP), if they are eligible. The CSP contractors do not offer prostate cancer screening services, following national population-based screening guidelines. However, men screened or diagnosed with prostate cancer in NYS through CSP-participating providers are eligible for treatment coverage through the MCTP. Eligible individuals receive full Medicaid coverage during their cancer treatment.

CSP contractors educate clients about the New York State of Health (NYSoH), working with local in-person assistors and navigators to help enroll them in public health insurance programs or qualified health plans. As a result, many uninsured individuals served by the program obtained health insurance, reducing the number of people reached by the CSP.

The CSP is supported with combined annual funding of approximately \$19 million from the NYS Budget and from the federal Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). State funding supports CSP contractor operating costs and reimbursement to providers for the breast, cervical, and colorectal cancer screening and diagnostic services offered to CSP clients. The CDC NBCCEDP funding supports reimbursement to providers for breast and cervical cancer screening and diagnostic services offered to CSP clients.

ELIGIBILITY CRITERIA

The eligible population for breast and cervical cancer screening through the CSP includes women who are uninsured or underinsured (defined as those financially unable to meet their co-payments or deductibles or whose insurance does not provide coverage for breast and/or cervical cancer screenings), and who have household incomes at or below 250 percent of the federal poverty level (FPL). Those ages 40 years and older are eligible for CBE, mammograms, Pap tests, and high-risk HPV tests, and any associated diagnostic testing. Women ages 18 to 39 years who are deemed at high-risk for, or who have clinically significant findings for, breast cancer are eligible for CSP services. Multiple factors determine risk for breast cancer, including, but not limited to, a personal or family history of breast, ovarian or other cancers; the age at which a family member was diagnosed with a particular cancer; or a

personal history of chest irradiation for treatment of lymphoma during adolescence or young adulthood. The CSP follows guidance from the CDC that those eligible for the CSP be offered a CBE as part of breast cancer screening. While CBEs are not recommended screening by the United States Preventive Services Task Force, the CDC's guidance acknowledges that they should be offered to the uninsured because in many cases these exams may be their only access to a medical provider.

The CSP reimburses fecal tests (FIT or FOBT) as the method for screening adults ages 50 and older who are at average risk for colorectal cancer and who have not received a test during the previous 10 months. Both FIT (Fecal Immunochemical Test) and high-sensitivity FOBT (Fecal Occult Blood Test) check for the presence of occult, or hidden, blood in the stool and are done by the client at home. Adults at increased or high-risk of colorectal cancer should not receive a FIT or FOBT kit and may be eligible for a CSP-funded screening colonoscopy after undergoing clinical assessment. Individuals are considered at high-risk when they have either a family history of familial adenomatous polyposis, family history of hereditary non-polyposis colon cancer, a personal history of inflammatory bowel disease, a personal history of chronic ulcerative colitis, or a personal history of Crohn's disease. Individuals are considered increased risk if they have a personal history of a single small (<1cm) pre-cancerous polyp, personal history of large (1cm+), multiple, or pre-cancerous polyp(s) with dysplasia or villous changes, a personal history of colorectal cancer, or a family history of colorectal cancer or pre-cancerous polyps in one first degree relative before the age of 60 or two or more first degree relatives at any age. Adults ages 50 to 64 who are symptomatic for colorectal cancer may be eligible for a diagnostic colonoscopy; these symptoms must be assessed by a NYS-licensed health care provider to aid in the determination of CSP eligibility. Program-eligible individuals presenting with: 1) an abdominal mass, 2) a rectal (not pelvic) mass, 3) prolonged rectal bleeding with bowel change, 4) persistent rectal bleeding, or 5) non-specific symptoms strongly suggesting colorectal cancer, are also ineligible for FIT/FOBT-based testing and instead are referred for a diagnostic colonoscopy.

PRIORITY POPULATIONS

CSP contractors focus their activities on priority populations – subgroups of the program-eligible population who are affected by breast, cervical or colorectal cancer more so than others, or who are medically unserved or underserved and lack adequate health care options. Individuals who are medically unserved or underserved include, but are not limited to, those who experience more difficulty receiving services due to their sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, income status, cultural beliefs, or ability to read or write.

The CSP provides screening mammograms to women ages 40 years and older, but identifies women ages 50 years and older as the priority population due to the increased risk of breast cancer with increasing age. Another priority for the CSP is to provide Pap tests to women who are rarely screened (screened more than five years ago) or who have never been screened for cervical cancer.

While CSP eligibility for colorectal cancer screening during this reporting period includes adults ages 50 and older, the CSP priority population is those between the ages of 50-64 years. A focus on this population is supported by the CDC and recognizes that the risk of colorectal cancer increases with increasing age.

CASE MANAGEMENT

Case management has been an important part of the CSP since the federal law for the NBCCEDP was reauthorized to include this component in 1998. Clients found to have abnormal screenings are provided with case management services to ensure that they receive timely diagnosis, appropriate follow-up care, and access to needed treatment.

Case management increases client adherence to screening, diagnostic and treatment services, and ensures clients receive support to obtain needed services. The CSP requires a direct, personal level of support be available to assist clients to address difficulties that might delay or prevent their care. Barriers to care may include transportation, child or elder care, language and cultural barriers, fear and misunderstanding of clinical recommendations, and issues related to the emotional burden of cancer.

QUALITY ASSURANCE

In 1998, the NYSDOH began monitoring clinical performance and outcomes among providers offering clinical services through the program to ensure receipt of quality clinical services. These quality assurance (QA) efforts have since become a model recognized by the CDC; many other states have adopted similar QA activities.

The NYSDOH QA team reviews data reported on a monthly basis and works with CSP contractors and providers to determine reasons for any unusual data patterns. The findings may require a more extensive review, including review of medical records, and may result in the development of a corrective action plan. The quality improvement activities developed as part of these corrective action plans potentially reach beyond those enrolled in the CSP; improvements in technique or processes benefit both the uninsured and insured served by these providers. The CSP QA activities not only result in improved quality of clinical care, but also help raise awareness of CSP goals, increase participation by the providers and facilities, and improve access for clients.

SCREENINGS, DIAGNOSTICS, AND OUTCOMES

TRENDS SINCE PROGRAM INCEPTION

CLIENTS SERVED AND SERVICES PROVIDED

The CSP has provided more than 992,800 mammograms, 1,098,400 clinical breast exams (CBEs), 531,100 Pap tests, 67,200 high-risk HPV tests, 149,500 FOBT/FIT kits, and 8,700 screening colonoscopies to low income, uninsured and underinsured individuals since its start in 1994. The number of clients screened for breast, cervical, and/or colorectal cancer through the CSP has varied substantially through the years, largely reflecting changes in eligibility criteria for the program, the availability of the Affordable Care Act, and Medicaid expansion. Detailed information on enrollment and service numbers since the program's inception can be found in previous reports at <https://www.health.ny.gov/statistics/cancer/>.

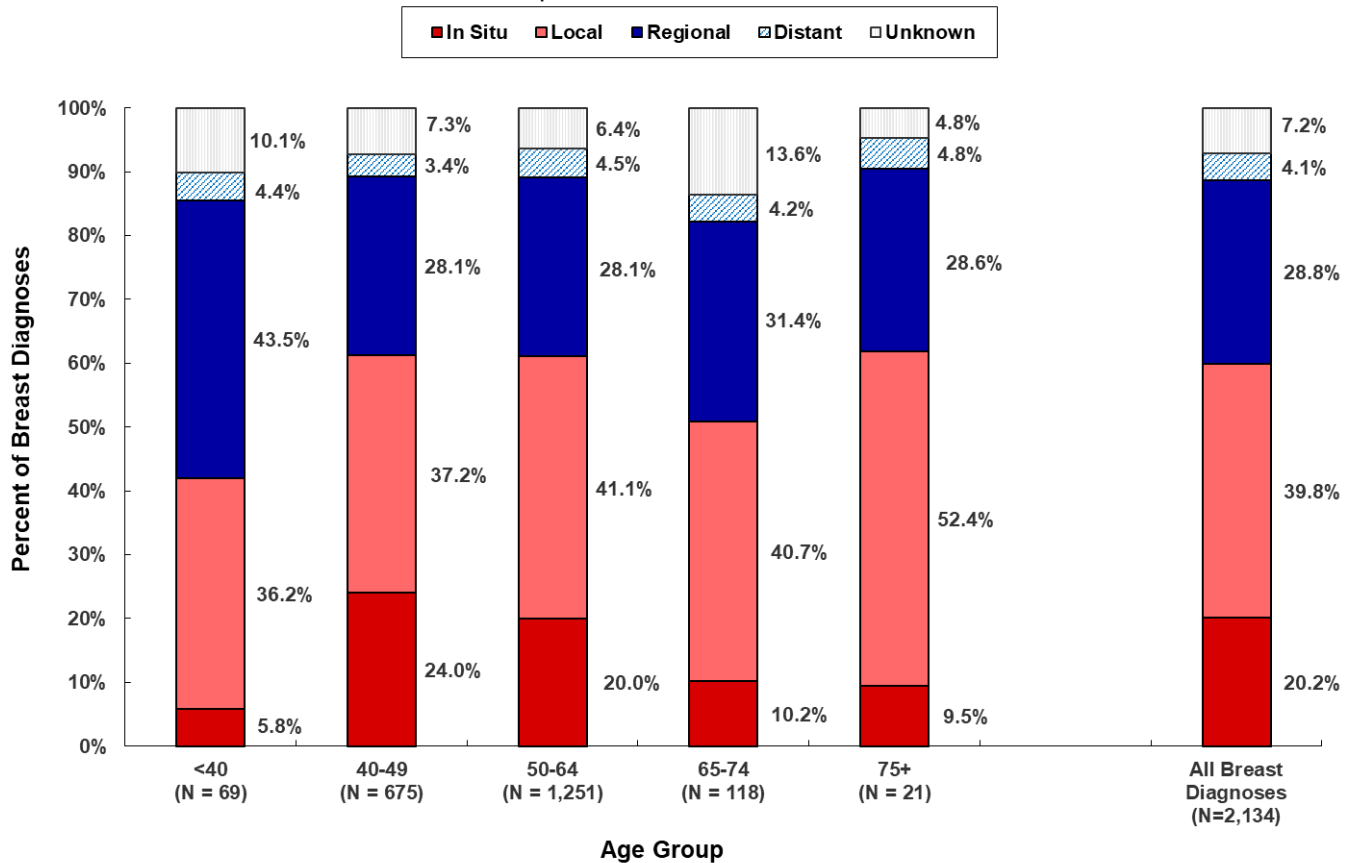
While enrollment has largely been declining since 2010, the ability of the CSP to reach priority populations, including minority populations with disproportionate burden of cancer related disease, has been increasing. Based on enrollment and eligibility estimates from the Census (Small Area Health Insurance Estimates), in 2019 the NYS CSP served 14 percent of eligible clients ages 40 to 64. This represents a 39 percent increase since 2014. In the same time period, reach within the population identifying as non-Hispanic Black, the population with highest rates of breast and cervical cancer mortality in NYS, increased 32 percent. From April 1, 2019 to March 31, 2020, 62.2 percent of NYS CSP clients identified as Hispanic, 15.8 percent White, 10.5 percent Black, 8.2 percent Asian, and 3.3 percent as other races.

CANCERS DETECTED

Since the program's inception, a total of 7,560 breast cancer diagnoses were made, yielding an overall detection rate of 7.62 cases per 1,000 women screened. The detection rate is determined by dividing the total number of cases of breast cancer found among those screened by the total number of women screened during the same time period.

Figure 1

Stage of Breast Cancer Detected by Age Group
 New York State Cancer Services Program
 April 2009 - December 2019*



*Limited to years where breast cancer diagnoses were matched with the NYS Cancer Registry for reporting to CDC, to ensure consistent information on breast cancer stage. An “unknown” diagnosis refers to cases where staging was not performed or stage information is unavailable for any reason.

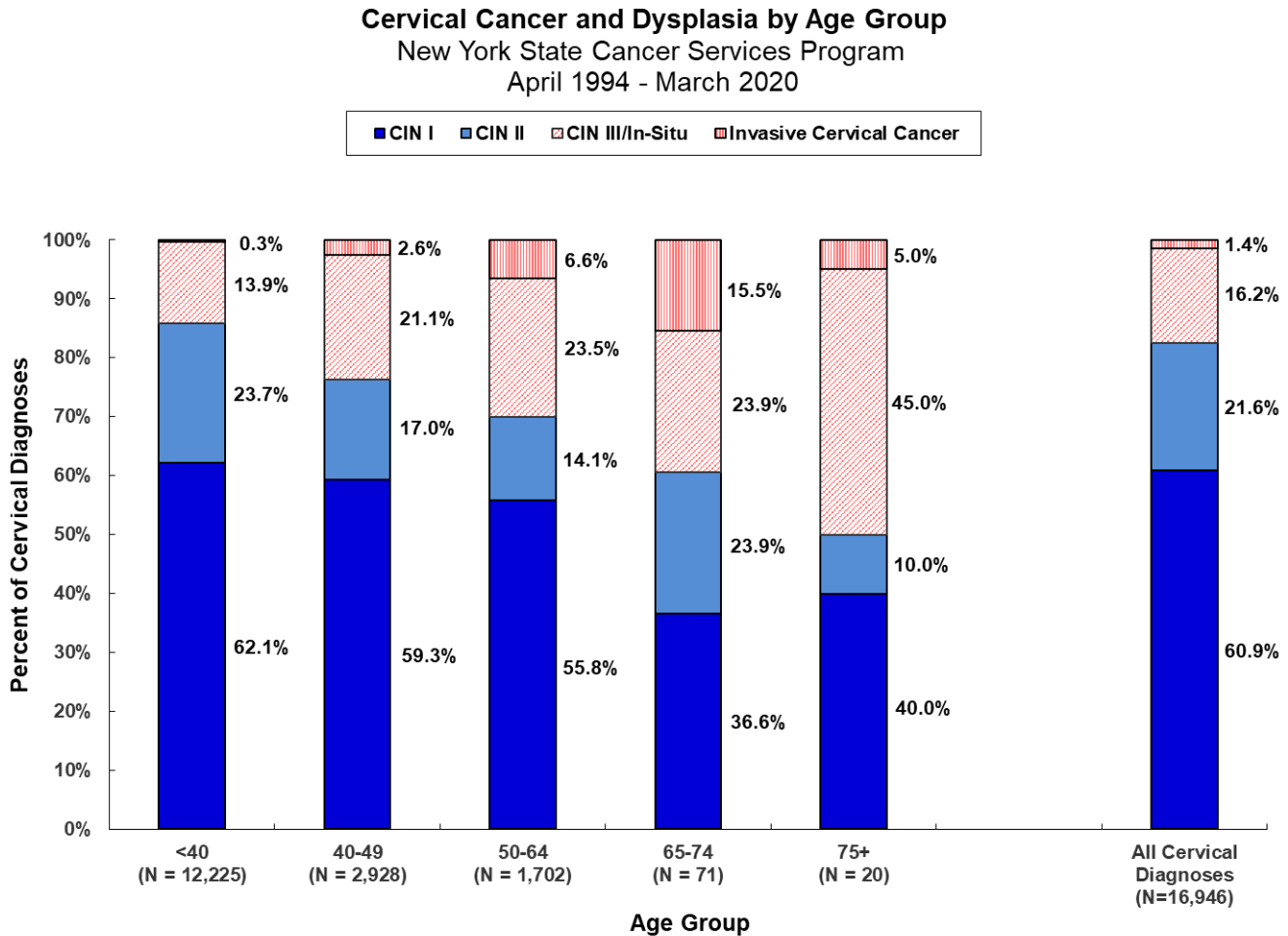
Identification of breast cancer at an early stage when it is more treatable and the survival rate is more favorable is a primary goal of the CSP. Staging of cancers diagnosed through the CSP between April 2009 and December 2019, and the percent of women with early stage disease varied by age group are presented in Figure 1. Overall, the percent of clients diagnosed early with in situ or a localized stage of breast cancer was 59.9 percent. The lower percent of early diagnoses in younger women may again be related to the CSP eligibility criteria, which allow women under age 40 to have screening mammograms only if they are symptomatic or considered to be at increased risk for breast cancer.

A total of 16,946 cervical cancer and dysplasia diagnoses were detected between 1994 and 2020, yielding an overall detection rate of 31.9 cases per 1,000 women screened. The detection rate is determined by dividing the total number of cases of cervical cancer and/or dysplasia diagnoses found among those screened by the total number of women screened during the same time period. The percent of clients diagnosed with invasive cervical cancer is very small; less than two percent of abnormal Pap tests were determined to be invasive cervical cancer between 1994 and 2020 (Figure 2). The higher detection rate of invasive cervical cancer in women 65 to 74 years of age is

consistent with the incidence (or number of new cases) of cervical cancer in the general population, where incidence rates generally increase with age.⁵

The higher number of precancerous cases in younger women may be due to patterns of enrollment prior to the 12-month period between April 1, 2009 and March 31, 2010, when younger women with abnormal Pap tests were more likely to be enrolled in the CSP for additional follow-up.

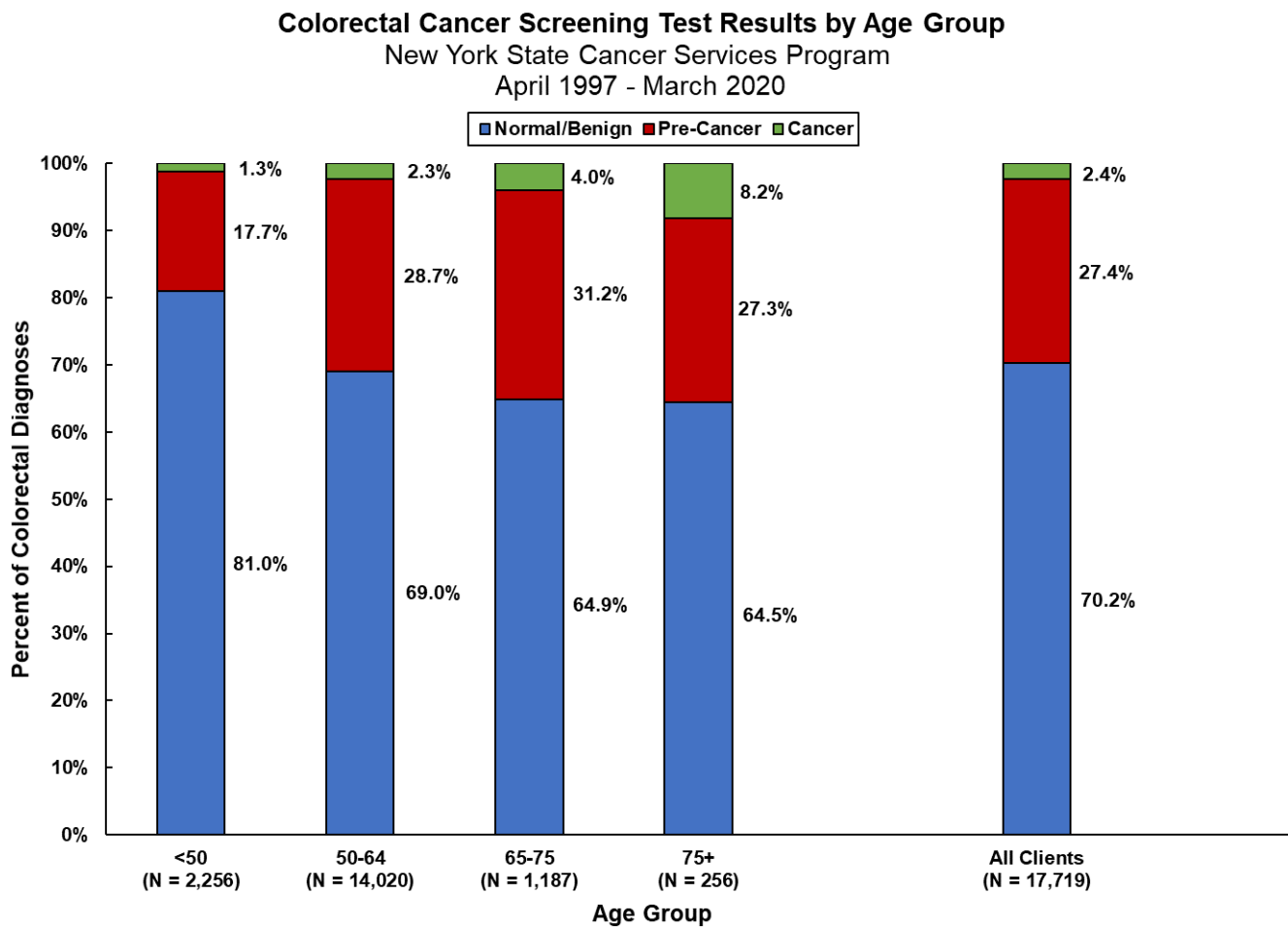
Figure 2



⁵ New York State Cancer Registry, 2021. *Cervical Cancer Incidence and Mortality by Age group, New York State, 2014-2018.*
<https://www.health.ny.gov/statistics/cancer/registry/table6/tb6cervixnys.htm>

The CSP has provided more than 158,000 colorectal cancer screening services to low-income, uninsured and underinsured men and women since program coverage for colorectal services began in 1997. Of these, over 149,000 were FIT/FOBT kit developments and over 8,700 were screening colonoscopies. Figure 3 shows how the diagnosis of colorectal cancer and pre-cancer varies by age group from April 1, 1997 to March 31, 2020. A total of 5,276 colorectal cancer and pre-cancer diagnoses were detected between 1997 and 2020. The higher rate of colorectal cancer in individuals 65 years of age and older is consistent with the incidence (or number of new cases) of colorectal cancer in the general population, where incidence rates generally increase with age.⁶

Figure 3



⁶ New York State Cancer Registry, 2021. *Colorectal Cancer Incidence and Mortality by Age group, New York State, 2014-2018.*
<https://www.health.ny.gov/statistics/cancer/registry/table6/tb6colorectalnys.htm>

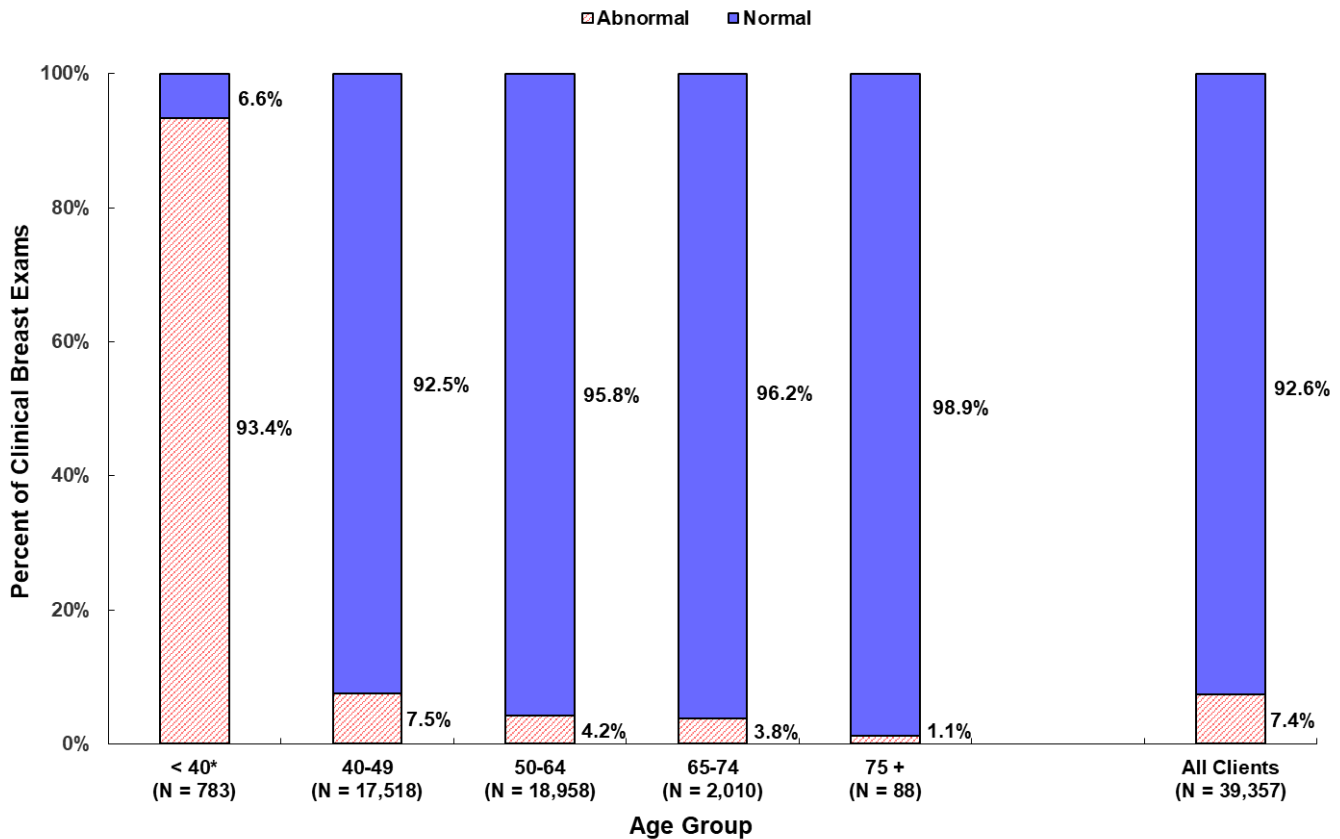
BREAST CANCER

SCREENING SERVICES AND OUTCOMES

An abnormal CBE result is defined as having a mass or other finding in the breast. Figure 4 illustrates the age-specific percentages of abnormal CBEs from April 1, 2018 to March 31, 2020. Overall, the percentage of abnormal CBEs among all clients screened was 7.4 percent. Of the 783 women under the age of 40, 93.4 percent of them had abnormal CBEs. In comparison, the age group with the greatest number of CSP clients, 18,958 in the 50-64 age range, had only 4.2 percent with abnormal CBEs. This is likely because, as of 2009, clients ages 18 to 39 years old were only eligible to receive breast cancer screening through the CSP if they were at increased risk or symptomatic for breast cancer.

Figure 4

Clinical Breast Exam Results by Age Group
 New York State Cancer Services Program
 April 2018 -- March 2020



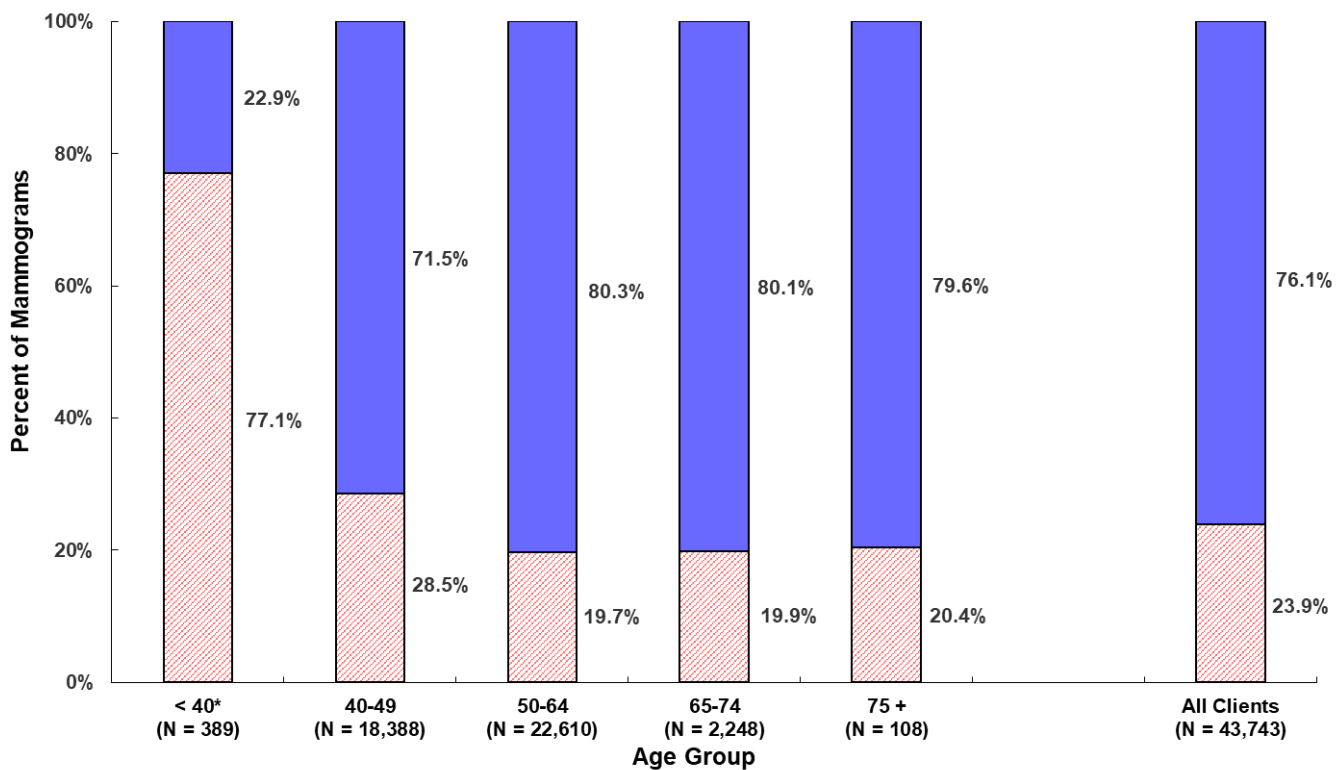
*Clients under 40 only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

During the 12-month period from April 1, 2018 to March 31, 2020, 57.1 percent of women who received screening mammograms were over the age of 50, the CSP priority population. Figure 5 illustrates the age-specific percentages of abnormal mammograms during the 12-month period. Abnormal mammograms include those that had results of “assessment incomplete”, “suspicious abnormality” or “highly suggestive of malignancy.” Overall, the percentage of abnormal mammograms among all clients screened in the program was 23.9 percent. The percent of abnormal mammograms varied by age and was lowest among the 22,610 women aged 50 to 64 years at 19.7 percent. The 389 women aged less than 40 years had approximately two to three times as many abnormal findings as women in other age groups at 77.1 percent. As with the CBE findings, this is likely because women less than 40 years of age are eligible to receive a mammogram through the CSP only if they are at increased risk or are symptomatic for breast cancer.

Figure 5

Mammogram Results by Age Group
 New York State Cancer Services Program
 April 2018 -- March 2020

□ Abnormal ■ Normal



*Clients under 40 only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

DIAGNOSTIC FOLLOW-UP

Women with abnormal findings on breast screenings (either CBEs or mammograms) are referred for diagnostic services through case management. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75 percent of abnormal breast screenings.

From April 1, 2018 to March 31, 2020, 80.7 and 78.1 percent of abnormal breast cancer screenings had timely follow-up, respectively. The most common diagnostic procedures provided through the CSP to women with abnormal findings were diagnostic ultrasounds (79.0% of women with abnormal findings) and diagnostic mammograms (50.1%).

CANCERS DETECTED

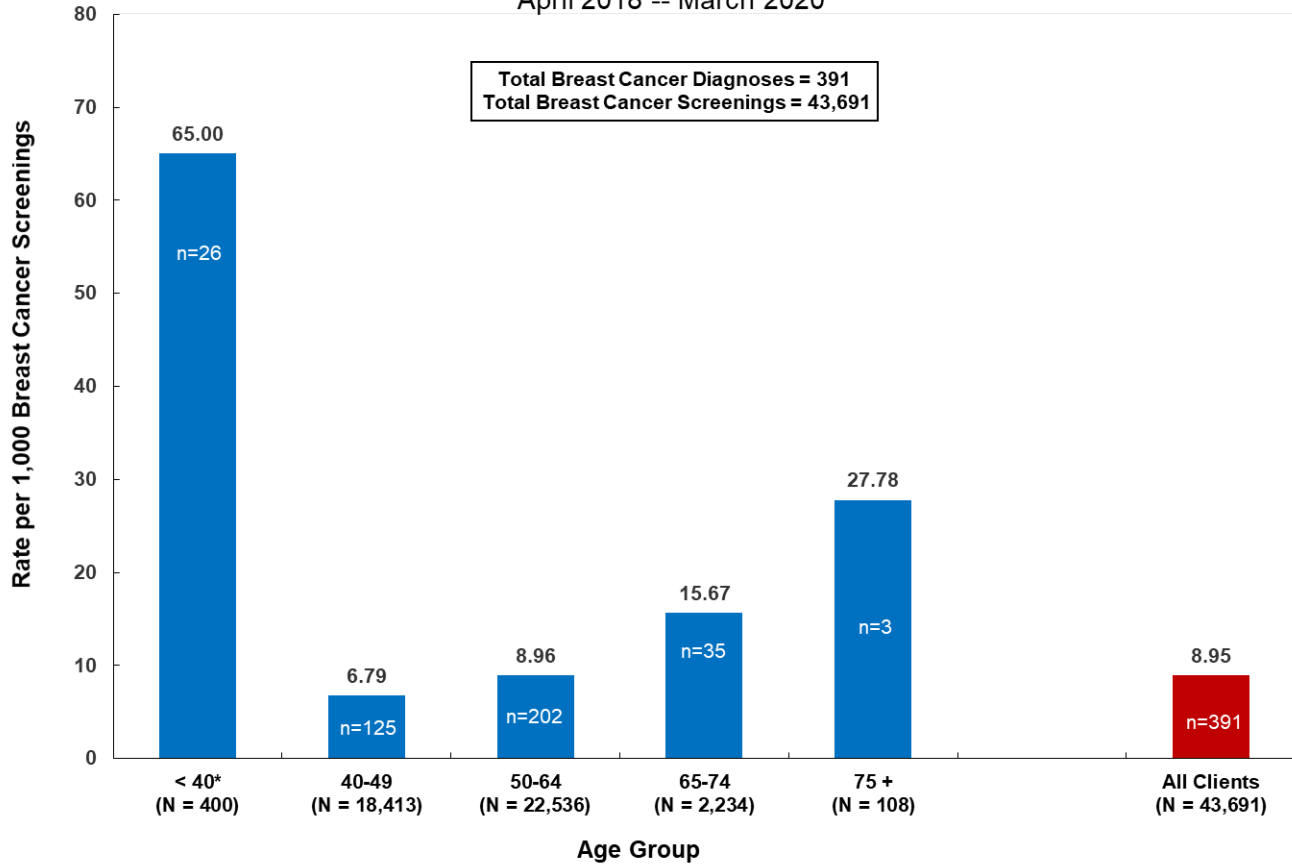
A total of 391 cases of breast cancer, including invasive breast cancer, lobular carcinoma in situ (LCIS), ductal carcinoma in situ (DCIS), and all other carcinoma in situ were diagnosed among women screened through the CSP between April 1, 2018 and March 31, 2020. This represents a breast cancer detection rate of 8.95 cases per 1,000 women screened.

Figure 6 shows how the detection rate for breast cancer varied by age for cases diagnosed between April 1, 2018 and March 31, 2020; rates were highest among the youngest and oldest age groups. The relatively high detection rate of breast cancer among women under age 40 years can be explained by the CSP's eligibility criteria, which allow younger women to receive mammograms through the CSP only if they are at increased risk or symptomatic for breast cancer. The higher detection rate for breast cancer among the older age group is consistent with the increasing incidence (or number of new cases) of breast cancer with age among New Yorkers, with the highest incidence rate in women 75 to 79 years of age.⁷

⁷ New York State Cancer Registry, 2021. *Female Breast Cancer Incidence and Mortality by Age Group, New York State, 2014-2018*. <https://www.health.ny.gov/statistics/cancer/registry/table6/tb6breastnvs.htm>

Figure 6

Breast Cancer Detection Rate by Age Group
 New York State Cancer Services Program
 April 2018 -- March 2020



*Clients under 40 only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

CERVICAL CANCER

SCREENING SERVICES AND OUTCOMES

A CSP priority is to provide screenings to women rarely or never screened for cervical cancer. Respectively in the 12-month periods from April 1, 2018 to March 31, 2019 and April 1, 2019 to March 31, 2020, 29.7 percent and 31.3 percent of women met that criteria, far exceeding the program goal of 20 percent. The percentage of abnormal Pap test results among all women screened through the CSP was 8.6 percent during these two 12-month periods. Abnormal Pap test results can include any of the following: atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesions (LSIL) including HPV changes, high-grade squamous intraepithelial lesions (HSIL), atypical squamous cells of undetermined significance - cannot exclude HSIL (ASC-H), atypical glandular cells – all subcategories (AGC), squamous cell cancer, or other results.

Figure 7

Pap Test Results by Age Group
New York State Cancer Services Program
April 2018 -- March 2020

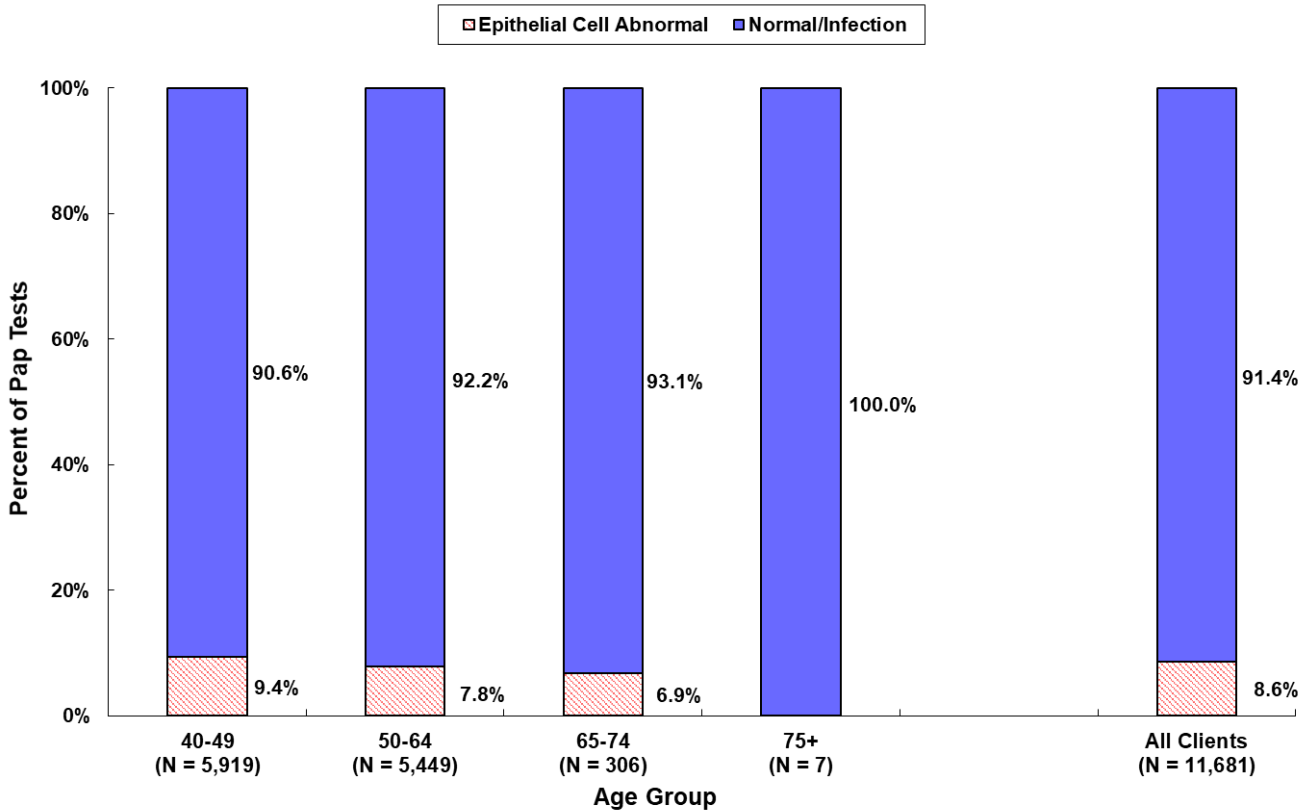


Figure 7 illustrates how the percentage of abnormal Pap test results varied with age. Women aged 40-49 were slightly more likely to have abnormal findings than women 50 to 64 and 65 to 74 years of age. For high-risk HPV tests performed as part of the screening process (screening and surveillance HPV tests), 11.9% of tests detected the presence of HPV from April 1, 2018 to March 31, 2020 (data not shown). Because HPV infection is the main risk factor for the development of cervical cancer, the HPV test results are used to help determine the appropriate diagnostic services, treatment, and re-screening recommendations.

DIAGNOSTIC FOLLOW-UP

Women with abnormal pap tests and/or abnormal high-risk HPV tests are referred to diagnostic services. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 90 days of the date of screening) for at least 75 percent of the abnormal cervical cancer screenings provided through the CSP. Between April 1, 2018 to March 31, 2019 and April 1, 2019 to March 31, 2020, 74.5 and 67.9 percent of abnormal cervical cancer screenings had timely follow-up, respectively. The most common diagnostic procedures provided for

women with abnormal cervical cancer screenings during the 24-month period of April 1, 2018 to March 31, 2020 were colposcopies with biopsies (81.4% of women with abnormal cervical cancer screenings), and gynecological consults (65.8%).

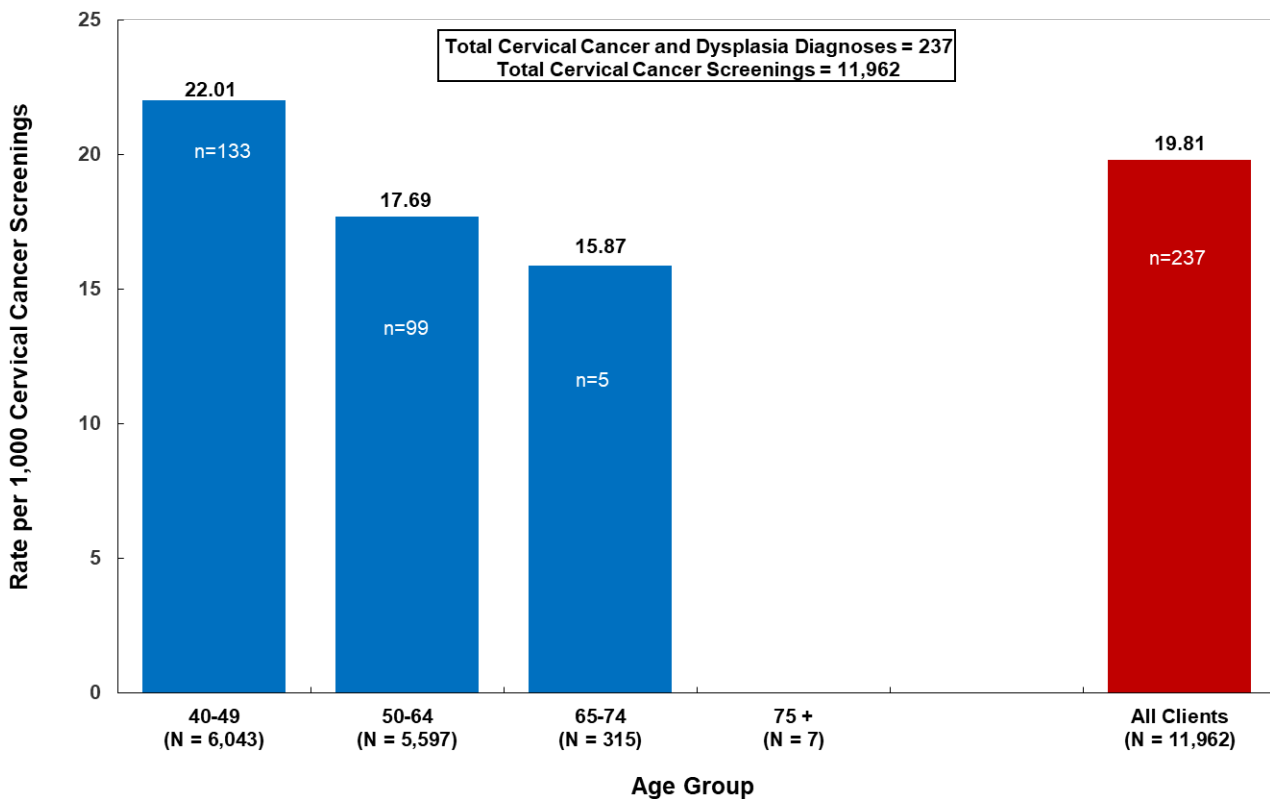
CANCERS AND DYSPLASIAS DETECTED

Among those screened through the CSP from April 1, 2018 to March 31, 2020, three cases of invasive cervical cancer and 235 cases of cervical intraepithelial neoplasia (CIN) were diagnosed. The overall rate of invasive cervical cancer and dysplasia (defined as CIN I or worse [including CIN I, CIN II, CIN III - carcinoma in situ]) was 19.81 cases per 1,000 women screened. Figure 8 shows how the detection rates of cervical cancer and dysplasia vary by age for cases diagnosed in those two years.

Figure 8

N=2,576

Cervical Cancer and Dysplasia Detection Rate by Age Group
 New York State Cancer Services Program
 April 2018 -- March 2020



SCREENING SERVICES AND OUTCOMES

From April 1, 2018 to March 31, 2020, 10,875 fecal test (FIT/FOBT) kits were completed and 557 screening colonoscopies were performed through the CSP. The percentage of abnormal FIT/FOBT test results among all clients screened through the CSP was 6.0 percent. Figure 9 illustrates a very slight variation of abnormal FIT/FOBT test results across age groups. The percentage of positive FIT/FOBT tests varied by sex, with 5.3 percent of tests among women having abnormal findings and 8.3 percent of tests among men having abnormal findings (data not shown).

Figure 10 illustrates the variation of screening colonoscopy results across age groups for those who were considered at increased or high-risk for colorectal cancer. In the two year period from April 1, 2018 to March 31, 2020, only 557 clients in these age categories met the risk criteria and received a screening colonoscopy.

Figure 9

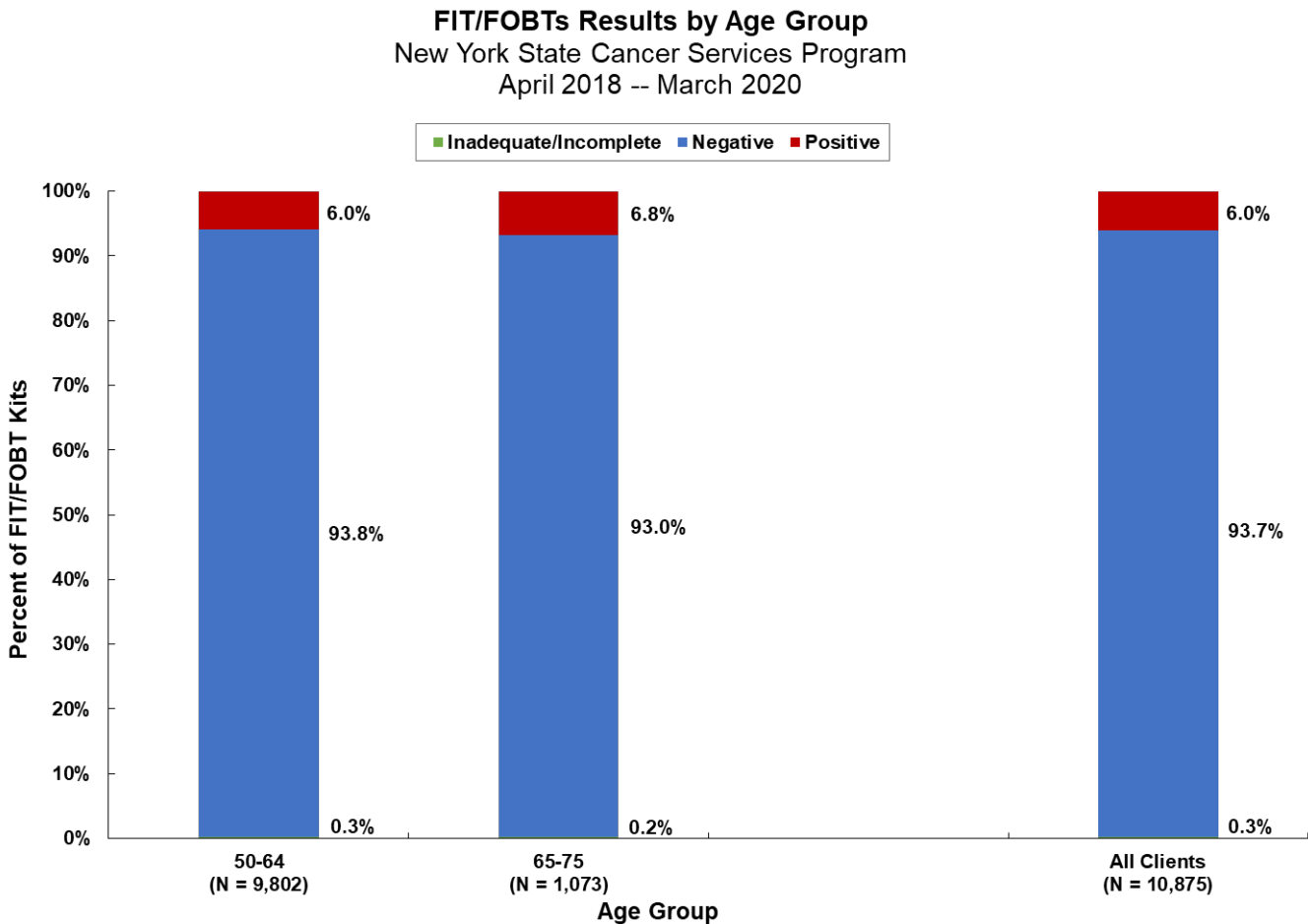
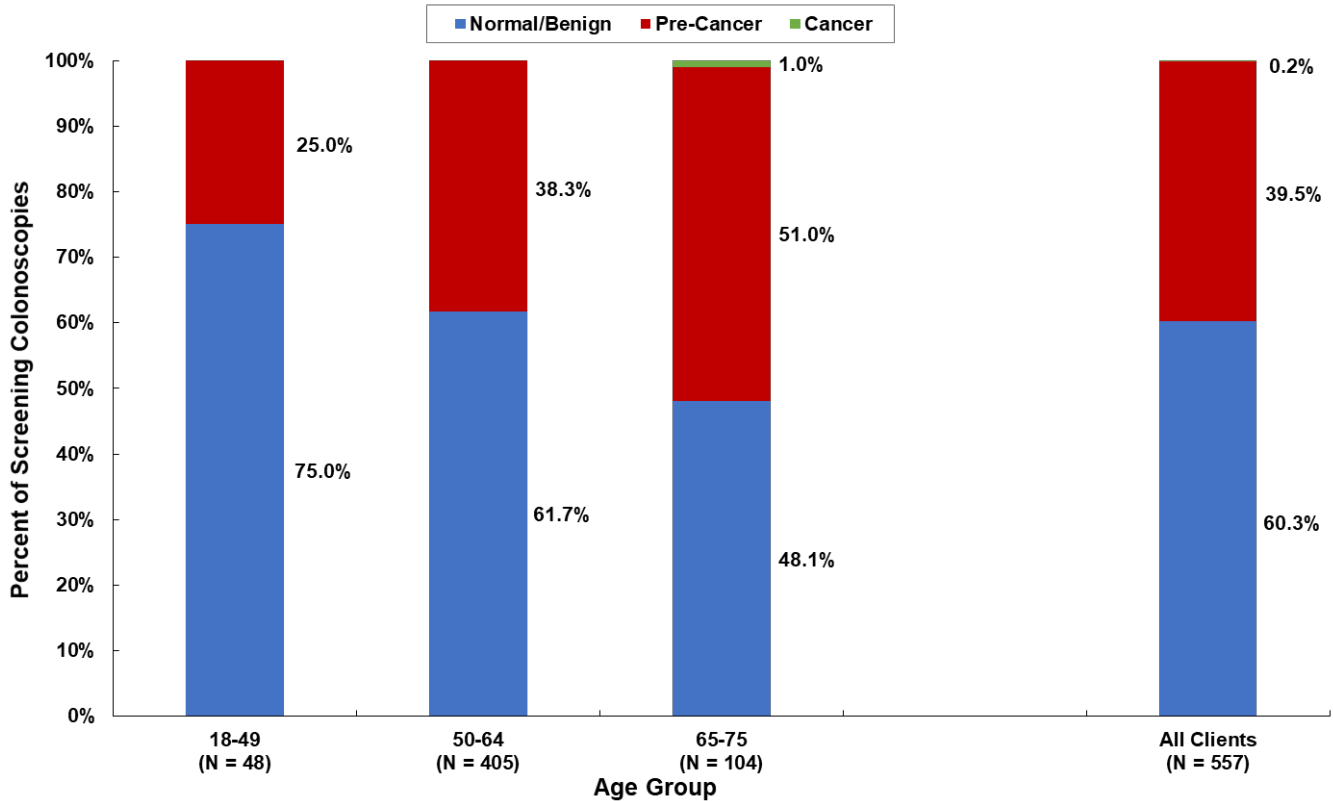


Figure 10

Screening Colonoscopy Results Among Those At Increased or High Risk for Colorectal Cancer, by Age Group

New York State Cancer Services Program
April 2018 -- March 2020



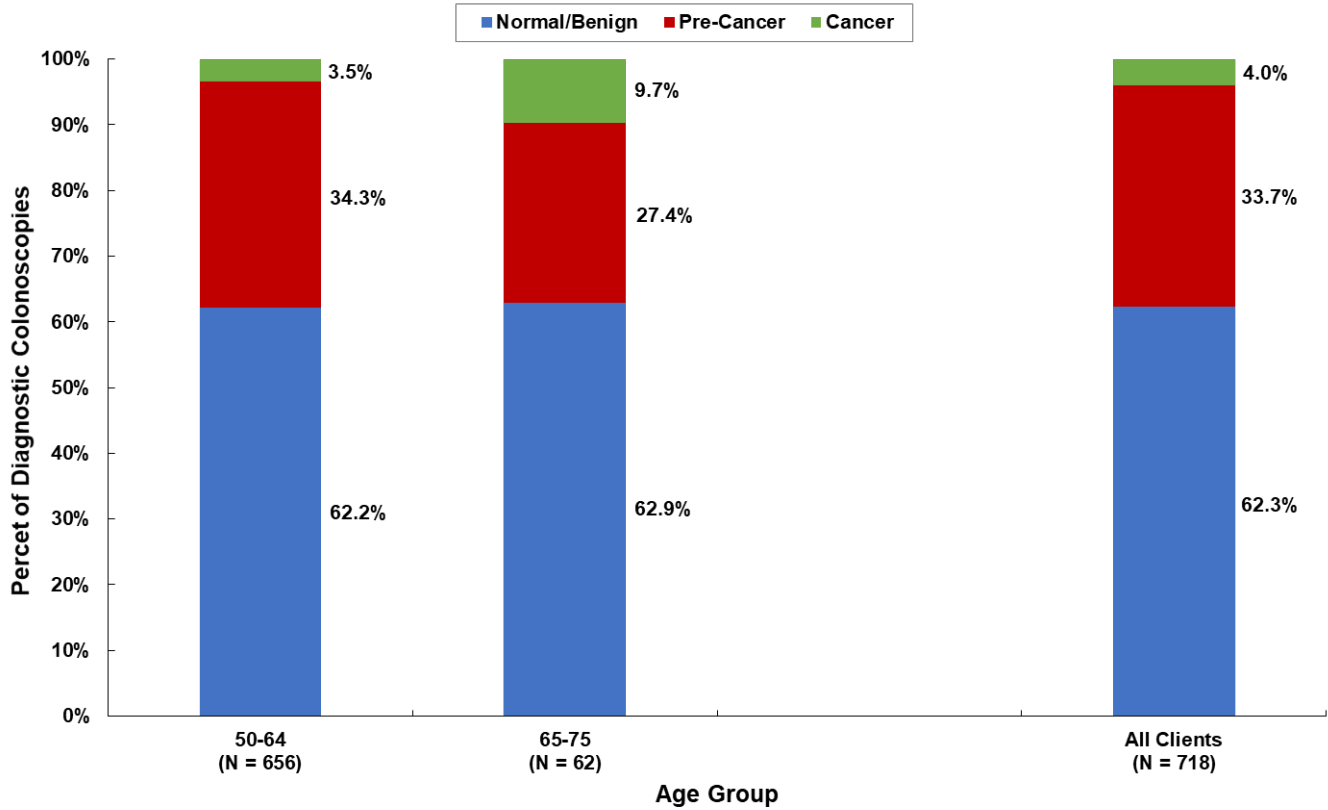
DIAGNOSTIC FOLLOW-UP

Individuals presenting with symptoms and those who were average risk but who had an abnormal finding on their initial FIT/FOBT are referred for a diagnostic colonoscopy. The program goal is to provide timely diagnostic follow-up, defined as follow-up within 90 days from the initial screening date for at least 75 percent of CSP clients with an abnormal screening result. From April 1, 2018 to March 31, 2019 and April 1, 2019 to March 31, 2020, 74.0 and 50.0 percent of abnormal colorectal cancer screenings had timely follow-up, respectively.

Among clients with abnormal FIT/FOBT results or those who were symptomatic, the most common diagnostic colorectal procedures were medical consults (87.7%) and colonoscopy with biopsy or removal of tumors/polyps (63.9%). Clients who received a diagnostic colonoscopy due to an abnormal FIT/FOBT result and those who were symptomatic had similar rates of diagnostic colorectal procedure types and polyp detection. A total of 29 cancers (4.0% of diagnoses) and 242 pre-cancers (33.7%) were diagnosed by diagnostic colonoscopy in the two years from April 1, 2018 to March 31, 2020. Figure 11 illustrates the variation of diagnostic colonoscopy results by age group.

Figure 11

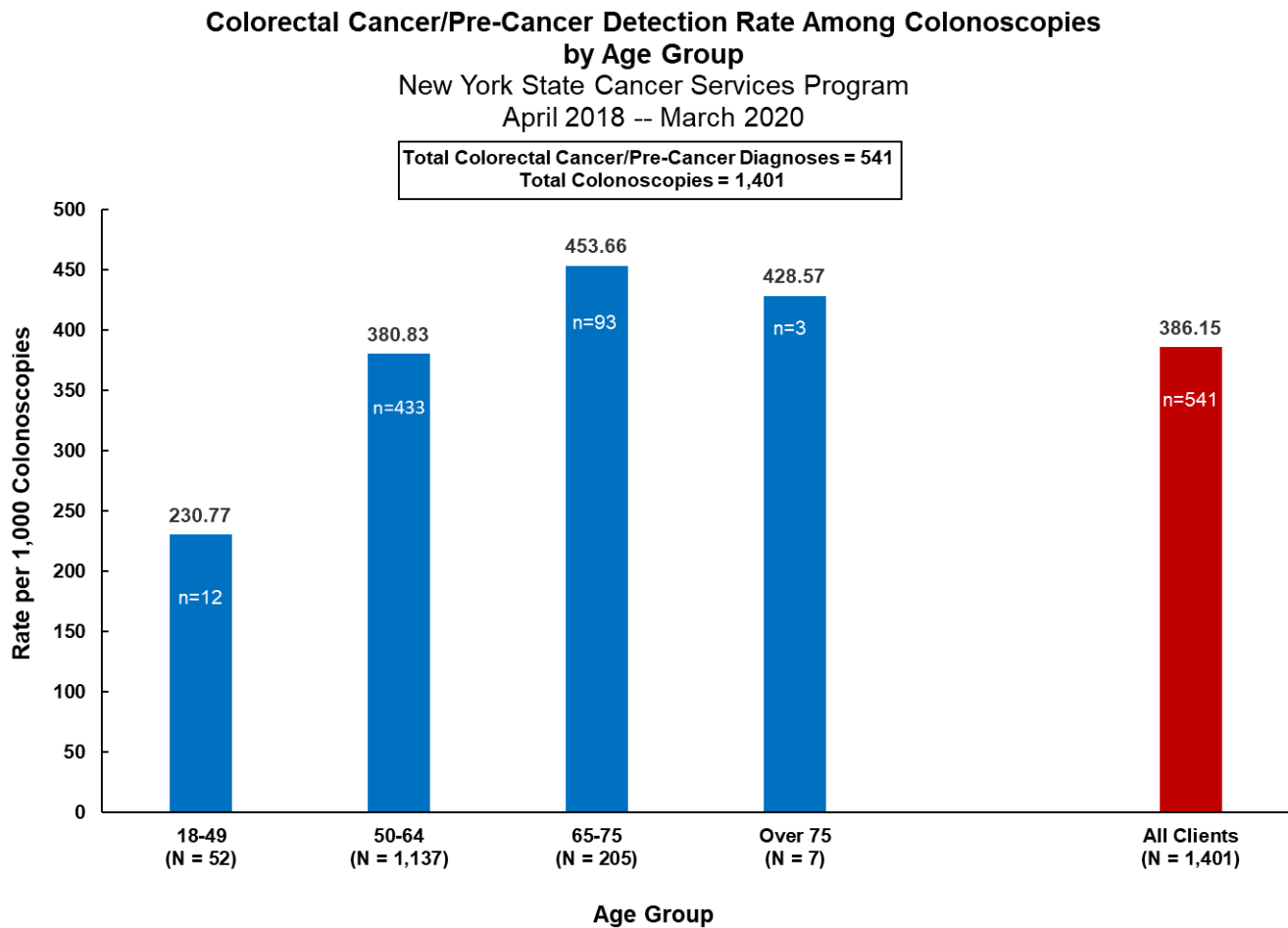
Diagnostic Colonoscopy Results Among Those Symptomatic or With Abnormal FIT/FOBT Kit Results, by Age Group
New York State Cancer Services Program
April 2018 -- March 2020



CANCERS DETECTED

From April 1, 2018 to March 31, 2020, 30 cases of colorectal cancer were diagnosed (1 from screening colonoscopy and 29 from diagnostic colonoscopy), representing a cancer detection rate of 23.53 cases per 1,000 clients screened. A total of 220 cases of pre-cancer were diagnosed by screening colonoscopy, yielding a pre-cancer detection rate of 394.97 cases per 1,000 clients. Figure 12 depicts how cancer and pre-cancer detection varied by age group.

Figure 12



ENROLLMENT IN THE MEDICAID CANCER TREATMENT PROGRAM (MCTP)

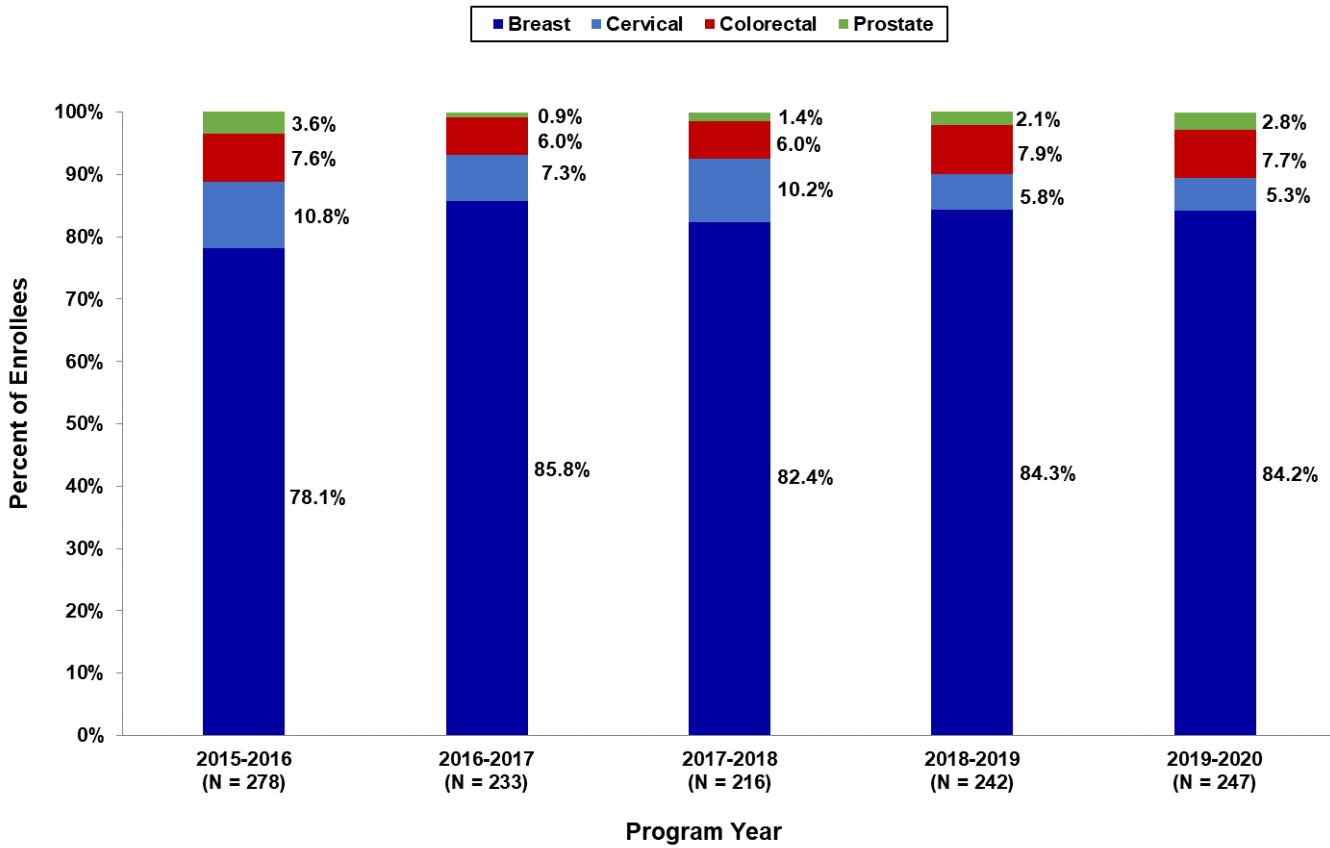
The CSP actively follows eligible clients diagnosed with cancer or precancerous conditions requiring treatment for enrollment in the Medicaid Cancer Treatment Program (MCTP), with a program goal of at least 90 percent of MCTP-eligible clients enrolled. Figure 13 presents the number of enrollees in the MCTP by type of cancer for five-year period April 1, 2015 to March 31, 2020. On average, over 200 CSP clients a year receive cancer treatment through the MCTP.

From April 1, 2018 to March 31, 2020, 96.0 percent (n=242) and 95.7 percent (n=247) of MCTP-eligible clients diagnosed through the CSP were enrolled in the MCTP. Enrollment was slightly higher compared to the previous 12-month period from April 1, 2017 to March 31, 2018 (n=216). The 12-month period from April 1, 2018 to March 31, 2019 comprised of 84.3% (n=204) for breast cancer, 5.8% (n=14) for precancerous cervical dysplasia, 7.9% (n=19) for colorectal cancer, and 2.1% (n=7) for prostate cancer treatment, respectively. The 12-month period from April 1, 2019 to March 31, 2020 comprised of 84.2% (n=208) for breast cancer, 5.3% (n=13) for precancerous cervical dysplasia, 7.7% (n=19) for colorectal cancer, and 2.8% (n=7) for prostate cancer treatment, respectively.

In addition to new enrollees in the MCTP, eligible clients in need of continued cancer treatment are also recertified for additional years of coverage. From April 1, 2018 to March 31, 2020, almost 60 percent of clients were recertified for a second year of coverage, approximately 37 percent were enrolled for a third year, almost 28 percent for a fourth year, and 18 percent for a fifth year. Applications for enrollment are processed quickly; on average, final determinations of eligibility for coverage are provided within three to five days.

Figure 13

New Medicaid Cancer Treatment Program Enrollees By Type of Cancer
 New York State Cancer Services Program
 April 2015- March 2020



CONCLUSION

The NYS CSP provides vital security to individuals ensuring they are able to obtain recommended cancer screenings and diagnostic services. Through receipt of these critical cancer preventive services, these individuals are empowered with access to care and knowledge of their health status. Further, the CSP addresses health inequities and disparities through the provision of services to underserved lower income and racially and ethnically diverse populations. While the program serves many New Yorkers, there are still many eligible who could benefit from the cancer screenings and services it provides. These individuals likely include those most adversely impacted by the social determinants of health and those less likely to be engaged with the health care system. The NYS CSP is dedicated to providing services to individuals at greatest risk across the State in an effort to address disparities and achieve health equity for all.