Breast and Cervical Cancer Early Detection Program Report

New York State Department of Health

Cancer Services Program

Program Year 2011-2012

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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

Persons interested in obtaining additional information about this report should contact the NYSDOH Cancer Services Program at:

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Persons interested in locating the Cancer Services Program in their area should call the toll-free Referral Line at 1-866-442-CANCER (2262).

EXECUTIVE SUMMARY

The New York State Department of Health (NYSDOH) Cancer Services Program (CSP) facilitates access to breast and cervical cancer screening and diagnostic services for uninsured and underinsured women in New York State (NYS).

Nearly 14,500 women are newly diagnosed with breast cancer and approximately 2,700 die from the disease annually in NYS.[1] Cervical cancer is diagnosed in over 900 women in NYS each year and about 270 women die from the disease annually.[1] An increase in timely, age-appropriate screening could prevent many of these deaths by detecting cancer early when it is most treatable.

In the 2011-2012 program year, nearly 44,000 eligible women were screened for cancer with over 41,000 mammograms, nearly 40,000 clinical breast exams and over 18,000 Papanicolaou (Pap) tests. Over the course of this program year, the CSP identified 467 individuals with breast cancer, 11 with cervical cancer and 284 with precancerous cervical dysplasia. A total of 661 clients were enrolled in the Medicaid Cancer Treatment Program for breast or cervical cancer treatment.

Mammograms and the Pap test are highly effective cancer screening tools, but are underused by some subsets of the population. A disproportionate number of deaths from breast and cervical cancer occur among uninsured and underinsured, geographically and culturally isolated, older, medically underserved women of racial, ethnic and cultural minorities.[2] The goal of the CSP is to improve access to and utilization of screening services for these underserved populations while improving the quality of care received by all women in NYS.

This report includes activities and data from the CSP for program year 2011-2012, beginning April 1, 2011 and ending March 31, 2012. In this report, program components are outlined and clinical data and outcomes are reviewed. By presenting this report, the CSP hopes to highlight the importance of breast and cervical cancer screening in NYS.

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[1] New York State Cancer Registry, 2011. *Cancer Incidence and Mortality for New York State, 2005-2009*. http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm

[2] National Cancer Institute, 2008. *National Cancer Institute Cancer Fact Sheets: Cancer Health Disparities*. http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities

PROGRAM DESCRIPTION

OVERVIEW

The NYSDOH Cancer Services Program (CSP) oversees the delivery of comprehensive breast, cervical and colorectal cancer screening and diagnostic services to eligible uninsured and underinsured individuals in NYS through local screening programs. Contractors develop relationships with regional providers (e.g., hospitals, clinics, health care providers) and community-based organizations to conduct outreach to priority populations; provide screening, diagnostic and case management services; provide public education; and conduct data management and quality assurance, as well as other activities outlined later in this document. Contractors and their partners also assist individuals diagnosed with breast, cervical, colorectal or prostate cancer in obtaining prompt, comprehensive treatment through the NYS Medicaid Cancer Treatment Program (MCTP), if eligible. Eligible individuals may receive full Medicaid coverage for the duration of their cancer treatment. NYSDOH does not support routine population-based screening for prostate cancer. However, men screened and/or diagnosed with prostate cancer through participating providers are eligible for treatment coverage through the MCTP.

During the 2011-2012 program year (4/1/11-3/31/12), the CSP had a combined state and federal budget of approximately $26.7 million for all facets of the program. The CSP receives federal funds from the Centers for Disease Control and Prevention (CDC) for breast and cervical cancer screening as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In October 2007, a request for applications (RFA) was released for CSP contractors for a five-year grant cycle which began on April 1, 2008. Forty-six contractors received funding. In the 2010-2011 program year, two new contractors were added to meet additional need in Eastern Queens and Brooklyn, areas with large eligible populations. In June 2011, the CSP introduced a new regional model in the Hudson Valley by consolidating five CSP contracts serving Westchester, Putnam, Rockland, Dutchess and Ulster counties into one regional contractor, the CSP of the Hudson Valley.

Contractors are responsible for coordinating integrated, comprehensive, age-appropriate breast, cervical and colorectal cancer screening services to all eligible individuals in their proposed service areas. Contractors (local health departments, community-based organizations or health providers and institutions) also facilitate the enrollment of eligible men and women in the NYS MCTP for breast, cervical, colorectal and prostate cancer. The NYS MCTP is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer and, in some cases, pre-cancerous conditions. Beginning in 2008, contractors were required to create and implement a referral system to Medicaid facilitated enrollers to screen CSP clients for eligibility for public insurance programs.

ELIGIBILITY CRITERIA

In order to access the screening, diagnostic and case management services available through the CSP, individuals must meet program eligibility criteria. In the 2009-2010 program year, CSP eligibility criteria

changed and average-risk women ages 18-39 were no longer eligible for the program. Other providers, such as family planning providers and federally qualified health centers, continued to provide clinical breast exams and cervical cancer screenings to women in that age group around NYS. While CSP eligibility for breast cancer screening included women between the ages of 40-49, the CSP priority population remained women between the ages of 50-64. A focus on this population is supported by the CDC and recognizes that the risk of breast cancer increases with increasing age.

The revised CSP eligibility criteria include women who are 40 years of age or older, 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 whose household incomes are at or below 250 percent of the federal poverty level (FPL). Women with household incomes above 250 percent of the FPL who meet all other eligibility criteria are also eligible for services, if they are unable to afford cancer screenings. Women ages 40 and older are eligible for clinical breast exams, annual mammograms, Pap tests and any associated diagnostic testing. Women ages 18-39 who are deemed at high-risk for, or who have clinically significant findings for, breast cancer are eligible for appropriate mammography or other diagnostic testing. Multiple factors determine a woman's risk for breast cancer, including, but not limited to, a personal or family history of breast, ovarian and other cancers, the age at which the family member was diagnosed with the particular cancer, or a personal history of chest irradiation for treatment of lymphoma during adolescence or young adulthood.

Women diagnosed with breast or cervical cancer or pre-cancerous conditions through the CSP and who meet Medicaid eligibility criteria are encouraged to apply for full Medicaid coverage for the duration of their cancer treatment through the NYS MCTP.

CASE MANAGEMENT

Case management has been an integral part of the CSP since the federal legislation 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 necessary treatment.

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

PUBLIC EDUCATION AND TARGETED OUTREACH

CSP public education and targeted outreach (PETO) efforts focus on accessing underserved populations, including individuals who are underinsured or uninsured and women who are rarely or never screened for cervical cancer (defined as never having had Pap tests or having previous Pap tests more than five

years ago). The CSP provides technical assistance to CSP contractors to guide planning, implementation and evaluation of targeted outreach activities. Regular PETO calls, held primarily via webinar, were conducted to provide ongoing education to CSP contractors and to encourage the sharing of successful outreach strategies at the local level. In 2011, at the direction of the CDC, the CSP began implementing evidence-based, population-level cancer screening promotion strategies, including the use of small media and client reminders, to increase screening rates among all age- and risk-appropriate New Yorkers.

Since 2007, the CSP has supported a statewide toll-free referral line to increase access to CSP services for NYS residents. This toll-free number (1-866-442-2262 or 1-866-442-CANCER) is promoted through CSP public awareness and media campaign materials, as well as the NYSDOH web site. Multilingual tele-counselors answer calls 24 hours a day, 7 days a week. The primary role of the call center staff is to directly transfer callers to local CSP partnerships so they may obtain cancer screening, diagnostic, treatment and support services in their local areas. Data collected by the call center enable the CSP to better evaluate the effectiveness of public education materials and media campaigns. In the 2011-12 program year, 3,824 callers to this toll-free number, the majority of whom were uninsured and ages 40 and older, were referred for screening and support services.

The CSP maintains a series of publications to educate the general public about the importance of cancer screening and other cancer-related topics (Appendix I: CSP Publications). The program has developed and distributed a number of publications related to breast cancer screening, diagnosis and treatment. All publications use the CSP logo, created in 2008. Materials include the tagline: *Your partner for cancer screening, information and support*. Consistent use of the logo by the NYSDOH and contractors helps strengthen the identity of the CSP statewide by making it more recognizable to clients as well as providers, partners and community-based organizations who work together to ensure access to services throughout the continuum of cancer care.

PROFESSIONAL EDUCATION

The CSP offers professional education opportunities to CSP providers and CSP contractor staff to increase skills and ensure that women receive culturally sensitive, guideline-concordant cancer screening services.

CONTRACTOR TRAINING

Regional meetings were held in the spring and fall of each year to enhance the skills of CSP contractor staff at the local level. Topics covered included program administration, communications, branding, social media, sustainability, and utilization of evidence-based interventions to increase cancer screening. During the 2011-12 program year, 348 individuals were trained in fifteen sessions.

CLINICAL PROVIDER TRAINING

In April 2004, the CSP mandated that all providers seeking reimbursement for clinical breast examination (CBE) use the CSP CBE form or an approved alternative form to improve the comprehensive breast examination and standardize the documentation for CBE reimbursed by the CSP. Twice a year, the program requests a random sample of 50-100 records for review. The program instructs providers who are found to be noncompliant to use the required form and encourages them to attend a CBE training session to review both clinical and documentation skills. CSP staff conducted two clinical breast exam (CBE) skills update trainings in this program year, one in Queens and the other in the Bronx. The trainings included didactic presentations and hands-on CBE skills practice. Presenters reviewed documentation skills and provided individual feedback to each participant. Twenty-one clinicians completed the daylong training session. Paper evaluation forms were completed by all participants. The University at Albany School of Public Health issued continuing medical education credits to participants who completed the post-tests and evaluations.

In the last program year, the CSP contracted with the American Society of Radiology Technologists (ASRT) to provide professional education to NYS-credentialed mammographers. The ASRT distributed information to 2,915 mammographers about the free continuing education learning modules posted on the ASRT website available between April 2011 and March 31, 2012. CEUs were available to those who completed the online courses within one year. As of March 31, 2012, 608 mammographers requested the free code to access the courses. Of these, 320 mammographers redeemed their codes and added the courses to their learning area of the ASRT website.

PROFESSIONAL EDUCATION RESOURCES

CSP staff wrote and distributed cancer screening-related information and resources to CSP contractors, providers, regional NYSDOH offices, local health departments, and advisory council members. Content included information about the CSP's Main Streets Go Blue initiative for colorectal cancer, information about the importance of cervical cancer screening, the updated United States Preventive Services Task Force cervical cancer guidelines, and resources available through New York State and the CDC Web site.

The CSP developed a *CSP Resource Guide* that serves as a tool for contractors, providers and partners to easily access public education materials, professional education materials and online training resources available to promote awareness about breast, cervical and colorectal cancer screening and to improve the quality of cancer screening related care received by New Yorkers. The guide is updated and distributed in January and June of each year. It can be accessed on the Department web pages at http://www.health.ny.gov/diseases/cancer/docs/cancer_serv_prog_resource_guide.pdf.

QUALITY ASSURANCE

In 1998, the CSP began monitoring clinical performance and outcomes among providers offering clinical services through the program to ensure that women receive 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.

In this program year, the CSP reviewed data from approximately 5,793 CSP providers to identify facilities that reported either a very low or a very high number of abnormal mammograms, CBEs and Pap tests. The proportion of breast biopsies that are positive for cancer, the timeliness of follow-up for breast or cervical abnormalities detected upon screening and adherence to established clinical algorithms for abnormal findings are also reviewed. The CSP QA team collaborates with 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 women enrolled in the CSP; improvements in technique or processes are realized by both uninsured and insured women 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.

DATA MANAGEMENT AND EVALUATION

The NYSDOH maintains a secure, Internet-based data entry system used by CSP contractors to enter client screening, diagnostic, treatment and demographic information. This data system facilitates timely reimbursement for clinical providers, improves the quality of data collected and reinforces program procedures. On-line data queries and reports are available for CSP contractors and CSP staff to monitor performance. Program data collected through the on-line system are integral to the management of the CSP and are used for program planning, quality assurance and evaluation.

The CSP also compiles surveillance data regarding cancer-related incidence, mortality and screening to assist CSP contractors in assessing the needs of their local communities and focusing outreach efforts on the eligible populations. Mammography facility inspection data are used to estimate county-level capacity for providing mammograms.

SURVIVORSHIP

The NYSDOH was the first State health department in the nation to address the issue of cancer 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 NYSDOH funded ten non-profit organizations across the state beginning in April 2008 to provide support services to adults and families that have been affected by a diagnosis of breast cancer. Nearly $200,000 was awarded per year for a five-year contract period.

During this reporting period, the NYSDOH also funded six non-profit legal organizations across the state at $83,333 annually each, to help people with cancer cope with legal, financial and medical issues. Services provided under these Legal and Support Services contracts included assistance with estate

planning, preparation of wills, access to health care services, settlement of insurance disputes, entitlement to benefits, preparation of advance directives and issues related to child custody.

BREAST AND CERVICAL CANCER DETECTION AND EDUCATION PROGRAM ADVISORY COUNCIL

Until March 2012, and inclusive of the periods covered by this report, Section 2407 of the Public Health Law authorized a 21-member Breast and Cervical Cancer Detection and Education Program Advisory Council (Council). This Council was originally created to address breast cancer detection and education. In 2005, the law was revised to expand the role of the Council to also address cervical cancer. The Council held three meetings during the timeframe covered by this report. During the 2011-2012 program year, the Council discussed and provided input on health care reform and its potential impact on the CSP, including emerging direction around population-based approaches to breast and cervical cancer screening in all women in the screening population, not just those who are uninsured. Council members also provided input on the annual review of Quality Assurance and Provider Education Initiatives conducted through the CSP and discussed how the CSP can work with NYS health plans to increase cancer screening. A list of Council members can be found in Appendix II.

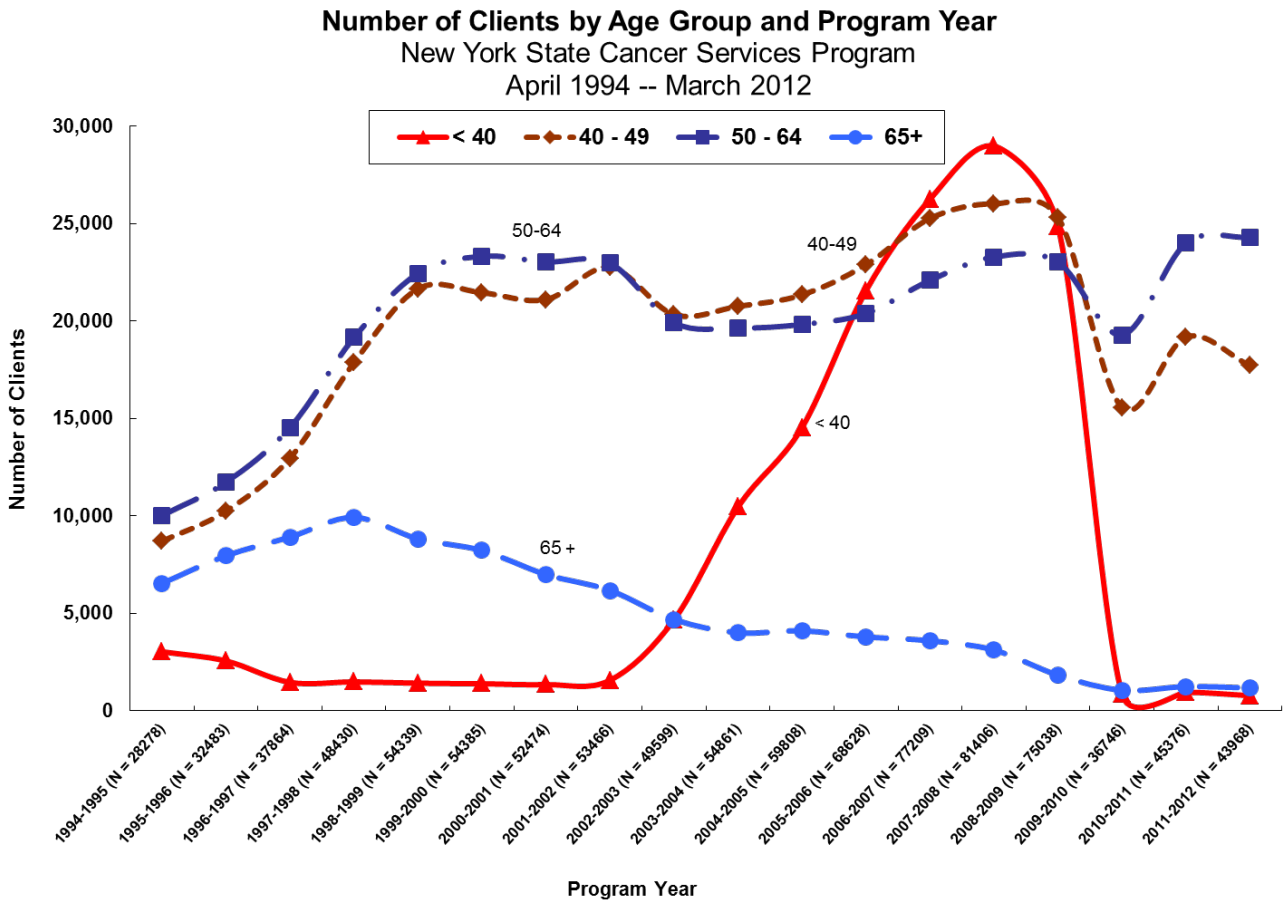
PROGRAM OUTCOMES

This section summarizes the breast and cervical cancer screening and diagnostic services provided through the CSP, the screening test results and the final diagnoses determined for the 2011-2012 program year. A program year represents the 12-month period between April 1 and March 31.

WOMEN SCREENED THROUGH THE CANCER SERVICES PROGRAM

The number of women screened for breast and/or cervical cancer through the CSP has increased, overall, since the program's inception in 1994 (Figure 1). The total number of women screened reached a high of over 81,000 in the 2007-2008 program year, but has since declined due to refinement of program eligibility criteria. Since implementation of new program eligibility in 2010, the number of women increased by over 8,000 between the 2009-2010 and the 2010-2011 program years. In the 2011-2012 program year, the total number of women screened declined by 1,400 compared to the 2010-2011 program year, but the number of women ages 50 to 64 increased, reflecting the increased emphasis on the priority population of women 50 to 64 years of age.

Figure 1



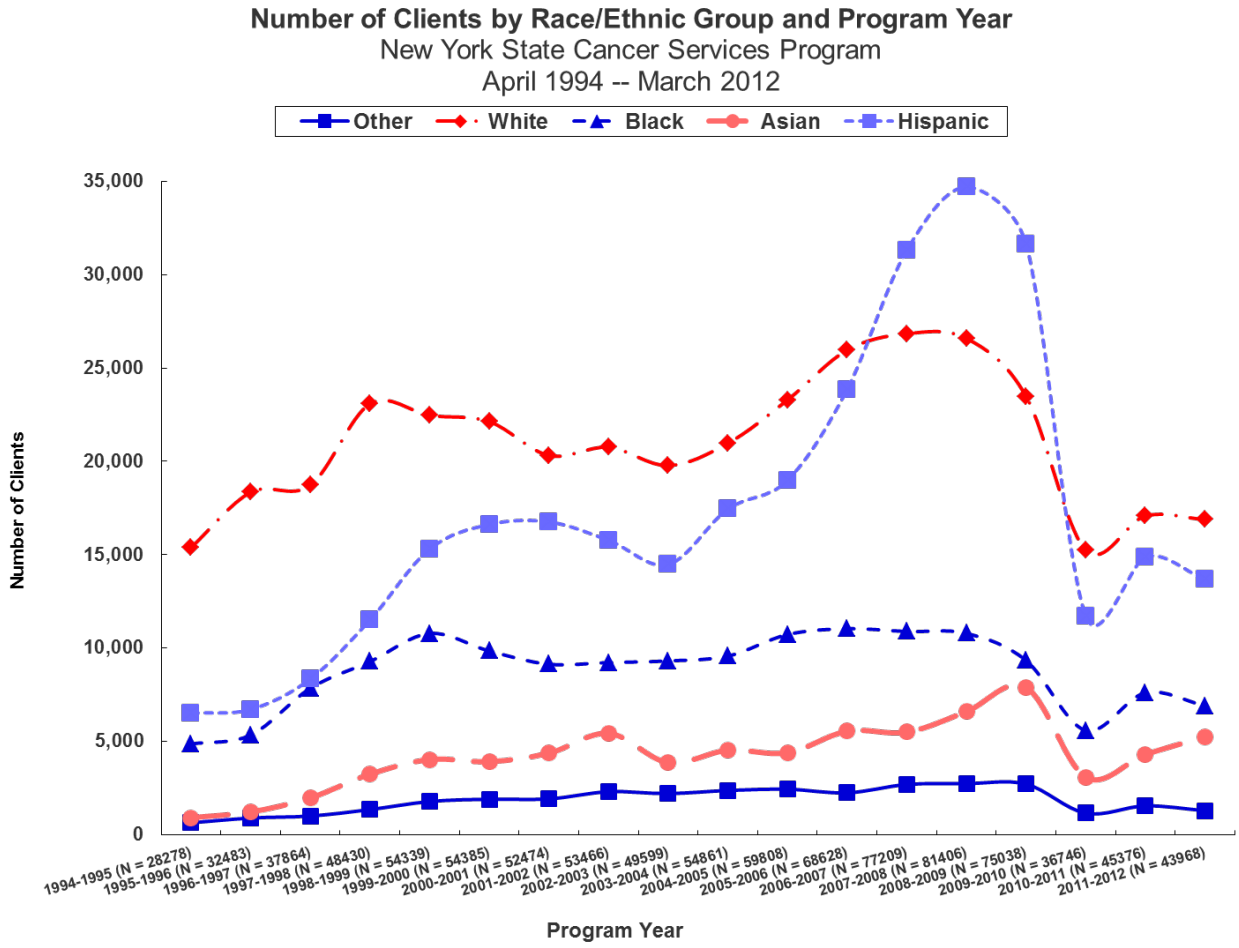
Changes in eligibility criteria for the program can explain most of the variation seen within age-specific groups of women across the 18 program years. The initial increase among younger women was due to the expansion of the number of women 18 to 39 years of age served by the program. A sharp decline in this age group occurred in the 2009-2010 program year when the eligibility criteria for the program changed again to focus recruitment on the priority population of women 50 to 64 years of age. The gradual decrease in women 65 and older was due to changes in Medicare Part B coverage in January 1998 to include annual mammograms and the increased focus on the priority population of women 50 to 64 years of age.

Several other factors also contributed to the changes in the number of women screened since the 2007-2008 program year. A series of QA activities identified two large CSP contractors that were misinterpreting program eligibility criteria and screening clients who were not eligible for CSP services. Subsequent to this review, there was a notable decrease in the number of clients screened by these contractors. In addition, there was a loss of several higher volume providers in New York City (NYC) and in Suffolk County, some of whom screened a primarily younger population of women who were no longer eligible under the new criteria. The increase in the number of women ages 50 to 64 years of age in both the 2010-2011 and 2011-2012 program years reflects the progress made by contractors in modifying their systems to recruit new women into the program for cervical cancer screening and focus more fully on the priority age group of 50 to 64 year olds.

The number of women ages 40 to 64 screened through the CSP represented 18.2 percent (42,023/230,589) of the estimated eligible population of women ages 40 to 64 who are uninsured and at or below 250 percent of FPL in NYS for the 2011-2012 program year (data source for eligible population: U.S. Census, Small Area Health Insurance Estimates, 2010). The percent of the eligible population screened was 21.3 percent (24,309/114,033) for those ages 50 to 64 for the 2011-2012 program year.

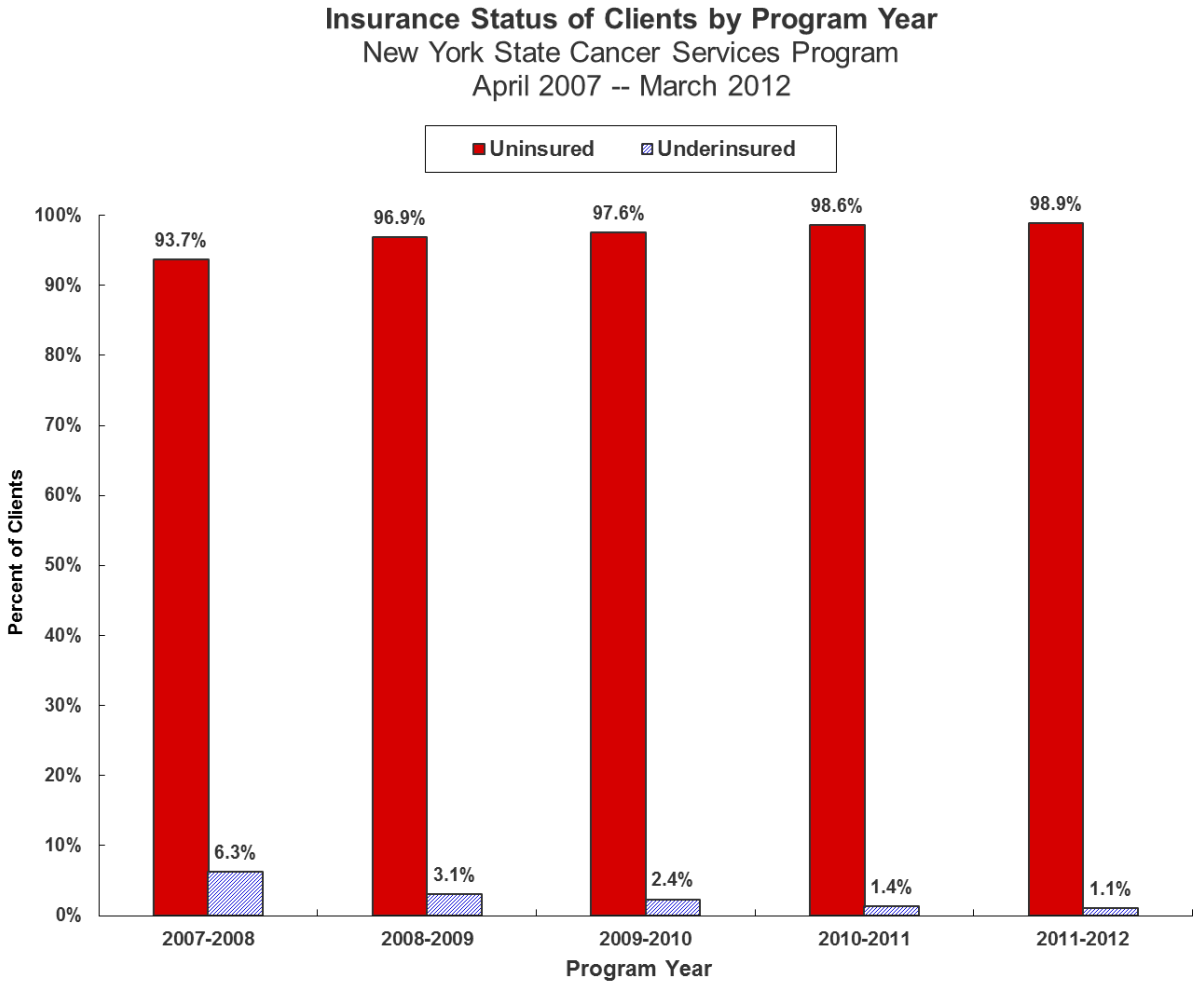
The racial and ethnic distribution of women screened through the CSP is shown in Figure 2. In the 2011-2012 program year, 15.7 percent of women screened identified themselves as black, 11.9 percent identified as Asian and 38.4 percent identified as white. The percent of Hispanic women screened through the CSP increased dramatically to 42.6 percent in the 2007-2008 program year, but has since declined to 31.1 percent of women screened in the 2011-2012 program year. The initial increase and subsequent decrease in the number of Hispanic women screened through the program follows the trend in the number of women ages 18 to 39 screened, reflecting the large proportion of younger women represented among the Hispanic clients.

Figure 2


Number of Clients by Race/Ethnic Group and Program Year
New York State Cancer Services Program
April 1994 -- March 2012
Other
White
Black
Asian
Hispanic
Number of Clients
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
1994-1995 (N = 28278)
1995-1996 (N = 32483)
1996-1997 (N = 37864)
1997-1998 (N = 48430)
1998-1999 (N = 54339)
1999-2000 (N = 54385)
2000-2001 (N = 52474)
2001-2002 (N = 53466)
2002-2003 (N = 49599)
2003-2004 (N = 54861)
2004-2005 (N = 59808)
2005-2006 (N = 68628)
2006-2007 (N = 77209)
2007-2008 (N = 81406)
2008-2009 (N = 75038)
2009-2010 (N = 36746)
2010-2011 (N = 45376)
2011-2012 (N = 43968)
Program Year

The CSP screens women who are either uninsured or underinsured, however, the vast majority of the women screened through the program are uninsured (Figure 3). In the 2011-2012 program year, nearly 99 percent of women screened were uninsured; this percentage has increased over the past five program years.

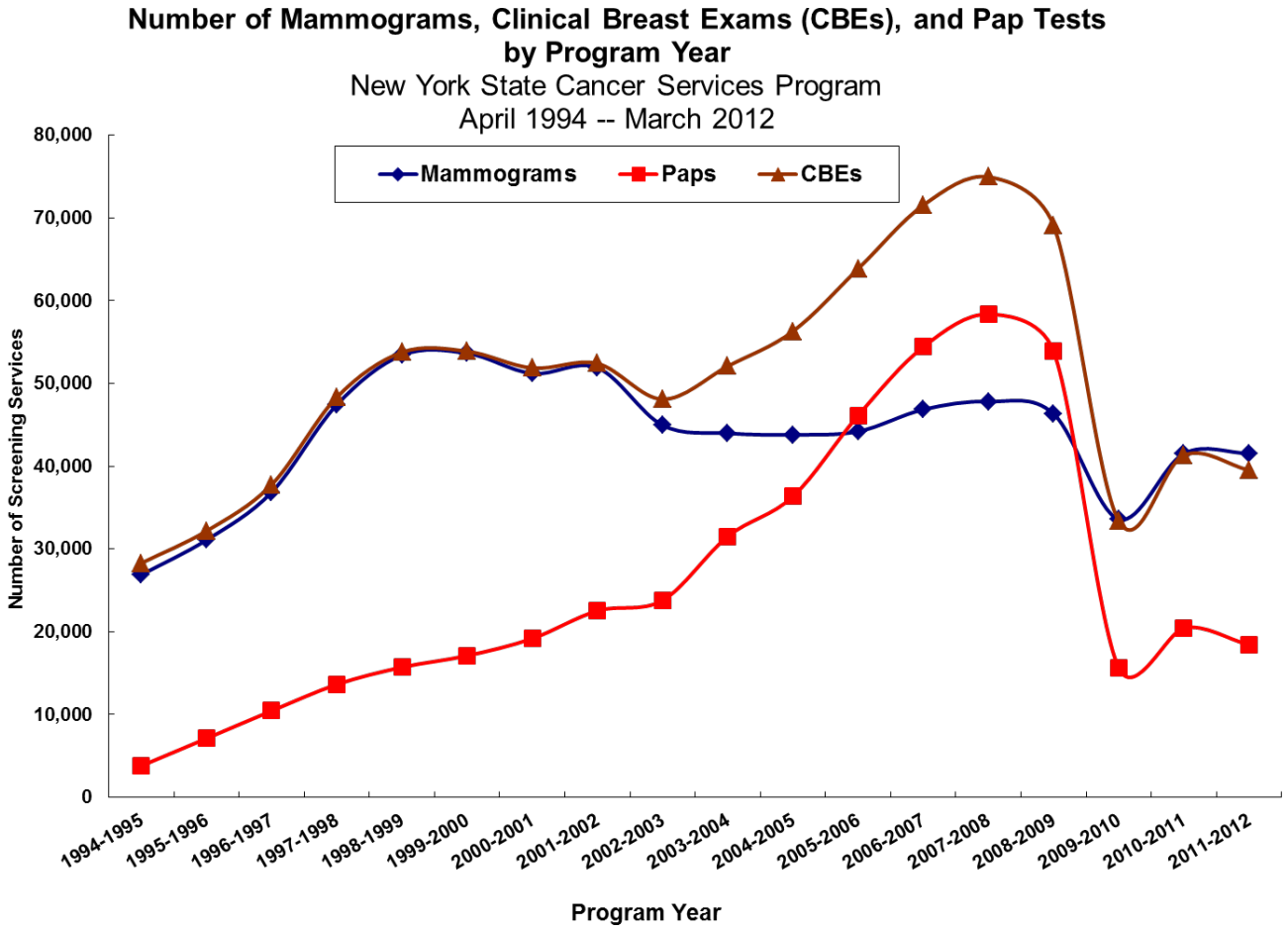
Figure 3



BREAST AND CERVICAL CANCER SCREENING SERVICES

The CSP provided over 785,000 mammograms, nearly 910,000 clinical breast exams (CBEs) and nearly 470,000 Pap tests to low income, uninsured and underinsured women between the 1994-1995 and 2011-2012 program years (Figure 4). In the 2011-2012 program year alone, over 41,000 mammograms, nearly 40,000 CBEs and over 18,000 Pap tests were provided.

Figure 4



The CSP provides screening mammograms to women ages 40 and older, but identifies women ages 50 and older as a greater priority for mammography screening due to increased breast cancer incidence in this age group. The program sets a goal of providing 75 percent of screening mammograms to women ages 50 and older. In the 2011-2012 program year, 59.4 percent of women who received screening mammograms were ages 50 or older. Another priority for the CSP is to provide Pap tests to women who are rarely (screened more than 5 years ago) or never screened for cervical cancer. The program sets a goal of providing at least 20 percent of initial Pap tests to women who are rarely or have never been screened for cervical cancer. In the 2011-2012 program year, 29.3 percent of the initial Pap tests provided through the CSP were for women who were rarely or never screened.

BREAST CANCER SCREENING RESULTS

An abnormal CBE result is defined as having a mass or other finding in the breast. Figure 5 illustrates the age-specific percentages of abnormal CBEs in the 2011-2012 program year. Overall, the percentage of abnormal CBEs among all clients screened in the program was 8.3 percent for the 2011-2012 program year. The percentage of abnormal results varied with age, generally decreasing with increasing age. This is explained, in part, by the fact that, beginning in 2009, clients 18 to 39 were eligible to receive breast cancer screening through the CSP only if they were at increased risk or symptomatic for breast cancer.

Figure 5

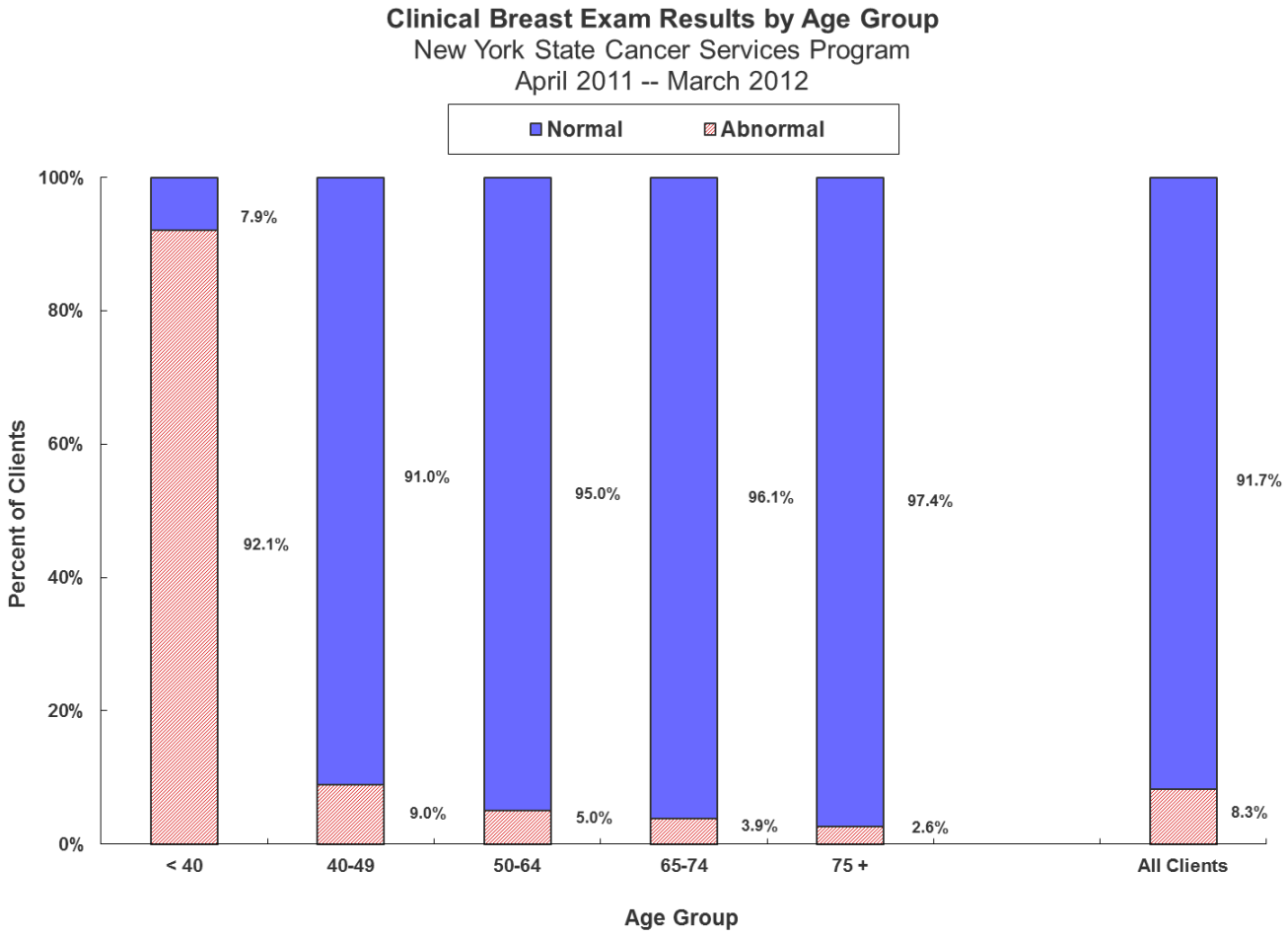
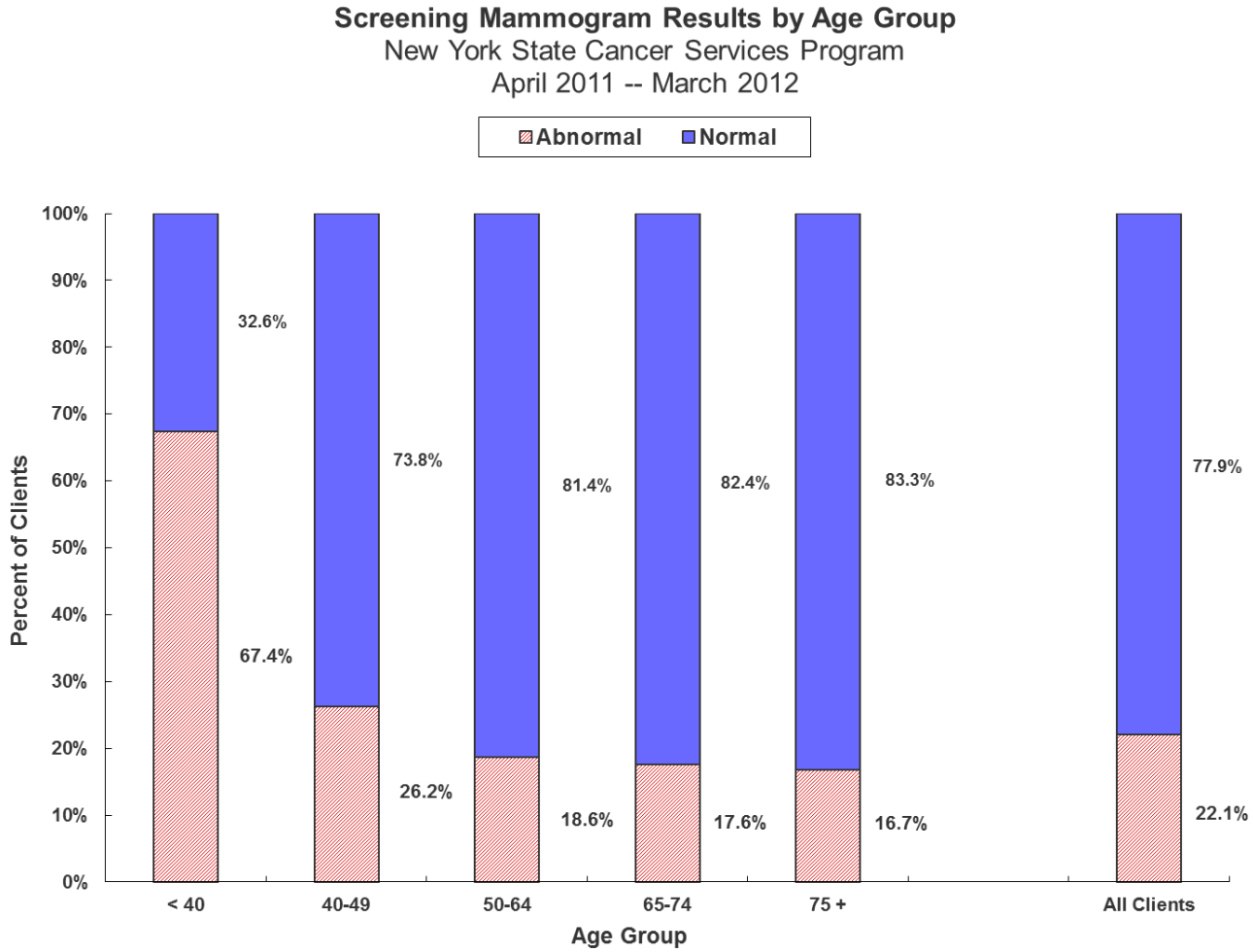


Figure 6 illustrates the age-specific percentages of abnormal screening mammograms in the 2011-2012 program year. Abnormal screening mammograms include those with results of "assessment incomplete," "suspicious abnormality" or "highly suggestive of malignancy." Overall, the percentage of abnormal mammograms among all clients screened in the program was 22.1 percent during the 2011-2012 program year. The percent abnormal varies by age, decreasing with increasing age. Younger women had about four times as many abnormal findings as women 75 years and older. This may be due, in part, to the fact that the women less than 40 years of age who receive mammograms through the CSP are eligible to receive breast cancer screening through the CSP only if they are at increased risk or are symptomatic for breast cancer.

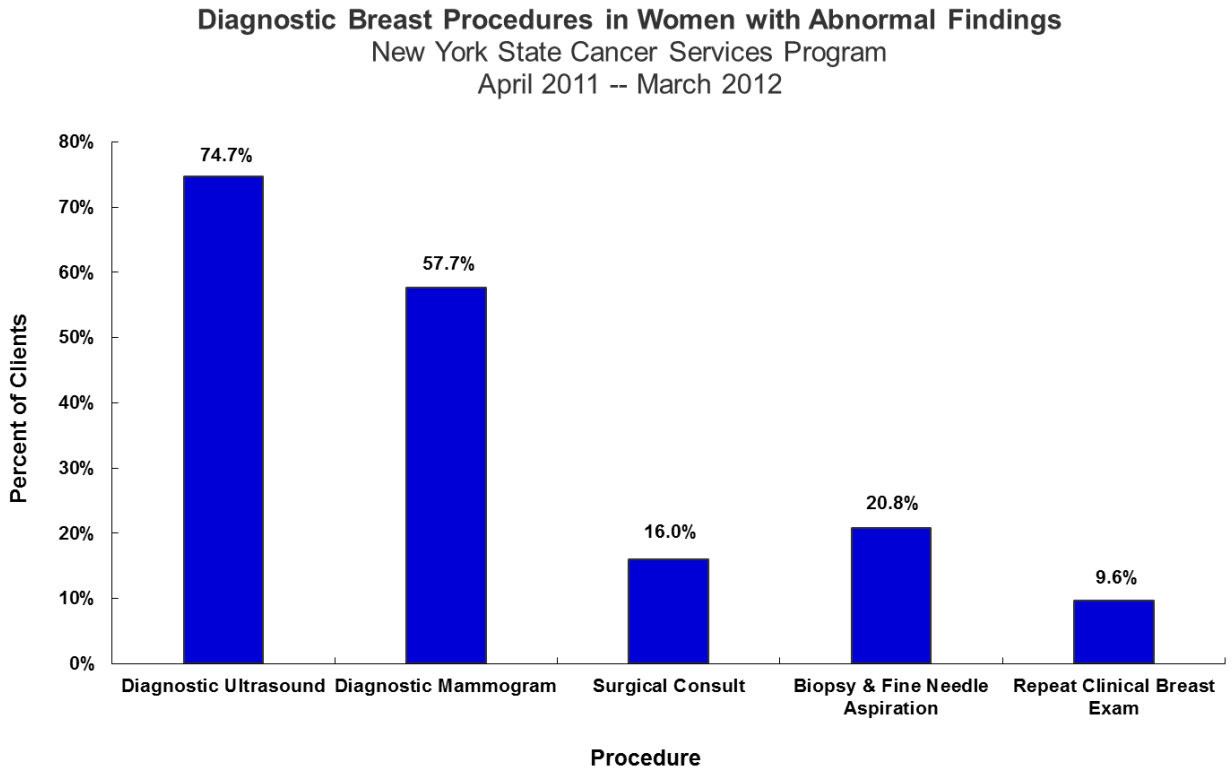
Figure 6



BREAST CANCER SCREENING DIAGNOSTIC FOLLOW-UP

Women with abnormal findings on breast screenings (either CBEs or screening mammograms) are referred for diagnostic services. The CSP sets a goal of providing timely follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75 percent of the abnormal breast screenings. During the 2011-2012 program year, 83.4 percent of abnormal breast cancer screenings had timely follow-up. Figure 7 illustrates the most common diagnostic procedures provided through the CSP to those women with abnormal breast cancer screenings. During the 2011-2012 program year, 74.7 percent of women who had abnormal findings received ultrasounds and 57.7 percent had diagnostic mammograms.

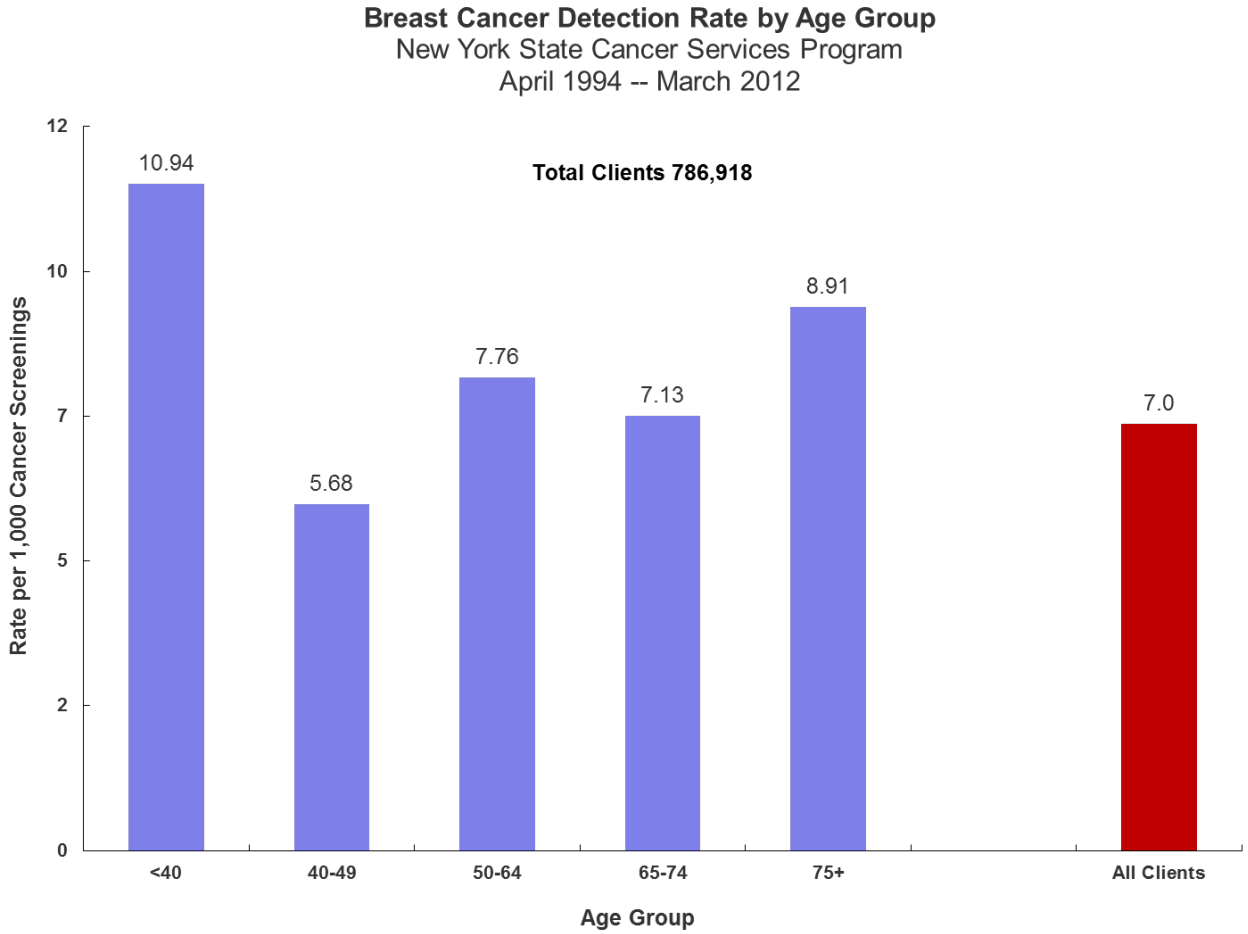
Figure 7



BREAST CANCER DETECTION

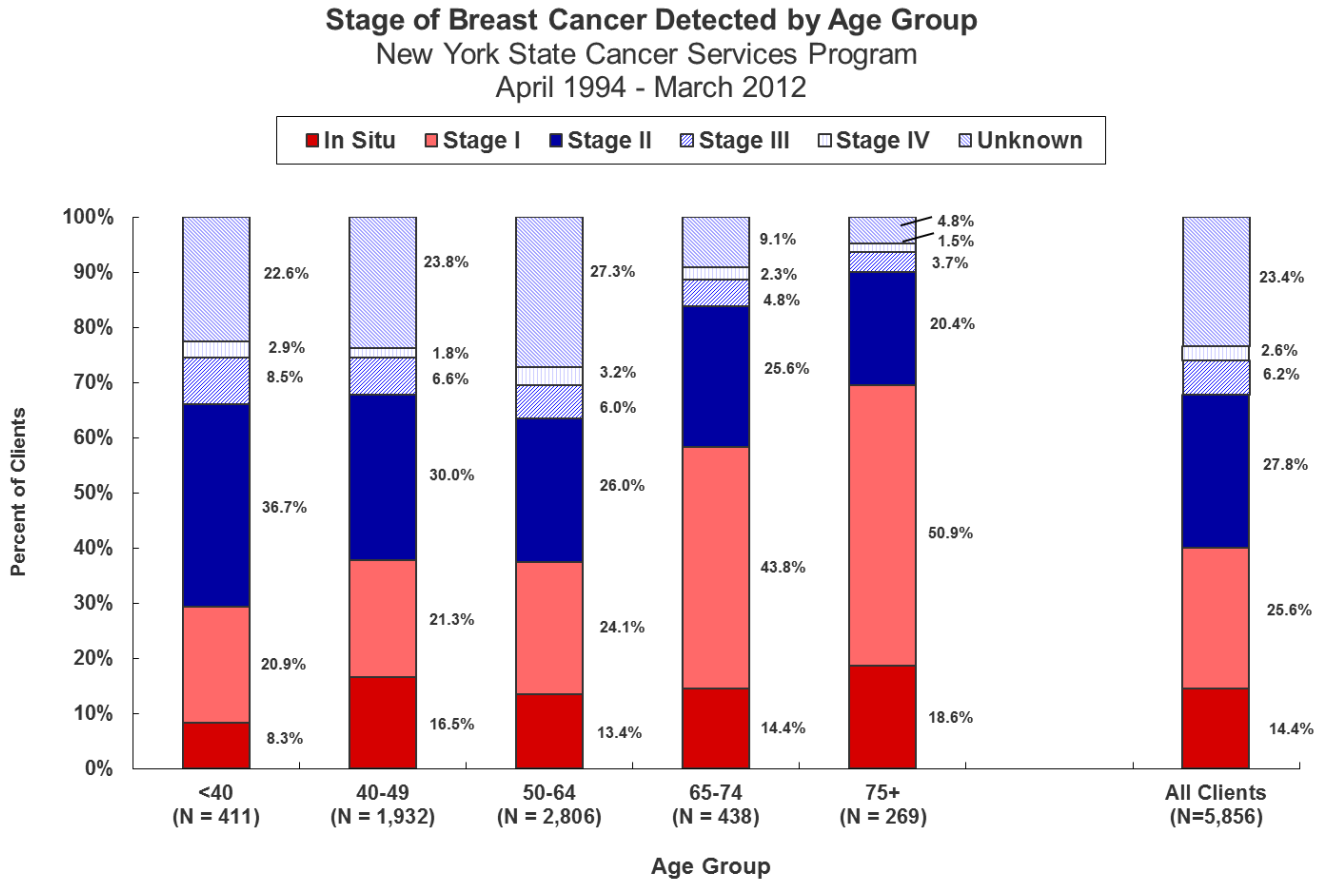
During the 2011-2012 program year, a total of 467 cases of breast cancer, including invasive breast cancer, Lobular Carcinoma in Situ (LCIS), Ductal Carcinoma in Situ (DCIS) and all other Carcinoma in Situ, were diagnosed through the CSP, representing an overall breast cancer detection rate of 11.2 per 1,000 clients screened through the program. Figure 8 shows how the detection rate for breast cancer varies by age for cases diagnosed between the 1994-1995 and 2011-2012 program years; rates were highest among the youngest and oldest age groups. The relatively high detection rate of breast cancer among women under age 40 can be explained, in part, by the program's eligibility criteria which allow women under age 40 to receive screening mammograms through the CSP only if they are considered to be at increased risk or are symptomatic for breast cancer. The higher detection rate for breast cancer among the older age group is consistent with the incidence of breast cancer in the general population, where incidence increases with age, with the highest incidence in women 75-79 years of age (New York State Cancer Registry, 2005-2009).

Figure 8



Identification of breast cancer at an early stage when it is most treatable and the survival rate is more favorable is a primary goal of the CSP. Overall, the percent of clients diagnosed with breast cancer at early stages (in Situ or Stage I) was 40.0 percent between the 1994-1995 and 2011-2012 program years (Figure 9). The percentage of early stage diagnosis increases with age. The lower percent of early stage disease in younger women may, once again, be associated with the CSP eligibility criteria, which allow women under 40 to have screening mammograms only if they are considered to be at increased risk for breast cancer.

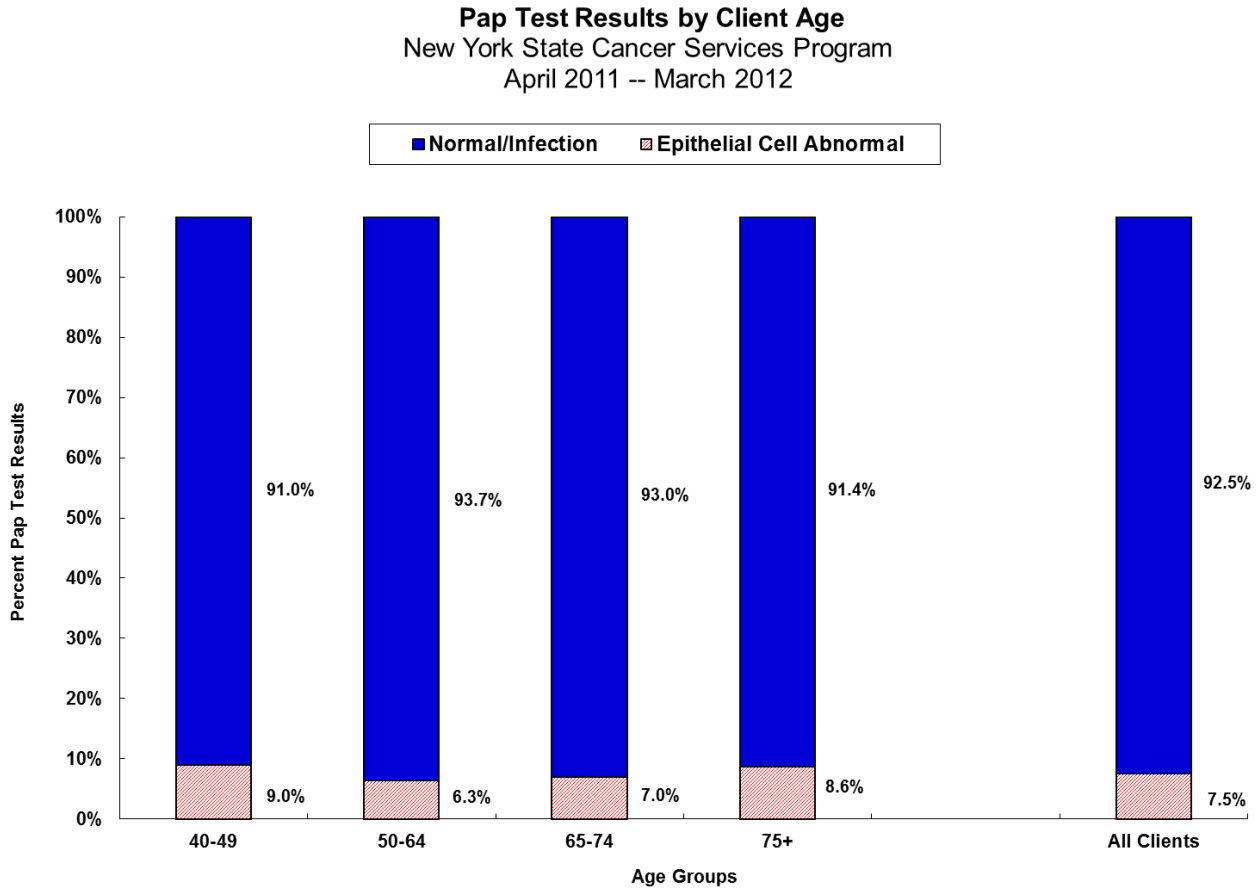
Figure 9



CERVICAL CANCER SCREENING RESULTS

The percentage of abnormal Pap test results among all women screened in the program was 7.5 percent for the 2011-2012 program year. 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 human papillomavirus (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. Figure 10 illustrates how the percentage of abnormal Pap test results varied with age in the 2011-2012 program year. The oldest women and the youngest women were more likely to have abnormal findings than the women in the middle age groups.

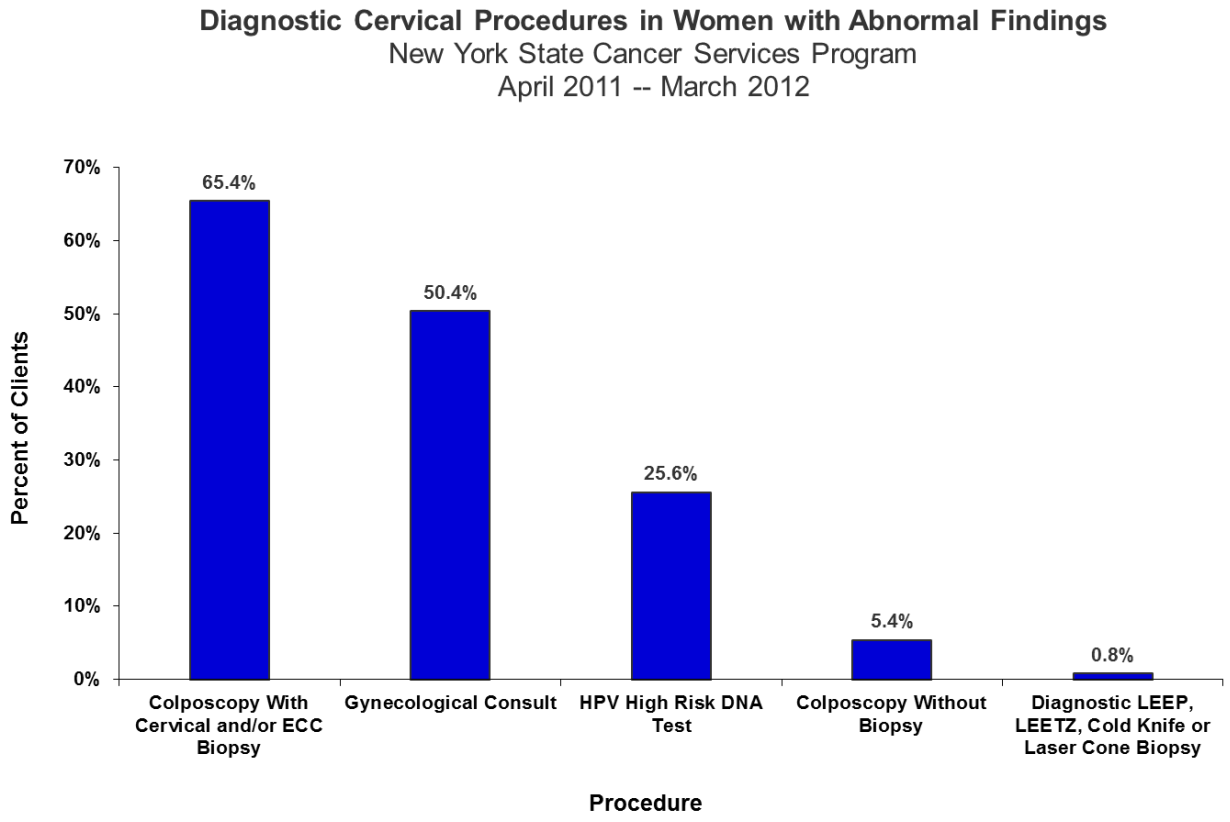
Figure 10



CERVICAL CANCER DIAGNOSTIC FOLLOW-UP

Women with abnormal Pap tests are referred to diagnostic services. The program sets a goal of providing timely 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. During the 2011-2012 program year, 86.1 percent of abnormal cervical cancer screenings had timely follow-up. Figure 11 illustrates the most common diagnostic procedures provided for women with abnormal cervical cancer screenings. In the 2011-2012 program year, 65.4 percent of women who had abnormal cervical cancer screenings had colposcopies with biopsies, and 50.4 percent had gynecological consults.

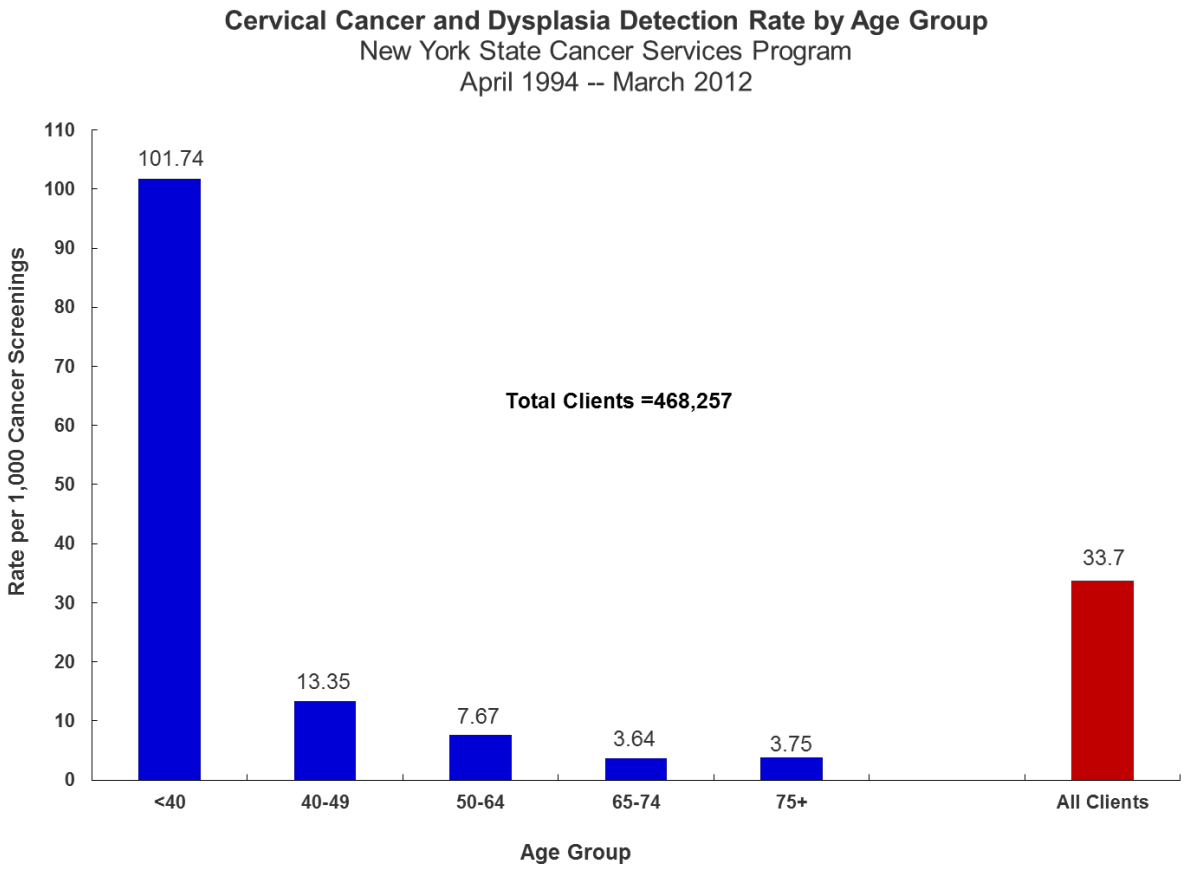
Figure 11



CERVICAL CANCER AND DYSPLASIA DETECTION

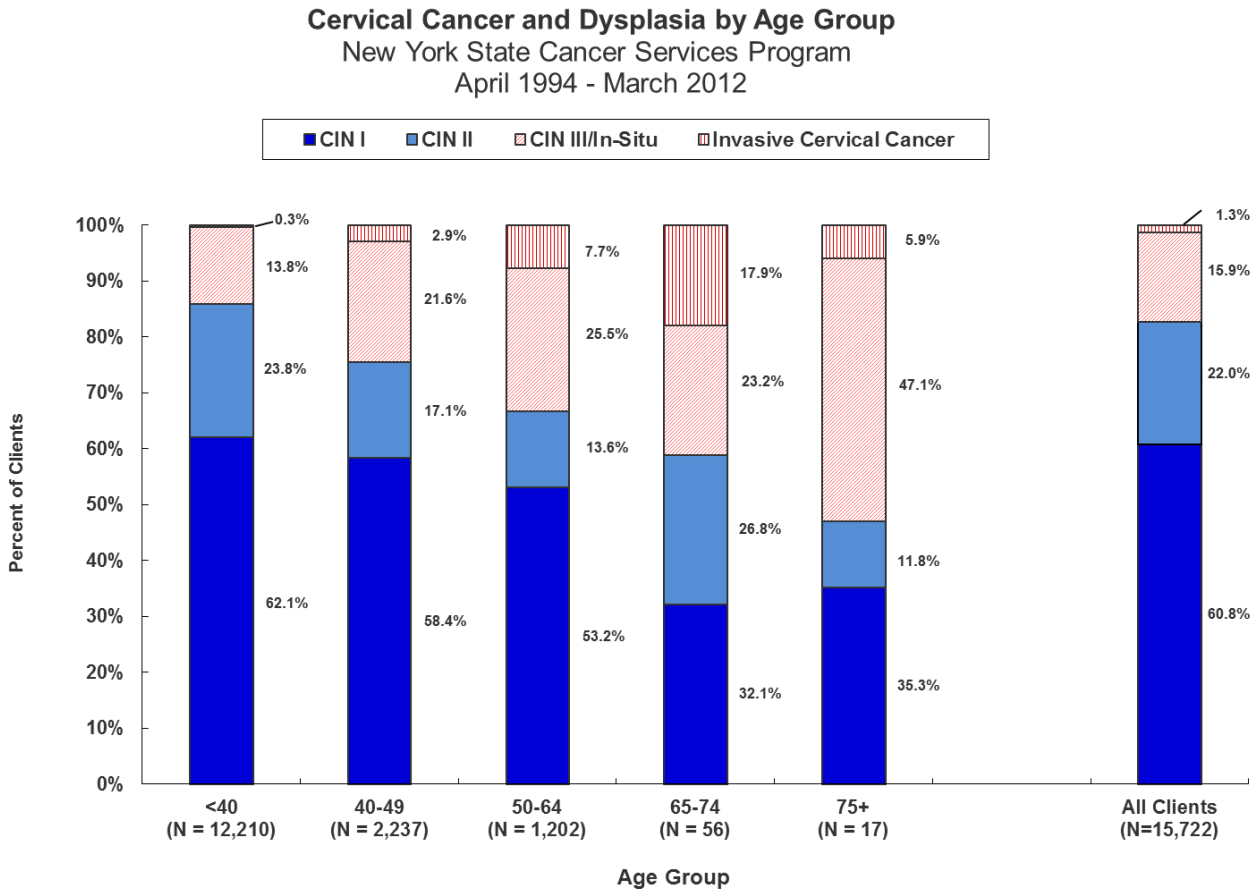
In the 2011-2012 program year, a total of 11 cases of invasive cervical cancer and 284 cases of cervical intraepithelial neoplasia (CIN) were diagnosed through the CSP. The overall rate of invasive cervical cancer and dysplasia (defined as CIN I or worse [includes CIN I, CIN II, CIN III - carcinoma in situ]) per 1,000 women screened in the program was 16.0 for the 2011-2012 program year. Figure 12 shows how the detection rates of cervical cancer and dysplasia vary by age for cases diagnosed between the 1994-1995 and 2011-2012 program years. The high detection rate for women under age 40 may be due, in part, to program-specific enrollment patterns where younger women with abnormal Pap tests were more likely to be enrolled in the program.

Figure 12



Overall, the percent of clients diagnosed with invasive cervical cancer is very small: less than two percent during the period between the 1994-1995 and 2011-2012 program years (Figure 13). The higher detection rate of invasive cervical cancer in women 65 to 74 years of age is consistent with the incidence of cervical cancer in the general population, where incidence increases with age, with the highest incidence in women 65-69 years of age (New York State Cancer Registry, 2005-2009). The higher percentage of precancerous cases in younger women may be due, in part, to program-specific enrollment patterns, where younger women with abnormal Pap tests were more likely to be enrolled in the program.

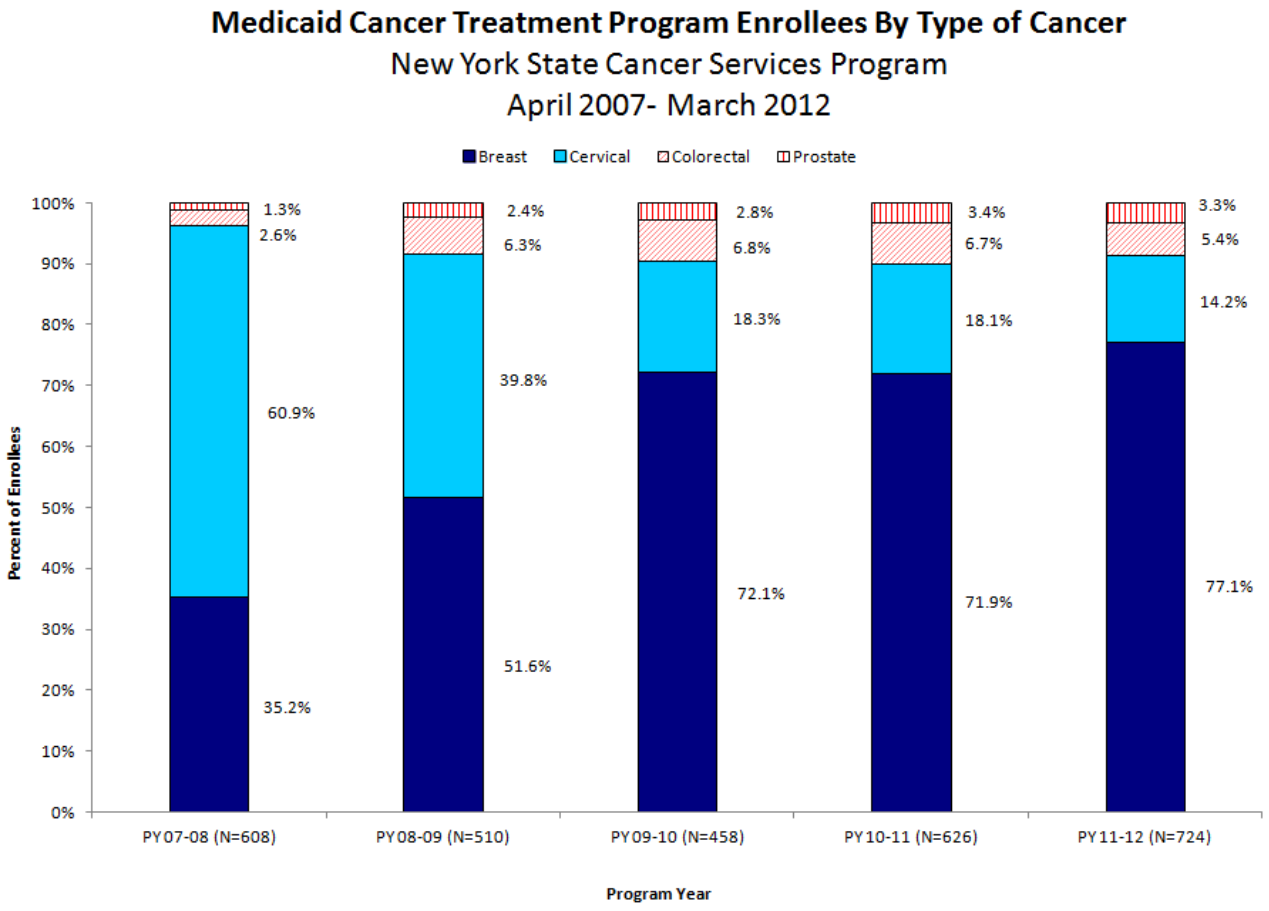
Figure 53



CANCER TREATMENT: MEDICAID CANCER TREATMENT PROGRAM (MCTP)

The CSP actively recruits eligible clients diagnosed with cancer or precancerous conditions to be enrolled in the MCTP, with a goal of 90 percent enrolled. During the 2011-2012 program year, 96.5 percent of MCTP-eligible women diagnosed through the CSP with breast or cervical cancers or precancerous conditions were enrolled in the MCTP. Figure 14 presents the number of enrollees in the MCTP by type of cancer and program year. In the 2011-2012 program year, the overall number of MCTP enrollees increased compared to the previous years. The percentage of enrollees with a diagnosis of breast cancer was over 75 percent, while the percentage with a diagnosis of cervical cancer or precancerous cervical dysplasia was nearly 15 percent. The relatively smaller proportion of cervical cancer cases is likely explained by the increased focus on the priority population of women ages 50 to 64.

Figure 14



In addition to new enrollees in the MCTP, eligible clients are also recertified for additional years of coverage. About half of clients are recertified for a second year of coverage, approximately one-third are enrolled for a third year, 20 percent for a fourth year and less than 10 percent for a fifth year of MCTP coverage. Applications for enrollment are processed quickly; on average, final determinations of eligibility for coverage are provided within four to six days.

CONCLUSION

During the 2011-2012 program year, 5,793 CSP providers and health care facilities offered breast and cervical cancer screening and diagnostic services through 41 contractors throughout NYS. Nearly 44,000 women were screened for cancer with over 41,000 mammograms, nearly 40,000 CBEs and over 18,000 Pap tests. Over the course of the 2011-2012 program year, the CSP identified 467 breast cancer cases, 11 cervical cancer cases and 284 precancerous cervical dysplasia cases. A total of 661 clients were enrolled in the MCTP for breast or cervical cancer treatment.

APPENDIX I: CANCER SERVICES PROGRAM PUBLICATIONS

Breast Cancer Screening and Prevention Fact Sheet
The fact sheet provides information about breast cancer screening, risk factor assessment, prevention, current screening recommendations, and access to screening services (http://www.health.ny.gov/publications/8506.pdf). The fact sheet is available in English and Spanish online and in print.

Breast Cancer Treatment: What You Should Know Booklet
The booklet information about treatment options such as targeted therapies, information about insurance coverage, how to access treatment through public insurance options for the uninsured, and information for cancer survivors about staying healthy after treatment. This booklet is legislatively mandated by Section 2404 of the Public Health Law and also complies with the Breast Reconstruction Law that went into effect in January 2011. The booklet is available in English and Spanish in print and is available in English, Spanish, Russian and Chinese online at http://www.health.ny.gov/diseases/cancer/educational_materials/. A referral card with the web address for the online version of the booklet is also available in English.

Pink & Black poster (28 x 11)
The poster depicts ten breast cancer survivors with the tagline "Breast cancer survivors come in all colors. A mammogram made the difference for us." This poster is available in English in print.

Have You Had Cancer Treatment?
This publication was developed to comply with NYS legislation on early Lymphedema awareness and education for those who have had, or will have surgery or radiation treatment for cancer that involves the lymph nodes. These treatments can damage the lymphatic system and lead to lymphedema.

CSP promotional materials (tri-fold brochure, rack card, and referral business card)
The materials provide general CSP information summarizing the services provided by the CSP and its contractors. These materials promote CSP cancer screening services with the ultimate goal of recruitment of the priority population and providers. These materials are available in English in print and available in English and Spanish online.

30-second Cervical Cancer Radio PSA
The public service announcement (PSA) educates women who are rarely or never screened for cervical cancer is available as an mp3. For more information or to request the use of this PSA, email canserv@health.state.ny.us.

APPENDIX II: BREAST AND CERVICAL CANCER DETECTION AND EDUCATION PROGRAM ADVISORY COUNCIL MEMBERSHIP

Breast and Cervical Cancer Detection and Education Program Advisory Council (Council) members during the period 2011 – 2012 included:

Elizabeth Ayello PhD, RN, ACNS-BC, CWON, MAPWCA, FAAN
University of Toronto

Geraldine Barish
1 in 9: Long Island Breast Cancer Coalition

Anish Berry
Doshi Diagnostic

Gabriella (Elli) Collins
CVPH Medical Center/Fitzpatrick Cancer Center

Deborah Oates Erwin, MD, PhD
Roswell Park Cancer Institute

Beverly Finnegan
American Cancer Society

Jacqueline Ford, MD
NYU School of Medicine Woodhull Medical and Mental Health Center

Margaret Gibson
EFP Rotenberg, LLP

Mara Ginsberg, Esq., Vice Chair
To Life!

Roslynn Glicksman, MD, MPH
Project Renewal

Cynthia J Gresham OTR/L
TheraDynamics

William Hendrick, MD
Community Care

Maureen Killackey, MD, F.A.C.O.G., F.A.C.S., Chair
Memorial Sloan Kettering Regional Care Network

Joel Landau
Care to Care, LLC

Anita McFarlane
Susan G. Komen for the Cure Greater New York City Affiliate

Marilyn McLaughlin, MD
Peconic Regional Hematology Oncology

Karen Miller
Huntington Breast Cancer Action Coalition

Marlene Price, MD
Kings County Hospital Center

Marianne Stalteri, CNM, NP
Faxton - St. Luke's Hospital

Rebecca K. F. Sze, FNP, MSN, MPA
Charles B. Wang Community Health Center