STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

Annual Legislative Report

For the period July 1, 2008 through June 30, 2009

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Commissioner

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This Annual Legislative Report of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) administered by the State of Connecticut, Department of Public Health contains the following three sections:

- **Needs Statement**
- **Program Description**
- **Program Data**

Needs Statement

Invasive Breast and Cervical Cancer Incidence and Mortality

United States and Connecticut
Average Annual Death and Incidence Rates per 100,000*, 2002-2006

	Incidence		Death	
	Cases	Rates	Cases	Rates
Breast Cancer				
United States	**N/A**	**121.9**	**41,205**	**24.9**
Connecticut	**2,794**	**135.0**	**540**	**24.4**
Cervical Cancer				
United States	**N/A**	**8.3**	**3,924**	**2.5**
Connecticut	**126**	**6.6**	**37**	**1.7**

*Death data from National Vital Statistics System public use data file and incidence data from SEER and National Program of Cancer Registries Cancer Surveillance System.

Program Description

Early detection and treatment can save lives, reduce the extent of treatment, and improve the quality of life of many of the women affected by breast and cervical cancer. In fact, deaths due to cervical cancer can virtually be prevented with early detection and treatment. Appropriate and timely screenings are essential in early diagnosis and treatment. Cost and lack of access are the main barriers to receiving these screenings.

Services and Activities

Services and activities supported under this program include: 1) **Clinical Services**: Clinical exams for breast and cervical cancer screening, diagnostic services, treatment referral services, and case management; 2) **Public Education and Outreach Activities**: community outreach, public education, and promotional activities to increase awareness of the benefits of early detection and participation in screening services; 3) **Professional Education Services**: education for professionals and providers of services to assure quality, and promote access to and use of, these services; and, 4) **Quality Assurance Activities**: ensuring clinical standards and the quality of services are maintained with ongoing program review for effectiveness.

Clinical Services

Target Population: Connecticut women with no or inadequate health care coverage

Screening Test	Age
Mammograms:	≥ 40-64, and (ages) 35–39 for women with risk factors
Pap Tests:	≥ 19-64

CBCCEDP Screening Test Provided:	Age
Mammograms:	40-64 years, and 35–39 for women with high risk factors
Pap Tests:	19-64 years

The CBCCEDP continues to monitor the implementation of the Program's Cervical Cancer Screening Policy effective since April 1, 2000 that has been developed to maximize the overall health benefit by increasing the number of women receiving Pap tests. The policy, which includes an operational plan and protocol, mandates increased screening for CBCCEDP-eligible women never or rarely screened and decreased over-screening among CBCCEDP-enrolled women. More specifically, at least 25% of the women screened by each screening provider must have never had a Pap test or not have had a Pap test within the last five years. In addition, the Cervical Cancer Screening Policy mandates that over-screening among CBCCEDP-enrolled women be reduced. For each screening provider, less than 15% of women who have had three consecutive, annual, normal Pap tests should receive a fourth annual Pap test.

Priority has been given to ensuring that Program eligible women with abnormal breast and/or cervical screening examinations receive appropriate diagnostic follow-up and linkage to treatment. Evaluation of case management is initiated through review of the CBCCEDP program data and the Program's quality improvement process. This process compares state Program data to the federal Centers of Disease Control and Prevention's national benchmarks, and identifies areas of quality improvement. Education regarding quality improvement measures are provided to contracted health care providers to ensure CBCCEDP clients are receiving quality cost effective care.

Public Education and Outreach

The Program has participated in numerous activities throughout the year to reach the target populations with information regarding the importance of breast and cervical cancer screening and to encourage their participation. Public education and outreach efforts continue to focus on the never or rarely screened women for breast and cervical cancer, as well as encouraging women to return for re-screening services.

Case Management

Case management's primary purpose is to ensure that all women enrolled in the CBCCEDP with abnormal screening results or a diagnosis of cancer receive the follow-up services they need in a timely and systemic manner. The case management process ensures that clients with abnormal results receive individualized advice and counseling, with the appropriate linking to services. In addition, case managers aid with health education activities, tracking, reporting, and sending out reminders for clients due rescreening.

Professional Education Services

Professional education activities for the CBCCEDP continue to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new advances as approved. Educational programs are based on contracted health care provider's specific educational needs and by building on existing seminars and professional organizations educational programs. Efforts have focused on facilitating the use of CDC sponsored on-line interactive training and telephone conferences provided through Cancer Care, another nationally sponsored program.

Quality Assurance Activities

The CBCCEDP continues to be dedicated to ensuring quality cost effective care is offered to program clients. Quality assurance is a continuous process involving a systematic evaluation of program services and systems to ensure program objectives are being met. Contracted health care providers are monitored quarterly to ensure that they are meeting projected screening numbers, fiscal obligations, and women are getting timely and appropriate follow-up clinical services.

Contracted health care providers receive technical assistance regarding administrative and clinical issues on an ongoing basis. Policies and procedures are provided to each contracted provider in the Program Manual and updated in consultation with the Medical Advisory Committee to ensure standards of care are clearly defined.

Treatment Coverage

The Governor signed the Connecticut Breast and Cervical Cancer Prevention and Treatment Act on July 2, 2001. This legislation provides Medicaid coverage for treatment to women with a precancerous condition or cancer of the breast or cervix who were screened through the Connecticut Breast and Cervical Early Detection Program (CBCCEDP) and who have no means of payment for treatment services.

Program Data

The CBCCEDP has enrolled 47,878 women from October 1, 1995 through June 30, 2009. For the period, July 1, 2008 through June 30, 2009, 10,021 women received services through the program. The program continues to provide services to a greater number of new participants each year, as well as rescreening services for women enrolled in previous years.

Tables 2, 3, and 4 present selected demographic characteristics of women screened.

TABLE 2

Age Distribution of Screened Women July 1, 2008 – June 30, 2009		
Age Group	**Number**	**Percent**
<40	**2312**	**23%**
40-49	**3269**	**33%**
50-64	**4136**	**41%**
65+	**304**	**3%**
Total	**10,021**	**~100.0%**

TABLE 3

Race of Screened Woman July 1, 2008 - June 30, 2009		
Race	**Number**	**Percent**
White	**7,517**	**72%**
Black	**1,607**	**16%**
Asian	**216**	**2%**
Native American	**75**	**<1%**
Hawaiian / Pacific Islander	**61**	**<1%**
Multi-Racial (more than 1 of the above))	**(-)380**	**(-)4%**
Unknown / Refused Race	**925**	**8%**
	10,021	**~100%**

TABLE 4

Ethnicity of Screened Woman July 1, 2008 - June 30, 2009		
Race	**Number**	**Percent**
Hispanic	**3947**	**39%**
Non-Hispanic	**5967**	**60%**
Unknown / Refused Ethnicity	**104**	**1%**
	10,021	**~100%**

Table 5 below presents all screening tests (including women enrolled during this past year, as well as, previously enrolled women) performed by health care providers contracted through the CBCCEDP. The numbers of screening tests performed differ due to the recommended screening guidelines for each test. Depending on a woman's age, previous screening history, and current medical situation, screening tests offered through the program are not appropriate for all women.

TABLE 5

Screening Tests Performed July 1, 2008 – June 30, 2009	
Exam Type	**Number**
Clinical Breast Exams	**9,289**
Mammograms	**5,456**
Pap Tests	**6,873**

Table 6 below describes the total number of cancers diagnosed through the CBCCEDP for this reporting period.

TABLE 6

Diagnoses and Treatment of Cancer Cases July 1, 2008 – June 30, 2008		
	Diagnosed	**Receiving Treatment**
Breast Cancer	**65**	**60 (92%)**
In situ	**33**	**28**
Invasive	**32**	**32**
Cervical Cancer	**23**	**23(100%)**
In situ	**21**	**21**
Invasive	**2**	**2**
Total Cancers	**88**	**83 (94%)**

Based on current program records approximately 92% of all women diagnosed with breast cancer through the program are known to have received treatment. All women diagnosed with cervical cancer through the program are known to have received treatment. These estimates exclude women lost to follow-up and women who have been recently diagnosed and whose treatment plan has yet to be determined.