

DHCS

**Every Woman Counts
2018 Report to the California
Legislature: Breast and Cervical
Cancer Screening and Diagnostic
Services, Fiscal Year 2015-16**

February 2018



Information on the Every Woman Counts Program:

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Women seeking breast cancer and cervical cancer screening services:

Call the toll-free number 1-800-511-2300 or visit our [Online Provider Locator](#)

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Benefits Division

EVERY WOMAN COUNTS

**2018 Annual Report to the California Legislature: Breast and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2015-16**

February 2018

CONTENTS

Purpose and Legislative Requirement.....	5
Background.....	5
Reporting Period	6
Data Sources Used in this Report.....	6
Methods	7
EWC: Overview of Breast and Cervical Cancer Screening and Diagnostic and Public Health Services	8
Public Education and Targeted Outreach	10
Public Education and Targeted Outreach Initiatives.....	11
Screening and Diagnostics.....	12
Screening and Diagnostics Case Management.....	12
Patient Navigation Initiative	12
Clinical Quality Indicators	13
Professional Development.....	14
Partnerships, Coordination, and Collaboration	15
California Pink Plate	16
EWC Breast and Cervical Cancer Screening and Diagnostic Services.....	17
Women Served by EWC.....	17
Table 1a. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Age, Every Woman Counts, Fiscal Year 2015-16.....	18
Table 1b. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Race / Ethnicity, Every Woman Counts, Fiscal Year 2015-16	18

Table 2. Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2015-16	19
Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts, Fiscal Year 2015-16	21
Services Rendered by EWC	21
Cancer Detection	22
Table 3a. Every Woman Counts Diagnosed Breast Cancers by Recipient Age, 2014	22
Table 3b. Every Woman Counts Diagnosed Breast Cancers by Recipient Race / Ethnicity, 2014	23
Table 3c. Every Woman Counts Diagnosed Breast Cancers by Stage of Diagnosis, 2014	23
Table 4a. Every Woman Counts Diagnosed Cervical Cancers by Recipient Age, 2014	23
Table 4b. Every Woman Counts Diagnosed Cervical Cancers by Recipient Race / Ethnicity, 2014	23
Table 4c. Every Woman Counts Diagnosed Cervical Cancers by Stage of Diagnosis, 2014	24
Table 5a. Breast Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2014	25
Table 5b. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2014	25
Figure 2a. Breast Cancer By Stage of Diagnosis and Socioeconomic (SES) Level, Every Woman Counts and California, 2014	26
Figure 2b. Cervical Cancer By Stage of Diagnosis and Socioeconomic (SES) Level, Every Woman Counts and California, 2014	26
Treatment of EWC Diagnosed Breast and Cervical Cancer	27
Conclusion	27

PURPOSE AND LEGISLATIVE REQUIREMENT

The Breast Cancer Control Program is implemented as part of the Every Woman Counts (EWC) program administered by California Department of Health Care Services (DHCS). EWC was housed in the Cancer Detection Section of the California Department of Public Health (CDPH) until June 30, 2012. Effective July 1, 2012, EWC transitioned to DHCS per Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012). Revenue and Taxation Code Section 30461.6 (f) requires the oversight department to submit an annual report to the Legislature on specified activities of EWC. The portion of the statute pertaining to the report states:

(f)...The California Department of Public Health [now State Department of Health Care Services per AB 1467] shall submit an annual report to the Legislature and any other appropriate entity. The report shall describe the activities and effectiveness of the program and shall include, but not be limited to, the following types of information regarding those served by the program:

- (1) The number.*
- (2) The ethnic, geographic, and age breakdown.*
- (3) The stages of presentation.*
- (4) The diagnostic and treatment status.*

In addition to breast cancer screening and diagnostic services, EWC provides cervical cancer screening and diagnostic services using a combination of state and federal funds. This report includes outcomes for both breast cancer and cervical cancer screening and diagnostic services provided by EWC during fiscal year (FY) 2015-16.

BACKGROUND

AB 478 (Friedman, Chapter 660, Statutes of 1993) and AB 2055 (Friedman, Chapter 661, Statutes of 1993) created the California Breast Cancer Act (BCA). The BCA was signed into law October 1, 1993, by Governor Pete Wilson and became effective January 1, 1994. BCA authorized the Breast Cancer Fund derived from a dedicated two-cent tax on tobacco products. Half of the revenues are deposited into the Breast

Cancer Control Account to implement a state-funded breast cancer screening program called the Breast Cancer Early Detection Program (BCEDP).

BCEDP was created in coordination with the Breast and Cervical Cancer Control Program (BCCCP), a federal Centers for Disease Control and Prevention (CDC) funded multi-component public health program in existence since 1991. BCCCP, now known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), funds cancer screening, public education, outreach, quality assurance, and program evaluation activities. BCEDP and NBCCEDP were unified in October 2002, to form one comprehensive program, Cancer Detection Programs: EWC. To meet the increasing demand for services, EWC began receiving additional funding from Proposition 99 unallocated Tobacco Tax and Health Promotion Act (Prop 99) in FY 1999-2000 and state general funds in FY 2010-11.

REPORTING PERIOD

This report to the Legislature includes EWC services provided during FY 2015-16. These data include the number and demographics of women served and number of breast and cervical cancer screening, diagnostic services provided and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2014.

DATA SOURCES USED IN THIS REPORT

The sources of the FY 2015-16 data used for this report are listed below.

- ***DHCS, Detecting Early Cancer Data Management System (DETEC)***: EWC's data management system for recipient enrollment and clinical services outcomes;
- ***DHCS, Medi-Cal Fiscal Intermediary Conduent, Incorporated (claims database)***: EWC adjudicated claims are used to identify EWC clinical services delivered during FY 2015-16. EWC clinical services recipient records from

DETEC are linked to adjudicated claims to substantiate and identify all services in the clinical path;

- **CDPH, California Cancer Registry (CCR):** The CCR is the state's cancer surveillance system. Healthcare providers are mandated to report to the CCR all cancers diagnosed among California residents. EWC clinical services recipient records are linked to the CCR twice per year; and
- **DHCS, Breast and Cervical Cancer Treatment Program (BCCTP):** Since January 2002, with the passage of Public Law 106-354¹, women diagnosed with breast or cervical cancer through EWC have gained access to treatment through DHCS' state and federal funded BCCTP. BCCTP is a state and federal Title 19 funded program that provides no-cost breast and cervical cancer treatment to eligible uninsured and underinsured Californians through full-scope Medi-Cal. EWC conducts a quarterly record linkage with BCCTP.

METHODS

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for FY 2015-16 report are based on adjudicated claims from the Medi-Cal fiscal intermediary, the Conduent, Incorporated, reported as of August 2017. This report includes women served by EWC using both state and federal funds.

The number of women served is a count of unique (or distinct) women from EWC's adjudicated claims data during the reporting period. Recipient date of birth and race/ethnicity is self-reported at the corresponding clinical service. Those data are missing for women who chose not to identify their age, year of birth, or race/ethnicity. Women classified as "Other" race / ethnicity include those who self-identified as such and who reported multiple races. The county of residence as presented in Table 2 was derived from the zip code of a woman's address at the time of service.

¹ 106th Congress, Oct 24, 2000, 114 STAT. 1381

CCR data for CY 2014 was used to validate breast and cervical cancer diagnoses and recipient demographics. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available from the CCR to link with EWC data was for CY 2014. CCR data is used to determine stage of diagnosis, source of treatment, and treatment follow-up among women, who received a EWC clinical service on the same day or up to one-year prior to the diagnosis date recorded in CCR.

DHCS BCCTP data was used to validate EWC recipients diagnosed with breast and cervical cancer, who were referred to Medi-Cal BCCTP for treatment. EWC recipient records are linked to those from CCR and BCCTP using a probabilistic record linkage methodology. Multiple permutations and combinations of primary demographic data such as name, mother's maiden name, phone number, date of birth, and address are used in lieu of recipient Social Security Number, which is not collected by EWC.

All analyses used in this report, unless otherwise noted, were conducted by the Data Management, Evaluation, and Research Unit of the Cancer Detection and Treatment Branch, Benefits Division, DHCS. All tables and figures in this report were designed and evaluated based on DHCS Public Aggregate Reporting Guidelines, issued April 2014.

EWC: OVERVIEW OF BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC AND PUBLIC HEALTH SERVICES

EWC's mission is to mitigate the devastating medical, emotional and financial effects of breast and cervical cancer and eliminate health disparities for medically underserved, low-income women. EWC is a safety net program and payer of last resort. EWC is the largest NBCCEDP breast cancer detection program in the nation. In order to access EWC cancer screening, diagnostics, and case management services, women must meet program eligibility criteria. These criteria include being uninsured or underinsured (defined as financially unable to pay co-payments or deductibles, or having insurance

that does not provide coverage of breast and cervical cancer screening and/or diagnostic services) and having a household income at or below 200 percent of the federal poverty level. EWC provides breast cancer screening and diagnostic services to eligible California women ages 40 and older and cervical cancer screening and diagnostic services to eligible California women ages 21 and older. Individuals of any age with suspected symptoms of breast cancer can receive diagnostic services.

EWC delivers breast and cervical cancer screening and diagnostic services through a statewide network of approximately 900 Medi-Cal primary care providers and an unknown number of referral providers throughout the state. These Medi-Cal providers are bound by a service agreement with EWC to submit claims for payment through Conduent, Incorporated, to provide EWC services, conduct eligibility assessment, and enroll women at point of service.

CCR estimated that in 2014, 25,614 California women were diagnosed with and 4,427 died from invasive breast cancer² and 1,391 California women were diagnosed with and 472 died from cervical cancer³. Timely, age-appropriate screening may have prevented some of these deaths by detecting cancer early when it is most treatable.

Early detection of breast cancer and cervical cancer increases the chance of survival. If breast cancer is found early as a localized tumor, i.e., the tumor has broken through the basement membrane, but is confined to the breast, the five-year relative survival rate is 99.3 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate could decline to 85.9 percent.

² CDPH CCR. Annual Statistical Tables by Site, Breast Cancer, http://www.ccrca.org/pdf/AnnualReport/1988-2014_BREAST.pdf, Accessed July 11, 2017.

³ CDPH CCR. Annual Statistical Tables by Site, Cervical Uteri Cancer, http://www.ccrca.org/pdf/AnnualReport/1988-2014_CERVIX.pdf, Accessed July 11, 2017.

Similarly for cervical cancer, if found localized, the five-year relative survival rate is about 92.5 percent compared to 59.9 percent when found at regional stage.⁴ Mammograms and *Papanicolaou* (Pap) tests alone or co-tested with Human Papillomavirus (HPV), are highly effective cancer screening tools. However, women who are uninsured and underinsured, geographically and culturally isolated, medically underserved, members of some racial, ethnic, and cultural minorities, underuse these tools. The goal of EWC is to improve access to and utilization of screening services for these women.

EWC services begin with outreach and health education primarily targeting women in our eligible population to increase demand for appropriate screening. Case management progresses the completion of diagnostic services by program recipients. The quality of clinical services is promoted by professional education aimed at EWC providers. All EWC efforts are supported through collaborations and partnerships with healthcare and public health partners.

PUBLIC EDUCATION AND TARGETED OUTREACH

EWC outreach efforts focus on targeting underserved, hard-to-reach populations and directing them to appropriate breast and cervical cancer screening and diagnostic services from Medi-Cal, Covered California, or EWC. Health education and outreach activities include EWC health education classes, small group sessions, one-on-one consultations, and community events. In FY 2015-16, 3,282 women attended EWC breast and cervical cancer health education classes across the state. Another 6,564 women were reached through small group sessions, one-on-one consultations and community events.

⁴Maguire FB, Giddings BM, Chen Y, Zhao QY, Morris CR, Parikh-Patel A, Kizer KW, Kwong SL, Snipes KP. Cancer in California, 1988-2013. Sacramento, CA: California Department of Public Health, Chronic Disease Surveillance and Research Branch, June 2016. Page Sec 1:13. http://www.ccrca.org/pdf/Reports/AnnualReport2016-v5_2-16-17.pdf

EWC conducts outreach and provides culturally and linguistically appropriate breast and cervical cancer health education to women in specific age groups, racial/ethnic populations, and geographic locations. EWC's priority populations are women, who are American Indian, Asian-Pacific Islander, or African American; rural residents; residence of ethnic enclaves; the homeless; disabled; and those in the Lesbian, Gay, Bisexual, Transgender and Queer community. These women are more likely to lack health insurance, or if insured, are unable to pay out-of-pocket expenses for diagnostic services; or are geographically or culturally isolated with limited options for healthcare. This results in women who are rarely or never screened for breast and cervical cancer.

Public Education and Targeted Outreach Initiatives

EWC Telephone & Online Provider Locators

The EWC Telephone Provider Locator (TPL), an automated toll-free service, and EWC Online Provider Locator (OPL) provide 24-hour access to aid in finding a EWC provider. EWC's TPL and OPL are promoted through EWC outreach and education activities. In this reporting period, an estimated 12,966 calls were made to the TPL, 6,962 visits were made to the OPL and 35,782 visits were made to the EWC web page.

EWC Check Me, Breast and Cervical Cancer Screening Reminder Mobile App

Major barriers to timely breast and cervical cancer screening include not having a source for healthcare, lack of knowledge on the importance of screening, and the inability to make and keep appointments. The EWC *Check Me* Mobile App features health information, messages, and quizzes on breast and cervical cancer screening in an easily accessible and familiar format. With over 600 downloads, this mobile app is an innovative way for women to track their screening history and create appointment reminders for breast and cervical cancer screenings. The EWC *Check Me* Mobile App targets women 21 to 65 years old in the general public.

SCREENING AND DIAGNOSTICS

EWC provided breast and / or cervical cancer screening and diagnostic services to nearly 162,378 uninsured and underinsured women in FY 2015-16. In 2014, EWC services led to the diagnosis of 974 women with breast cancer of which 808 were invasive, and 53 women with invasive cervical cancer.

SCREENING AND DIAGNOSTICS CASE MANAGEMENT

Case management is an integral part of EWC. Program recipients, found to have abnormal screening test results, are provided with case management services to ensure they receive timely diagnosis and the opportunity for appropriate treatment. The role of case management is to establish, broker, and sustain essential support services for EWC recipients to identify and overcome barriers that prevent continuation of diagnostic services and treatment referral.

PATIENT NAVIGATION INITIATIVE

In FY 2015-16, EWC designed the Navigation Services (NS) project and its accompanying data collections system. EWC is implementing NS to meet federal funding requirements, specified by the NBCCEDP, effective July 2015. These services are intended to promote screening compliance, continuity of care to ensure completion of all appropriate procedures to clinical resolution, and beginning treatment in a timely fashion. EWC NS will support the clinical care of women by assessing them, then aiding them in the elimination of barriers to timely screening, completion of diagnostic testing, and facilitating referral for treatment. Patient navigation, like this service being implemented by EWC, has been shown to save lives by improving health care access, utilization, and clinical outcomes for women. When implemented, EWC NS will result in increased efficiencies and improved clinical outcomes. We estimate that EWC NS will be launched in mid-2018.

CLINICAL QUALITY INDICATORS

EWC is committed to providing quality breast and cervical cancer screening and diagnostic services to its program recipients. EWC pursues this goal by offering technical assistance to providers to improve performance by implementing innovative, cost-effective education, and monitoring their Core Program Performance Indicators (CPPIs). The CPPIs and their performance benchmarks (BERK) were developed by the NBCCEDP to assess grantee achievement.

The aims of the CPPIs are to ensure: 1) screening of priority population; 2) timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; and 3) timely treatment initiation for program recipients diagnosed with breast and cervical cancers or pre-cancerous cervical conditions.

In April 2016, EWC providers met or exceeded 80 percent of the required CPPIs.

- Of recipients who received an initial Pap test by EWC, 34.9 percent were previously rarely or never screened for cervical cancer (BERK, 20 percent).
- For recipients with abnormal screening results, 93.4 percent were screened for breast cancer and 82.7 percent were screened for cervical cancer, received complete followed-up to clinical resolution (BERK, 90 percent).
- The time from provider notification of abnormal screening results to diagnosis was less than 60 days for 90.4 percent of recipients with breast cancer, and less than 90 days for 82 percent of recipients with cervical cancer (BERK, 90 and 75 percent respectively).
- Treatment was started for 97 percent of recipients diagnosed with breast cancer, and 80.1 percent diagnosed with cervical cancer and precancerous cervical conditions (includes, high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*) (BERK, 90 percent).
 - Of the recipients who received treatment, 96.1 percent with breast cancer, and 100 percent with cervical cancer, started treatment within 60 days (BERK, 80 percent).

- Of the recipients with precancerous cervical conditions, 96.4 percent began treatment within 90 days (BERK, 80 percent).

During this period, EWC failed to meet the benchmark of 90 percent for two CPPIs, both related to cervical cancer. The CPPIs were screening follow-up (82.7 percent) and treatment (80.1 percent). EWC is working with these providers, as well as other providers, to design and implement interventions aimed at encouraging program recipients to continue care through the completion of all appropriate procedures to clinical resolution and start of treatment. One such intervention is support offered by EWC NS.

PROFESSIONAL DEVELOPMENT

A key component of EWC is the development and implementation of educational resources and trainings for health professionals involved in breast and cervical cancer screening. The EWC Professional Development program component was developed under a contract with the Institute for Public Health at San Diego State University, to produce live courses for continuing medical education credits, online learning modules and web-based resources for health professionals in California and throughout the world.

In FY 2015-16, EWC's live course, *Cervical Cancer Screening and Follow-up*, was offered on five occasions with 169 attendees consisting of primarily physicians, nurse practitioners, and certified nurse midwives. In addition to the live course, 11 online learning modules were made available of which 8 offered continuing education units for physicians, nurses, and health educators. Course offerings included topics in breast and cervical cancer such as breast imaging, breast density, cervical cancer vaccines, and health disparities. Well over 300 users viewed the online modules.

[EWC's professional education website](#), the Quality Assurance Project (QAP), received 49,006 visits. EWC recommends, develops, and distributes clinical tools as downloadable documents on the QAP website. The two most frequently utilized QAP

tools were the *Lymph Node Exam Guide* (15,631 downloads) and *Breast Cancer Diagnostic Algorithms* (9,869 downloads). Other tools included the *Breast Cancer History and Risk Assessment*, *Core Competencies of Clinical Breast Exams (CBE)* (video), *CBE Results Documentation Form*, the *CBE Skills Reminder Card*, and *Cervical History and Exam Documentation Form*. Additional professional education resources on the website included *Cervical Cancer Facts and Stats* (18,854 views), *Breast Cancer Facts and Stats* (12,061 views), and the updated, *Breast Cancer Review* (12,403 views).

In FY 2015-16 EWC developed the *EWC Provider Orientation* and companion *Educator's Guide*, for providers new to EWC. This 10-part guide is available on the EWC QAP website. The training materials and its companion tools allow providers and their staff to access the information quickly and easily as needed.

PARTNERSHIPS, COORDINATION, AND COLLABORATION

The goal of the EWC Partnerships, Coordination and Collaboration Program (PCC) component is to actively engage, develop, and maintain collaborative partnerships that support cancer-screening activities. EWC PCC seeks to engage state programs, and diverse agencies and organizations in the community including American Indian and Alaskan Native tribes and tribal organizations, which serve disparate populations, to increase EWC's geographic coverage, improve access to eligible populations and to increase awareness of effective policy, systems, and environmental approaches to breast and cervical cancer screening.

In FY 2015-16, EWC staff met with CDPH, interdepartmental staff and other public health partners to develop, coordinate and integrate evidenced-based activities and strategies to reach targeted populations. Through CDPH, EWC staff met regularly with the Coordinated Cancer Prevention and Control Program; the California Comprehensive Cancer Program; the CCR; California's Chronic Disease Control Branch; the California Colorectal Cancer Control Program; and the Well-Integrated Screening and Evaluation

for Women across the Nation program to improve collaboration and coordination of activities and efforts. Several products resulted from these collaborations including the revision of California's Comprehensive Cancer Control Plan, 2016-2020. EWC applied the CCR's advance stage breast and cervical cancer statewide data to concentrate breast and cervical cancer health education and prevention efforts of the program's regionally contracted health educators in the areas with the greatest needs. EWC provided program specific cervical cancer screening rates by zip codes to the CDPH, Sexually Transmitted Disease Control Branch, and HPV-Impact Surveillance Operations Program to aid in their efforts to identify geographic gaps in screening for cervical cancer. EWC convened a Health Education Review Committee and the EWC *Check Me* Mobile App workgroup to develop and implement small media materials to promote breast and cervical cancer screening awareness. These materials were utilized by EWC partners and regionally contracted health educators.

EWC worked with the Primary, Rural and Indian Health Division (within DHCS), to produce a collaborative letter sent to the Indian Health Program providers on October 23, 2015. The letter's intent was to improve early breast and cervical cancer detection through in-reach, and share educational materials in their clinics. EWC's long-standing collaboration with the American Cancer Society and the Susan G. Komen Affiliates resulted in discussions of opportunities for collaborations with Federally Qualified Health Centers, Community Health Centers and large employers.

CALIFORNIA PINK PLATE

On September 16, 2014, Governor Brown signed AB 49 (Buchanan, Chapter 351, Statutes of 2014) which gave DHCS authority to sponsor a specialty motor vehicle license plate, now known as "California Pink Plate". Statute requires DHCS to receive 7,500 paid pre-orders by July 21, 2017, to implement California Pink Plate with all subsequent net proceeds deposited into the Breast Cancer Control Account to support statewide breast cancer early detection efforts. The Department of Motor Vehicles and the California Highway Patrol approved DHCS' license plate design. On

September 4, 2015, DHCS began accepting consumer pre-orders for the California Pink Plate via the [Pink Plate website](#). As of June 30, 2016, DHCS had collected 2,462 pre-orders.

EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES

WOMEN SERVED BY EWC

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 162,378 uninsured and underinsured women in FY 2015-16. Overall, there was a 6.9 percent reduction in women served in FY 2015-16 compared to FY 2014-15. Of the women served in FY 2015-16, approximately 143,747 received EWC breast cancer screening and diagnostic services, and approximately 66,463 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive). The reduction in women served in FY 2015-16 as compared to FY 2014-15, is reflected in a 7.8 percent reduction in breast cancer screening and diagnostic services and a 3.6 percent reduction in cervical cancer screening and diagnostic services. The reduction in women served may be due to more women enrolled in comprehensive medical coverage attributed to the Affordable Care Act.

Tables 1a and 1b show the distribution of women served in FY 2015-16 by age group, race, and ethnicity. For both breast and cervical cancer screening and diagnostic services, the majority of recipients were aged 40 through 49 years old (58 and 48 percent, respectively); and were Hispanic (90 percent for breast and 91 percent for cervical cancer screening services).

Every Woman Counts
2018 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2015-16

Table 1a. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Age, Every Woman Counts, Fiscal Year 2015-16

Age Group	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Total Recipients	143,747	100%	66,463	100%
21 through 39 years	not applicable	not applicable	9,402	14%
40 through 49 years	83,423	58%	31,750	48%
50 years and older	59,941	42%	25,311	38%
Other / Unknown	383	less than 1%	not applicable	not applicable

Table 1b. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Race / Ethnicity, Every Woman Counts, Fiscal Year 2015-16

Race / Ethnicity	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Total Recipients	143,747	100%	66,463	100%
White, Non-Hispanic	4,276	3%	2,162	3%
African American	1,319	1%	525	1%
Hispanic	129,451	90%	60,228	91%
Asian-Pacific Islander	6,556	5%	2,606	4%
American Indian / Other	470	less than 1%	206	less than 1%
Unknown	1,675	1%	736	1%

Every Woman Counts
2018 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2015-16

Table 2 shows the distribution of women served in the reporting period by county of residence. Approximately 36 percent received breast and 22 percent received cervical cancer screening and diagnostic services in Los Angeles County. Counties where the number of women screened was 1 to 10 were combined with similar sized or regional counties to safeguard program recipient privacy.

Table 2. Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2015-16

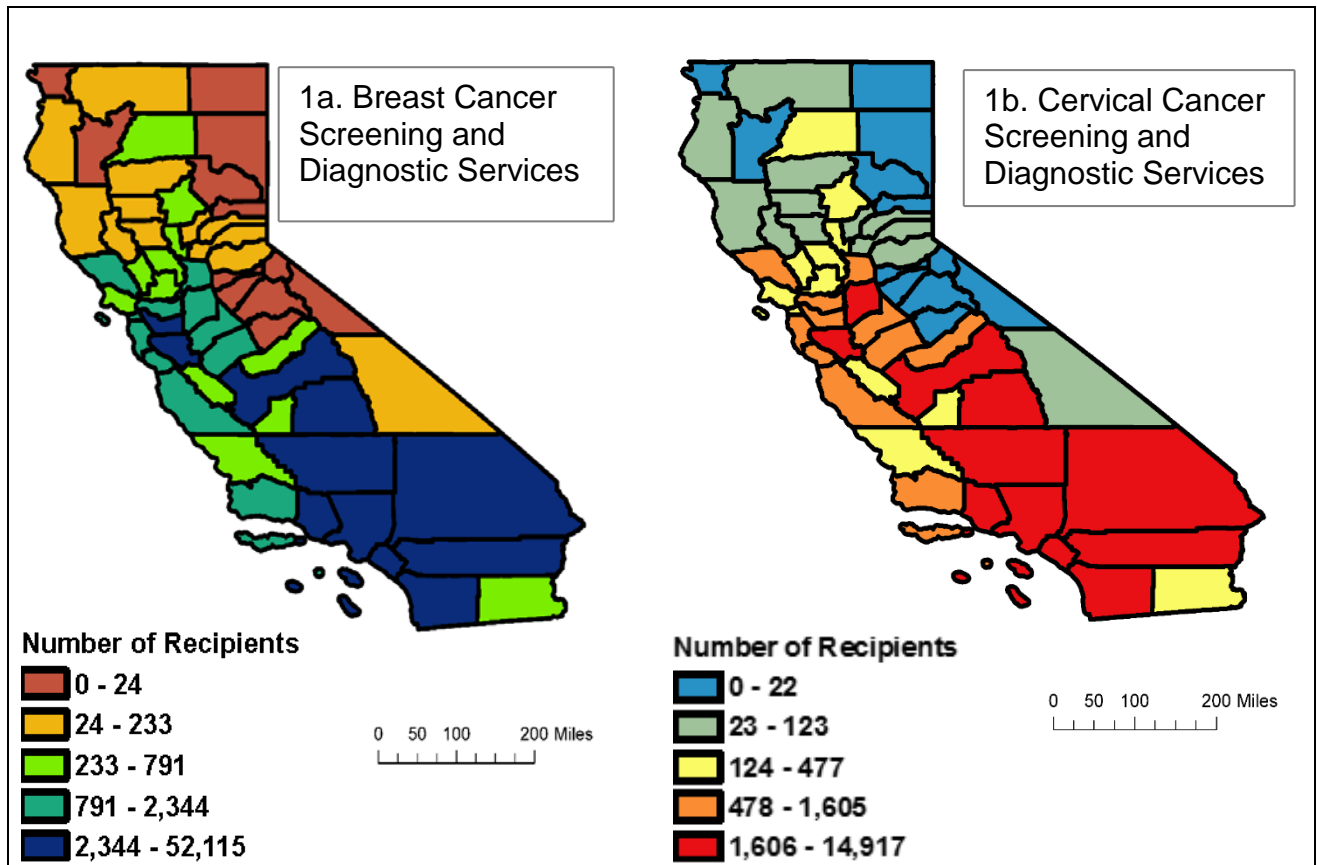
County	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
All counties	143,747	100%	66,463	100%
Alameda	3,645	3%	1,043	2%
Alpine	0	0%	0	0%
Amador	23	less than 1%	21	less than 1%
Butte	370	less than 1%	145	less than 1%
Calaveras	23	less than 1%	19	less than 1%
Colusa	179	less than 1%	92	less than 1%
Contra Costa	1,530	1%	677	1%
Del Norte	24	less than 1%	22	less than 1%
El Dorado	191	less than 1%	123	less than 1%
Fresno	3,138	2%	1,949	3%
Glenn	197	less than 1%	88	less than 1%
Humboldt	102	less than 1%	66	less than 1%
Imperial	472	less than 1%	234	less than 1%
Inyo	50	less than 1%	38	less than 1%
Kern	3,170	2%	2,039	3%
Kings	687	less than 1%	443	1%
Lake	54	less than 1%	30	less than 1%
Lassen, Modoc, and Plumas combined	37	less than 1%	27	less than 1%
Los Angeles	52,115	36%	14,917	22%
Madera	767	1%	613	1%
Marin	780	1%	477	1%
Mariposa and Tuolumne combined	24	less than 1%	14	less than 1%
Mendocino	177	less than 1%	84	less than 1%

Every Woman Counts
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Screening and Diagnostic Services, Fiscal Year 2015-16

County	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Merced	1,055	1%	732	1%
Mono	14	less than 1%	16	less than 1%
Monterey	2,344	2%	1,605	2%
Napa	552	less than 1%	383	1%
Nevada	102	less than 1%	46	less than 1%
Orange	15,495	11%	8,226	12%
Placer	233	less than 1%	119	less than 1%
Riverside	6,366	4%	3,384	5%
Sacramento	1,681	1%	704	1%
San Benito	307	less than 1%	283	less than 1%
San Bernardino	6,210	4%	2,690	4%
San Diego	13,920	10%	8,620	13%
San Francisco	885	1%	457	1%
San Joaquin	2,299	2%	1,639	2%
San Luis Obispo	791	1%	435	1%
San Mateo	2,343	2%	1,111	2%
Santa Barbara	2,161	2%	1,408	2%
Santa Clara	4,941	3%	2,857	4%
Santa Cruz	1,323	1%	507	1%
Shasta	250	less than 1%	238	less than 1%
Sierra	0	0%	0	0%
Siskiyou and Trinity combined	62	less than 1%	37	less than 1%
Solano	700	less than 1%	389	1%
Sonoma	1,780	1%	1,072	2%
Stanislaus	1,974	1%	1,129	2%
Sutter	390	less than 1%	181	less than 1%
Tehama	152	less than 1%	84	less than 1%
Tulare	3,316	2%	2,263	3%
Ventura	3,223	2%	2,013	3%
Yolo	474	less than 1%	355	1%
Yuba	178	less than 1%	99	less than 1%
Unknown	471	less than 1%	220	less than 1%

The geographic distribution of the number of women served by EWC breast and cervical cancer screening and diagnostics services from Table 2 is displayed below as Figure 1.

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts, Fiscal Year 2015-16



SERVICES RENDERED BY EWC

EWC provided breast and cervical cancer screening and diagnostic services to 162,378 unduplicated, uninsured and underinsured women. EWC sponsored approximately 148,979 screening and/or diagnostic mammograms, 28,834 breast ultrasounds, and 134,456 other related services such as breast health consultations, Clinical Breast Exams, breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy,

or excisional biopsy). For cervical cancer screening and diagnostic services, EWC sponsored 44,641 Pap tests, 3,093 HPV tests, and 74,388 other related services including, but not limited to colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling. The categories of services and procedures are not mutually exclusive.

CANCER DETECTION

EWC clinical services diagnosed 974 women with breast cancer and 53 women with invasive cervical cancer in 2014. These EWC diagnosed cases were validated through a record linkage with CCR.

Table 3a shows the majority of EWC diagnosed breast cancers were among women 50 through 59 years old. For cervical cancer, in Table 4a, the majority were diagnosed among women aged 50 years and over (39 percent and 55 percent, respectively). For both breast and cervical cancer, Tables 3b and 4b show the majority of women diagnosed were Hispanic (64 percent and 75 percent, respectively). Surveillance, Epidemiology and End Result (SEER) Program summary stage of diagnosis categories was collapsed into early and late stage. Early stage includes *in situ* (breast cancer) and localized stage; late stage includes regional and distant stage. Cancers where stage was unspecified were excluded.

Table 3a. Every Woman Counts Diagnosed Breast Cancers by Recipient Age, 2014

Age Group	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Total Recipients Diagnosed	974	100%
40 through 49 years	360	37%
50 through 59 years	380	39%
60 years and older	234	24%

Table 3b. Every Woman Counts Diagnosed Breast Cancers by Recipient Race / Ethnicity, 2014

Race / Ethnicity	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Total Recipients Diagnosed	974	100%
White, Non-Hispanic	158	16%
African American	38	4%
Hispanic	620	64%
Asian-Pacific Islander	123	12%
American Indian and Other	15	2%
Unknown	20	2%

Table 3c. Every Woman Counts Diagnosed Breast Cancers by Stage of Diagnosis, 2014

Stage at Diagnosis	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Total Recipients with Staged Diagnosis	942	100%
Early	427	45%
Late	515	55%

Table 4a. Every Woman Counts Diagnosed Cervical Cancers by Recipient Age, 2014

Age Group	Number of Cervical Cancer Diagnoses	Percentage of Cervical Cancer Diagnoses
Total Recipients Diagnosed	53	100%
Less than 50 years	24	45%
50 years and older	29	55%

Table 4b. Every Woman Counts Diagnosed Cervical Cancers by Recipient Race / Ethnicity, 2014

Race / Ethnicity	Number of Cervical Cancer Diagnoses	Percentage of Cervical Cancer Diagnoses
Total Recipients Diagnosed	53	100%
Hispanic	40	75%
All Others	13	25%

Table 4c. Every Woman Counts Diagnosed Cervical Cancers by Stage of Diagnosis, 2014

Stage at Diagnosis	Number of Cervical Cancer Diagnoses	Percentage of Cervical Cancer Diagnoses
Total Recipients with Staged Diagnosis	52	100%
Early	23	44%
Late	29	56%

EWC diagnosed 166 women with *in situ*⁵ breast cancer and 808 with invasive (not shown). Forty-five percent of EWC diagnosed breast cancers and 44 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to increased chance of survival.

Tables 5a and 5b show the distribution of breast and invasive cervical cancers diagnosed in 2014 by socioeconomic status⁶ (SES) from the lowest (SES 1) to the highest (SES 5) and by stage at diagnosis (early versus late) for EWC recipients and all California women as reported by CCR.⁷

⁵ Carcinoma *in situ* is non-invasive or pre-invasive breast cancer.

⁶ Socioeconomic status (SES) was measured for 20,919 census block groups (2000 U.S. Census) categorized into quintiles, ranging from 1, the lowest to 5, the highest, using principal component analysis, which calculated standardized component scores. Variables used were education, median income, median house value, median rent, proportion below 200 percent federal poverty level, proportion blue-collar workers, and proportion in workforce. Yost, K., et al, Socioeconomic status and breast cancer incidence in California for different race/ethnic groups. *Cancer Causes and Control* 12, number 8 (2001): 703-711.

⁷ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status data were obtained by request. November 10, 2016.

Table 5a. Breast Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2014

Demographic Category	Early Stage Diagnosis	Late Stage Diagnosis
Every Woman Counts Recipients	45%	55%
California SES Level 1	69%	31%
California SES Level 2	71%	29%
California SES Level 3	72%	28%
California SES Levels 4 and 5	75%	25%

Table 5b. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2014

Demographic Category	Early Stage Diagnosis	Late Stage Diagnosis
Every Woman Counts Recipients	44%	56%
California SES Level 1	37%	63%
California SES Level 2	37%	63%
California SES Level 3	48%	52%
California SES Levels 4 and 5	53%	47%

Graphic representations of the distribution of breast and invasive cervical cancers diagnosed in 2014 by socioeconomic status from Tables 5a and 5b data are presented as Figures 2a and 2b.

Figure 2a. Breast Cancer By Stage of Diagnosis and Socioeconomic (SES) Level, Every Woman Counts and California, 2014

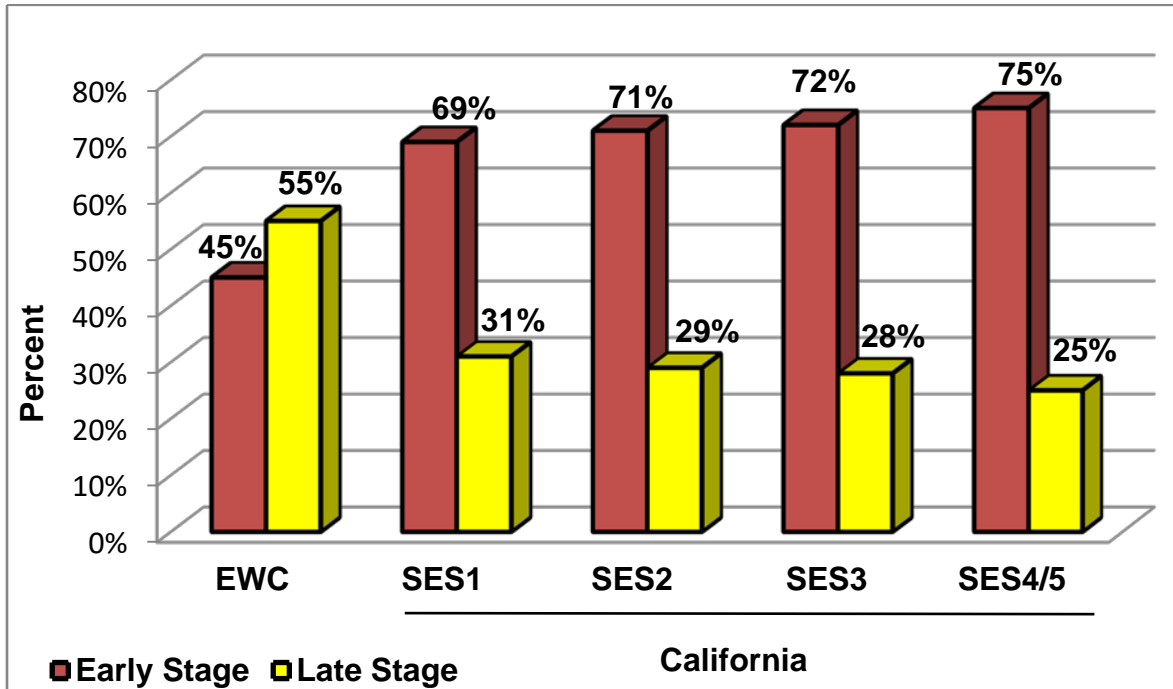
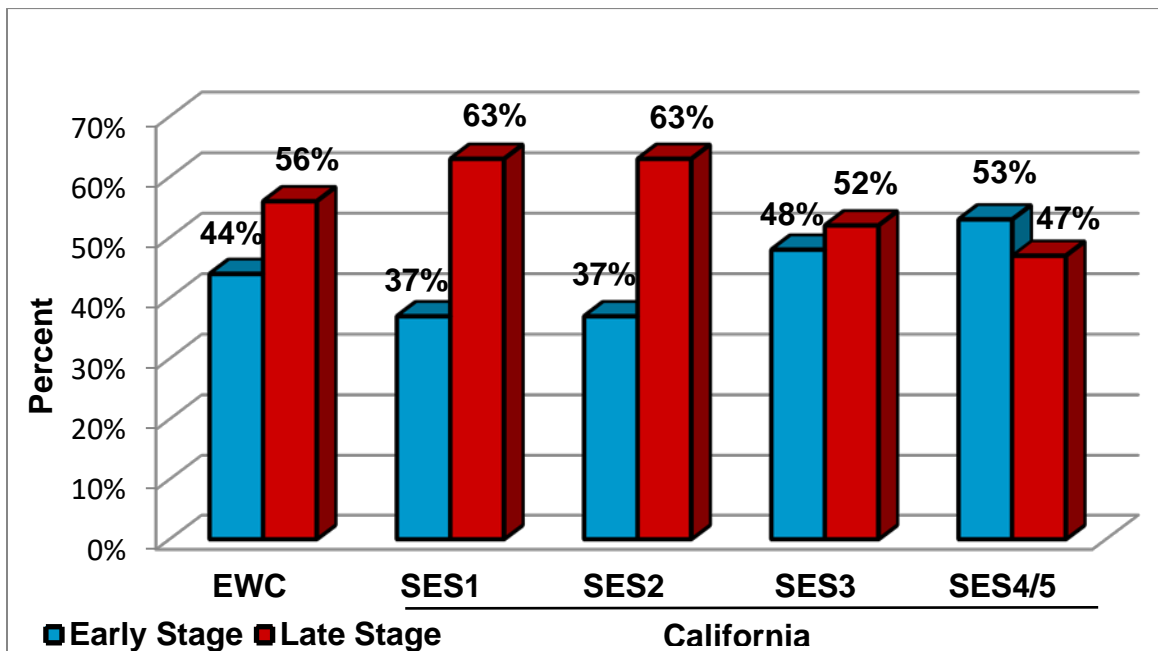


Figure 2b. Cervical Cancer By Stage of Diagnosis and Socioeconomic (SES) Level, Every Woman Counts and California, 2014



Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, fewer EWC recipients were diagnosed with breast cancer at early stage (45 versus 69 percent, respectively). In contrast, compared to all California women diagnosed with invasive cervical cancer at the lowest SES, a higher percentage of EWC women were diagnosed at early stage (44 versus 37 percent respectively).

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER

Of the 974 women diagnosed with breast cancer through EWC in 2014, 64 percent were referred to BCCTP for treatment, 35 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow-up. For the 53 EWC recipients diagnosed with cervical cancer, 41 percent were referred to BCCTP for treatment, 55 percent were reported to have received treatment through other health coverage, while 4 percent were lost to follow-up.

CONCLUSION

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 162,378 women in FY 2015-16, who would otherwise not have access to care. In 2014, EWC services led to the diagnosis of 974 women with breast cancer, 808 invasive, accounting for 3.2 percent of all invasive breast cancers diagnosed in California that year.⁸ Of those EWC recipients diagnosed with breast cancer, 45 percent were diagnosed at early stage. Nearly all of the women diagnosed with breast cancer by EWC were reported to have been referred to treatment (99 percent).

⁸ CDPH CCR Annual Statistical Tables by Site, Breast Cancer, http://www.ccrca.org/pdf/AnnualReport/1988-2014_BREAST.pdf, Accessed July 11, 2017.

EWC services led to the diagnosis of invasive cervical cancer for 53 women, accounting for 3.8 percent of all invasive cervical cancers diagnosed in California in 2014.⁹ Just under half of these invasive cervical cancers (44 percent) were found at an early stage of diagnosis. Nearly all of the women diagnosed with cervical cancer by EWC were reported to have been referred to treatment (96 percent).

Breast and cervical cancer outreach and awareness, screening, and treatment activities are performed by Medi-Cal, individual and private market insurance and many women in California may be covered under one of these health plan delivery systems. EWC fulfills a critical need of those low-income women who otherwise would not have access to screening and diagnostic services. Early detection of breast and cervical cancer leads to early treatment, which increases the likelihood of survival.

⁹ CDPH CCR Annual Statistical Tables by Site, Cervical Uteri Cancer, http://www.ccrca.org/pdf/AnnualReport/1988-2014_CERVIX.pdf, Accessed July 11, 2017.