

DHCS

EVERY WOMAN COUNTS  
REPORT TO THE CALIFORNIA LEGISLATURE:  
BREAST AND CERVICAL CANCER SCREENING  
AND DIAGNOSTIC SERVICES,  
FISCAL YEAR 2010-2011



FEBRUARY 2013

Additional and related information is available from the Department of Health Care Services, Benefits Division, Every Woman Counts at:  
<http://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx>

Persons interested in obtaining additional information about this report should contact Every Woman Counts at:

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Women seeking breast cancer and cervical cancer screening services in their area should call the toll-free number 1-800-511-2300.

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES  
Cancer Detection and Treatment Branch, Benefits Division**

**EVERY WOMAN COUNTS  
Breast and Cervical Cancer Screening and Diagnostic Services,  
Fiscal Year (FY) 2010-2011  
February 2013**

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## **PURPOSE AND LEGISLATIVE REQUIREMENT**

The Breast Cancer Control Program (BCCP) is currently implemented as part of the Every Woman Counts Program (EWC) of the California Department of Health Care Services (DHCS). EWC was previously housed in the Cancer Detection Section (CDS) of the California Department of Public Health (CDPH) until June 30, 2012. The BCCP report is required under Section 30461.6 (a)(2)(D) of the Revenue and Taxation Code that established BCCP for provision of breast cancer screening and diagnostic services. The portion of the statute pertaining to the report states:

*“The State Department of Health Care Services 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 FY 2010-2011.

## **BACKGROUND**

Assembly Bill (AB) 478 (Friedman, Chapter 660, Statutes of 1993) and AB 2055 (Friedman, Chapter 661, Statutes of 1993) created the California Breast Cancer Act (BCA) and was signed into law on October 1, 1993, by Governor Pete Wilson. The BCA, authored by Assemblymember Barbara Friedman, went into effect January 1, 1994. The fund source was derived from a dedicated two-cent per pack tax increase on cigarettes to establish the BCCP. Half of these dedicated revenues were used to implement a state-funded breast cancer screening program, called the Breast Cancer Early Detection Program (BCEDP).

The BCEDP was created in coordination with the Breast and Cervical Cancer Control Program (BCCCCP), a federally-funded multi-component public health program in existence since 1991. BCEDP and BCCCCP were unified in October 2002, to form one comprehensive program, Cancer Detection Programs: Every Woman Counts. To meet the increasing demand for services, CDS began receiving additional funding from Proposition 99 Tobacco Tax and Health Promotion Act (Prop 99) in FY 1999-2000. EWC began receiving state general funds in FY 2010-2011. The Breast Cancer Control Account (BCCA), is one of the EWC funding sources. The BCCA is one cent of a two cent tax on tobacco products that is designated for breast cancer screening and diagnostic services provided to uninsured women through in the EWC program. The BCCA funds pay for clinical breast services only, while Prop 99, State general fund, and

federal Centers for Disease Control and Prevention (CDC) funds pay for cervical cancer screening services. CDC funds also pay for public education, outreach, quality assurance and program evaluation activities.

## REPORTING PERIOD

This report includes data for two reporting periods: complete data finalized for FY 2010-2011 and preliminary data for FY 2011-2012. Finalized data for FY 2010-2011, includes the number and demographics of women served, breast and cervical cancer screening and diagnostic services, and stage of cancers diagnosis. Outcomes reported for FY 2011-2012 are preliminary because of the time lag necessary to complete the data transactions between services provided and final reimbursements. Unlike the outcomes reported for FY 2010-2011, only a preliminary analysis of FY 2011-2012 data will be displayed in this report, to understand the direction of current trends. The completed clinical services provided by EWC and the stage of cancer diagnosis for FY 2011-2012 will be included in the February 2014 Report to the Legislature.

## DATA SOURCES USED IN THIS REPORT

This report reflects EWC services provided by combined state and federal funds. The sources of the data used for report are listed below, reported as of October 2012:

1. ***DHCS, Detecting Early Cancer Data Management System (DETEC)***: EWC's specific data management system for recipient enrollment and clinical services outcomes.
2. ***DHCS, Medi-Cal Fiscal Intermediary Xerox Corporation***: Adjudicated claims were used to identify EWC clinical services paid during FYs 2010-2011 and 2011-2012. EWC data from DETEC was used to identify program recipients and clinical services. These records were subsequently linked to adjudicated claims to substantiate and identify all services in the clinical path.
3. ***CDPH, California Cancer Registry (CCR)***: EWC links recipient records bi-annually to CCR, the state's cancer surveillance system, to validate cancer diagnoses, recipient demographics, determine stage of diagnosis, source of treatment and follow up. EWC clinical services recipient records were linked to 2009 case data from the CCR, the most recent year data is complete, due to time needed to accurately collect and process case information within the CCR.
4. ***DHCS, Breast and Cervical Cancer Treatment Program (BCCTP)***: BCCTP data was used to validate the number of EWC recipients diagnosed with breast and cervical cancers, who were referred for treatment through BCCTP. EWC conducts bi-annual record linkage with the BCCTP.

## **EVERY WOMAN COUNTS: OVERVIEW OF SERVICES AND ACTIVITIES**

EWC facilitates access to breast and cervical cancer screening and diagnostic services for uninsured and underinsured women in California. EWC is the largest breast cancer detection program in the nation.

In 2009, the latest full year of data available, CCR reported that 23,404 women had been newly diagnosed with breast cancer and nearly 4,386 had died from the disease<sup>1</sup>. Cervical cancer was diagnosed in 1,399 women with 439 deaths in that same year<sup>2</sup>. Timely, age-appropriate screening could have prevented many 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 still confined to the breast), five-year relative survival could be close to 100 percent, whereas, if it is regional (i.e., the tumor has spread to lymph nodes or adjacent tissues) the survival could decline to 85 percent during the five-year period. Similarly, if cervical cancer is found localized, five-year survival is about 93 percent, while regional is approximately 61 percent survival.<sup>3</sup> However, the number of years of survival after cancer diagnosis could widely vary among different sub-populations and individuals.

Clinical breast exams, mammograms and the Papanicolaou (Pap) test are highly effective cancer screening tools, but are underused by women, who are uninsured and underinsured, geographically and culturally isolated, medically underserved, racial, ethnic and cultural minorities. The goal of EWC is to improve access to and utilization of screening services for these women.

### ***PUBLIC EDUCATION AND TARGETED OUTREACH***

EWC outreach and recruitment efforts focus on accessing underserved populations and directing them to screening and diagnostic services. Health education, tailored to specific sub-populations, is used to promote screening services and was provided to 4,579 women, of which 3,035 were 50 years of age or older.

EWC supports a statewide toll-free referral line 1 (800) 511-2300 to increase access to EWC services and is promoted through EWC tailored health education sessions. Multilingual counselors answer calls five days a week. The call center staff provides callers with the names and contact information of at least three local EWC primary care providers. In FY 2010-2011, there were 19,164 calls to this toll-free number.

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<sup>1</sup> California Department of Public Health, California Cancer Registry. Annual Statistical Tables by Site, Breast Cancer. [http://www.ccrca.org/pdf/AnnualReport/1988\\_2009\\_BREAST.pdf](http://www.ccrca.org/pdf/AnnualReport/1988_2009_BREAST.pdf) Accessed January 2013.

<sup>2</sup> California Department of Public Health, California Cancer Registry. Annual Statistical Tables by Site, Cervix Uteri Cancer. [http://www.ccrca.org/pdf/AnnualReport/1988\\_2009\\_CERVIX.pdf](http://www.ccrca.org/pdf/AnnualReport/1988_2009_CERVIX.pdf) Accessed January 2013.

<sup>3</sup> California Statistics/ Five-Year Relative Survival by Stage at Diagnosis in California 2000-2009. California Cancer Registry, California Department of Public Health, Cancer Surveillance Section. June 11. In: California Cancer Facts and Figures 2012. Oakland, CA: American Cancer Society, Pages 2 and 7. [http://www.ccrca.org/pdf/Reports/ACS\\_2012.pdf](http://www.ccrca.org/pdf/Reports/ACS_2012.pdf). Accessed on January 2013.

### **SCREENING AND DIAGNOSTICS SERVICES**

In order to access EWC cancer screening, diagnostics and case management, women must meet program eligibility criteria. In FY 2010-2011, these criteria included being uninsured or underinsured (defined as financially unable to meet co-payments or deductibles or insurance did not provide coverage) and having a household income at or below 200 percent of the federal poverty level.

EWC provides mammograms, clinical breast exams, ultrasound, and other diagnostic tests, to low-income, uninsured, and underinsured California women ages 40 and over, with inadequate or no health coverage. EWC also provides cervical cancer screening and diagnostic services to the same population, ages 25 and over.

### **CASE MANAGEMENT**

Case management is an integral part of EWC. Program recipients found to have abnormal screenings are provided with case management services to ensure they receive timely diagnosis and appropriate affordable treatment. Case management increases client adherence to screening, diagnostic, and treatment services, and ensures clients receive support to obtain needed services.

## **EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES OUTCOMES FOR FY 2010-2011**

### **WOMEN SERVED BY EWC**

A total of 211,786 unique women received breast and/or cervical cancer screening and diagnostic services through EWC in FY 2010-2011. Of the women served, approximately 178,441 received EWC breast cancer screening and diagnostic services and approximately 137,649 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive). Thirty-seven percent of women served for breast clinical services were new to EWC, while 79 percent of the women served for cervical clinical services were new.

The increased number of women served by EWC during FY 2010-2011, in comparison to previous years, is a sign of a healthy recovery since the reopening of enrollment to all women on December 1, 2010, (Figure 1). For cost savings, in January 1, 2010, a program policy closed new enrollments for all women and at the same time enforced service limits for ages 50 and older women.

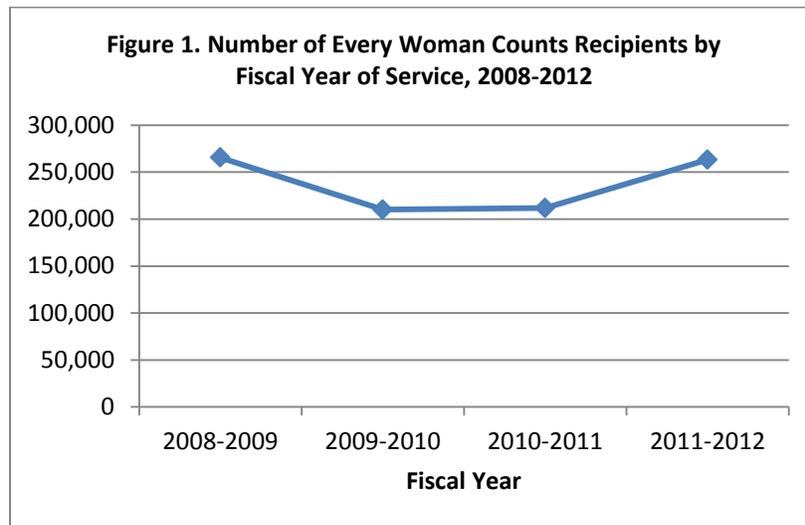


Table 1 below shows the distribution of women served in FY 2010-2011 by race/ethnicity, age group and county of residence. Of the women served, 70 percent were Hispanic. The majority of women served were 50-59 years old, with nearly 50 percent for breast and 42 percent for cervical cancer screening and diagnostic services.

EWC clinical services were delivered by approximately 900 primary care providers and an unknown number of referral providers throughout the state. Approximately 70 percent of EWC recipients received clinical services in Southern California, primarily in Los Angeles County.

The geographic distribution of women served, by breast cancer and cervical cancer screening and diagnostics services, are displayed in Figure 2a and 2b, respectively.

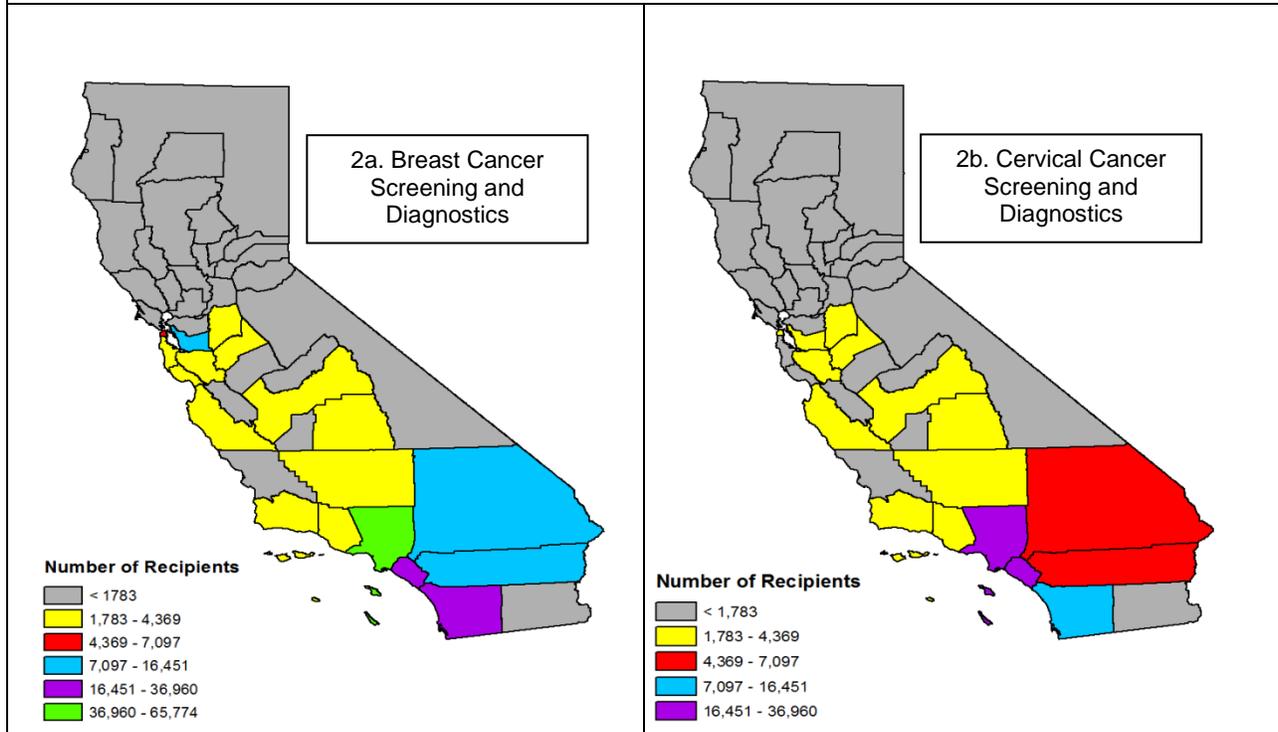
**Every Woman Counts**  
**February 2013 Report to the Legislature: Breast Cancer and Cervical Cancer Screening and Diagnostic Services**  
**Fiscal Year 2010-2011**

**Table 1. Recipient Demographics, Every Woman Counts Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2010-2011**

Race/Ethnicity	Breast Cancer		Cervical Cancer	
	Number	Percent	Number	Percent
Hispanic	124,283	70%	96,562	70%
White	17,013	10%	13,254	10%
African American	5,615	3%	3,424	2%
Asian	23,062	13%	18,076	13%
Native American	583	<1%	480	<1%
Pacific Islander	1,912	1%	1,310	1%
Other	326	<1%	186	<1%
Multiple Race	968	1%	717	1%
Race unknown	4,679	3%	3,640	3%
Age Group	Number	Percent	Number	Percent
25-39	n/a	n/a	15,651	11%
40-49	53,009	30%	41,815	30%
50-59	86,753	49%	57,586	42%
60 and over	38,037	21%	22,597	16%
Unknown	642	<1%	0	0%
County of Residence	Number	Percent	Number	Percent
Alameda	7,431	4%	3,540	3%
Alpine	<5	<1%	<5	<1%
Amador	96	<1%	114	<1%
Butte	631	<1%	544	<1%
Calaveras	87	<1%	99	<1%
Colusa	259	<1%	254	<1%
Contra Costa	1,601	1%	991	1%
Del Norte	102	<1%	109	<1%
El Dorado	276	<1%	208	<1%
Fresno	4,171	2%	4,369	3%
Glenn	259	<1%	293	<1%
Humboldt	543	<1%	470	<1%
Imperial	1,050	<1%	920	1%
Inyo	49	<1%	106	<1%
Kern	3,182	2%	3,654	3%
Kings	696	<1%	612	<1%
Lake	174	<1%	217	<1%
Lassen	24	<1%	30	<1%
Los Angeles	65,774	37%	36,960	27%
Madera	765	<1%	841	1%
Marin	610	<1%	667	<1%
Mariposa	21	<1%	29	<1%
Mendocino	245	<1%	316	<1%
Merced	1,570	1%	1,753	1%
Modoc	36	<1%	39	<1%
Mono	39	<1%	57	<1%
Monterey	2,015	1%	2,067	2%
Napa	558	<1%	539	<1%
Nevada	254	<1%	255	<1%
Orange	17,543	10%	16,118	12%
Placer	310	<1%	245	<1%
Plumas	44	<1%	41	<1%
Riverside	7,297	4%	5,389	4%
Sacramento	1,650	<1%	1,447	1%
San Benito	322	<1%	499	<1%
San Bernardino	7,222	4%	7,097	5%
San Diego	16,871	9%	16,451	12%
San Francisco	4,835	3%	3,467	3%
San Joaquin	2,612	1%	2,492	2%
San Luis Obispo	827	<1%	1,045	1%
San Mateo	2,824	2%	1,127	1%
Santa Barbara	2,126	1%	2,905	2%
Santa Clara	4,070	2%	2,640	2%
Santa Cruz	1,854	1%	1,261	1%
Shasta	624	<1%	612	<1%
Sierra	5	<1%	5	<1%
Siskiyou	188	<1%	150	<1%
Solano	741	<1%	826	1%
Sonoma	1,683	1%	1,783	1%
Stanislaus	2,814	2%	2,793	2%
Sutter	578	<1%	463	<1%
Tehama	255	<1%	260	<1%
Trinity	47	<1%	38	<1%
Tulare	2,901	2%	3,302	2%
Tuolumne	49	<1%	52	<1%
Ventura	4,288	2%	4,025	3%
Yolo	474	<1%	304	<1%
Yuba	290	<1%	322	<1%
County unknown	578	<1%	436	<1%
<b>Total</b>	<b>178,440</b>	<b>100%</b>	<b>137,648</b>	<b>100%</b>

Notes: Race/ethnicity are labeled 'Unknown' when reported as 'unknown' or as missing.

**Figure 2. Every Woman Counts Breast and Cervical Cancer Screening and Diagnostic Recipients by County of Residence, Fiscal Year 2010-2011**

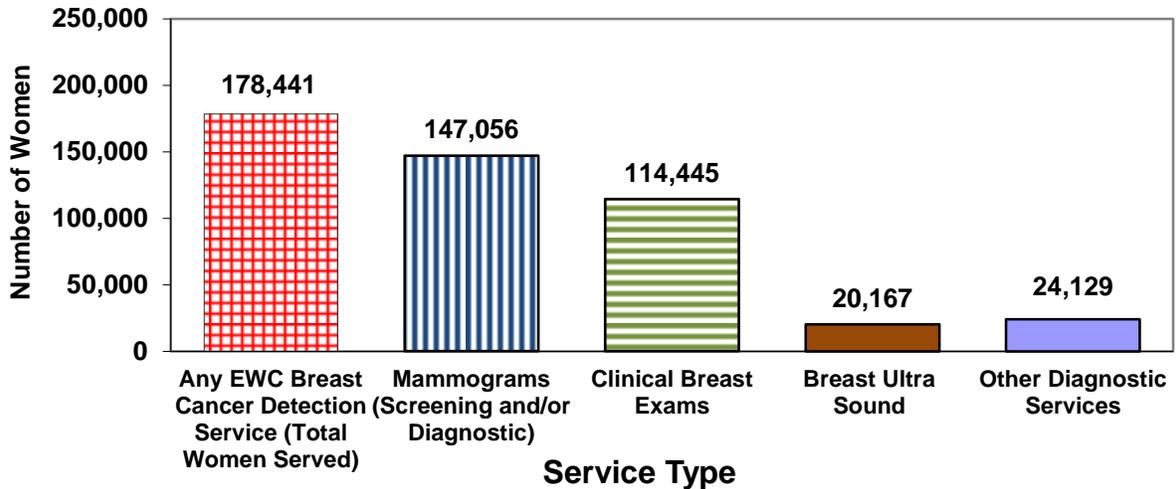


***EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES***

The numbers of screening and diagnostic tests provided through EWC are shown on the next page in Figures 3a and 3b. EWC provided 178,441 uninsured and underinsured women, 147,056 screening or diagnostic mammograms. Approximately 114,445 women received a clinical breast exam and 20,167 women received an ultrasound supplementary to a mammogram. Additionally 24,129 women received other diagnostic services such as breast biopsy (i.e., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy).

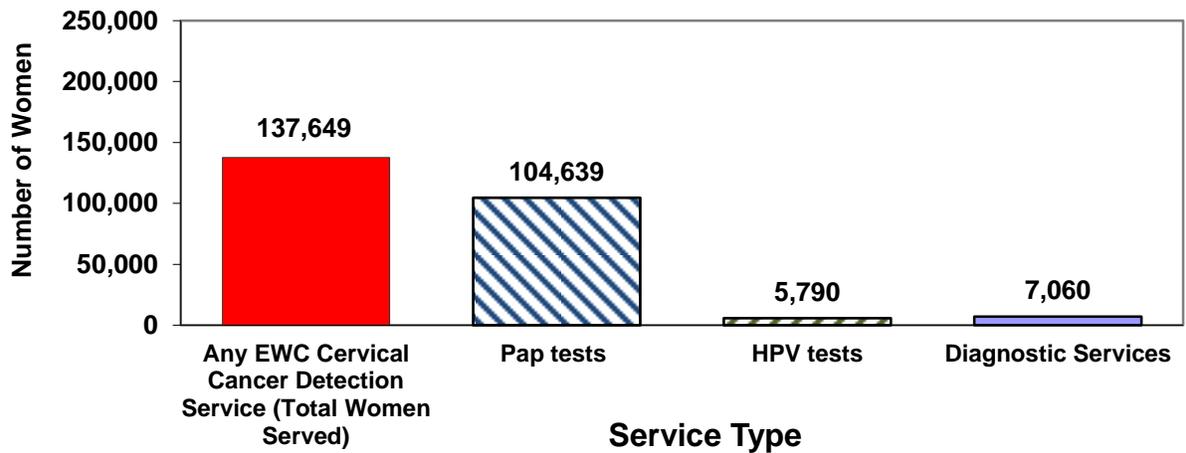
EWC provided 137,649 women with 104,639 Pap tests and approximately 5,790 Human Papilloma Virus (HPV) tests. About 7,060 women received related diagnostic services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, lesion excision with or without fulguration, and endometrial sampling.

**Figure 3a. Every Woman Counts Breast Cancer Screening and Diagnostic Services, 2010-2011**



Notes: 1) EWC clinical testing for 2010-2011, reported as of October 2012; 2) "Other Diagnostic Services" includes fine needle aspiration, lumpectomy, and other diagnostic

**Figure 3b. Every Woman Counts Cervical Cancer Screening and Diagnostic Services, 2010-2011**



Notes: 1) EWC clinical testing for 2010-2011, reported as of October 2012; 2) "Diagnostic Services" includes colposcopy with or without cervical biopsy(s), endocervical curettage, lesion excision with or without fulguration, endometrial sampling and other diagnostic procedures.

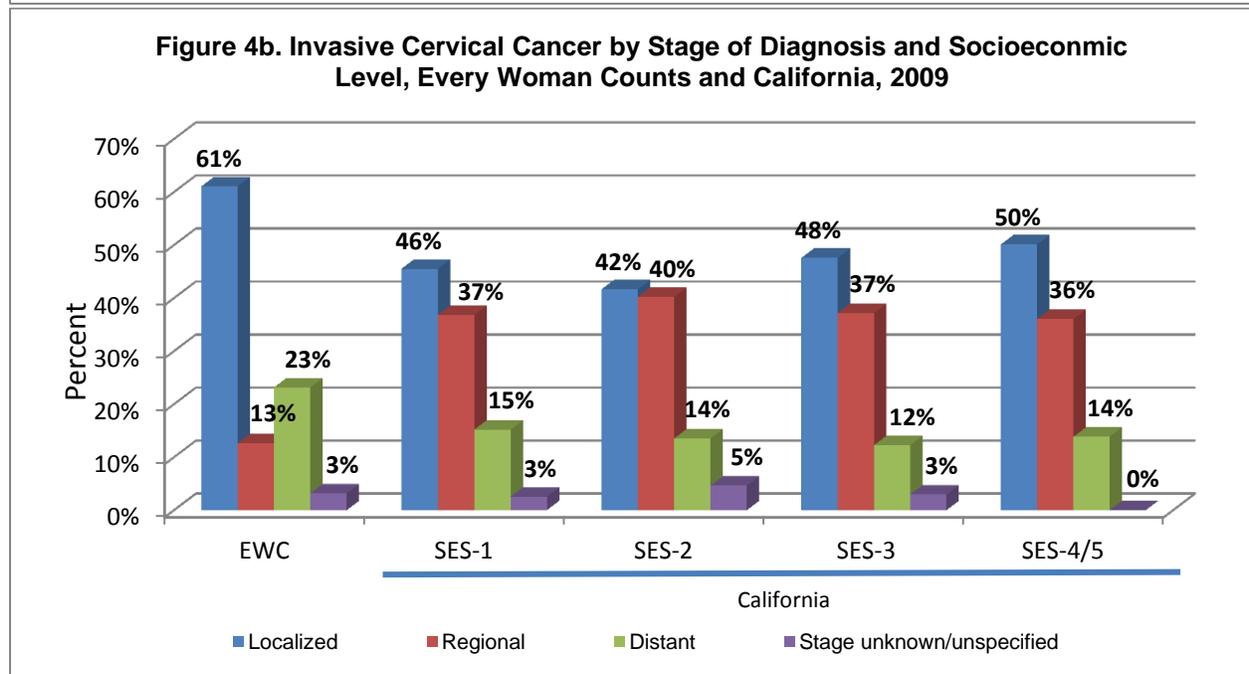
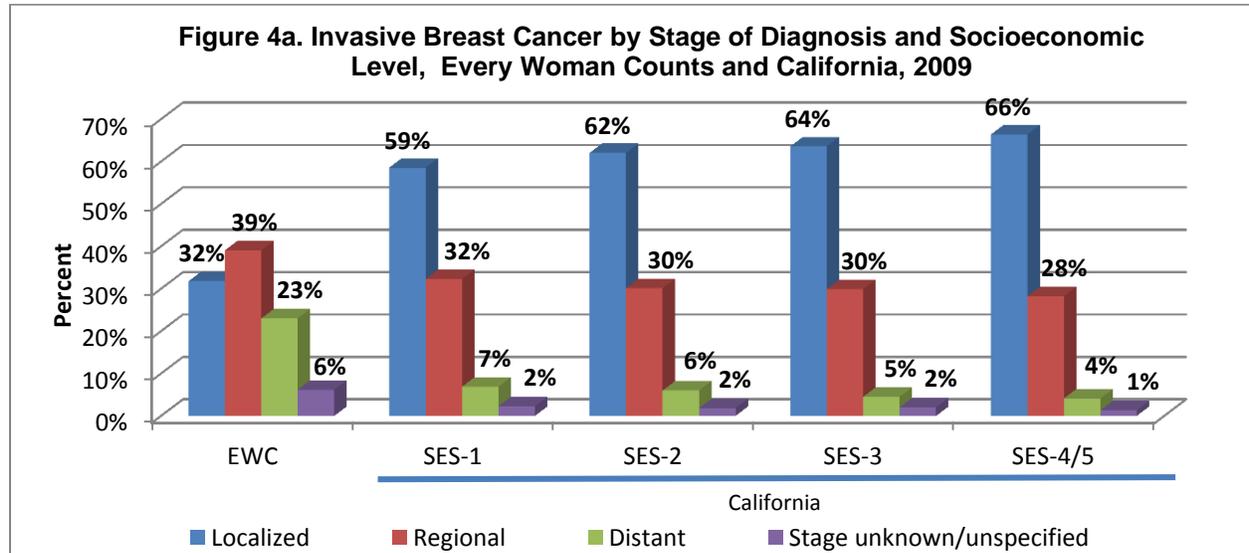
**CANCER DETECTION**

EWC clinical services diagnosed 1,603 women with breast cancer and 95 women with invasive cervical cancer in 2009. The 2009, case records from the CCR, the most recent year of complete data available, were linked to those of EWC, to validate cancer diagnoses, recipient demographics, determine stage of diagnosis, source of treatment and follow up.

From this record linkage, we found that the majority of breast and cervical cancers were diagnosed among Hispanic women; and women 50-59 years old. Twenty-six percent of EWC diagnosed breast and 61 percent of cervical cancers were diagnosed in localized or early stage, where timely and appropriate treatment leads to increased chance of survival (Table 2). Compared to the stage of diagnoses for cancers diagnosed in 2008, the proportion of breast cancers diagnosed in localized stage was the same (26 percent); however, the proportion of cervical cancer diagnosed in localized stage increased from 48 percent to 61 percent.

	Breast Cancer (n=1,603)		Cervical Cancer (n=95)	
	Number	Percent	Number	Percent
<b>Race/Ethnicity</b>				
White, Non-Hispanic	324	20%	15	16%
African American	83	5%	<5	n/a
Hispanic	841	52%	62	65%
Asian	228	14%	<5	n/a
Pacific Islander	27	2%	<5	n/a
Native American	9	<1%	0	0%
Multiple race	15	1%	<5	n/a
Other/Unknown/Missing	76	5%	<5	n/a
<b>Age Group</b>				
25-39	n/a	n/a	<5	n/a
40-49	575	36%	29	31%
50-59	674	42%	35	37%
60 and over	333	21%	25	26%
Unknown/Unspecified	21	<1%	0	0%
<b>Stage at Diagnosis</b>				
<i>In situ</i>	256	16%	n/a	n/a
Localized	423	26%	58	61%
Regional	527	33%	12	13%
Distant	310	19%	22	23%
Stage unknown/unspecified	87	5%	3	3%
Note: Summary stage of diagnosis, from Surveillance, Epidemiology and End Result Program (SEER). Summary stage corresponds to American Joint Committee on Cancer (AJCC) staging as follows: Localized = AJCC stage I; Regional = AJCC stage II; Distant= AJCC stages III and IV.				

Figures 4a and 4b show the distribution invasive breast and cervical cancers diagnosed in 2009, by socioeconomic level (SES) from the lowest (SES1) to the highest (SES5) and by stage at diagnosis for EWC recipients and the state.



Source: California Cancer Registry (4). Socioeconomic level (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. Seven indicator variables were combined into a single SES index using education, median income, median house value, median rent, proportion below 200 percent federal poverty level, proportion blue-collar workers, proportion in workforce with no jobs, as found in Yost *et al.* 2001 (5).

Compared to all California women diagnosed with invasive breast cancer, at the lowest socioeconomic level (SES1), which appears to be comparable to EWC's service population, fewer breast cancers among EWC recipients were women diagnosed in localized stage (32 percent versus 59 percent, respectively); while slightly more were diagnosed in regional stage (39 percent versus 32 percent, respectively). The reverse pattern was seen for women diagnosed with invasive cervical cancers. More EWC recipients were diagnosed at localized stage than California women at the lowest SES level (61 percent versus 46 percent, respectively).

***TREATMENT FOR EWC DIAGNOSED BREAST AND CERVICAL CANCER***

Since January 2002, with the passage of Public Law 106-354 (106<sup>th</sup> Congress, Oct 24, 2000, 114 STAT. 1381), women diagnosed with breast or cervical cancer through EWC have access to cancer treatment services through BCCTP. EWC recipient records, which were linked to 2009 case data from the CCR, were matched to BCCTP application records to confirm treatment referral.

Of the 1,603 women who were diagnosed with breast cancer through EWC in 2009, 79.5 percent were referred for treatment services through BCCTP. Of the remaining women, 19.0 percent received treatment through other health coverage; while 1.4 percent either declined treatment, died before treatment, or were lost to follow-up, as reported to CCR.

Of the 95 women who were diagnosed with invasive cervical cancer through EWC in 2009, 66.3 percent were referred for treatment services through BCCTP. The remaining 32.6 percent received treatment through other health coverage, and 1.1 percent either declined treatment, died before treatment, or were lost to follow-up, as reported to CCR.

## **PRELIMINARY BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES OUTCOMES FOR FY 2011-2012**

Outcomes of preliminary analysis of EWC clinical services data for FY 2011-2012, reported as of October 2012, were similar to FY 2011-2012. Table 3 shows the demographic and geographic distribution of women who received EWC breast cancer and cervical cancer screening and diagnostic services. As of October 2012, EWC has provided breast and/or cervical cancer screening and diagnostic services to 263,368 uninsured and underinsured women. Of those women, approximately 236,936 women received a breast cancer screening or diagnostic services, while approximately 161,630 received cervical cancer screening or diagnostic services (categories of service are not mutually exclusive).

The majority of women who accessed services through EWC were 50-59 years old (44 percent) followed by women 40-49 (37 percent). Of the women served, 70 percent were Hispanic. Approximately 70 percent of women received services in Los Angeles and other southern California counties. The distribution by age, race/ethnicity and county of residence among recipients were similar for breast clinical services. The majority of women served were 50-59 years old (41 percent), 70 percent were Hispanic, with more than 60 percent receiving services in southern California counties.

A final analysis, including breast cancer and cervical cancer screening and diagnostic services for FY 2011-2012, breast cancer and cervical cancer diagnosis and treatment for calendar year (CY) 2010, will be provided in the EWC February 2014 Report to the Legislature.

<b>Table 3. Recipient Demographics, Every Woman Counts Breast and Cervical Cancer Screening and Diagnostic Services, Preliminary Results, Fiscal Year 2011-2012</b>				
<b>Race/Ethnicity</b>	<b>Breast Cancer</b>		<b>Cervical Cancer</b>	
	Number	Percent	Number	Percent
Hispanic	165,288	70%	112,337	70%
White	24,729	10%	17,056	11%
African American	7,663	3%	4,329	3%
Asian	29,102	12%	21,088	13%
Native American	798	<1%	568	<1%
Pacific Islander	1,851	<1%	1,187	1%
Other	332	<1%	191	<1%
Multiple Race	1,289	1%	877	1%
Race unknown	5,884	2%	3,997	2%
<b>Age Group</b>	Number	Percent	Number	Percent
25-39	n/a	n/a	16,123	10%
40-49	87,569	37%	53,290	33%
50-59	103,372	44%	66,164	41%
60 and over	45,193	19%	26,053	16%
Age unknown	802	<1%	0	0%
<b>County of Residence</b>	Number	Percent	Number	Percent
Alameda	8,815	4%	3,979	2%
Alpine	<5	<1%	<5	<1%
Amador	131	<1%	142	<1%
Butte	933	<1%	758	<1%
Calaveras	119	<1%	115	<1%
Colusa	318	<1%	274	<1%
Contra Costa	2,421	1%	1,315	1%
Del Norte	154	<1%	143	<1%
El Dorado	369	<1%	220	<1%
Fresno	6,201	3%	5,886	4%
Glenn	325	<1%	210	<1%
Humboldt	608	<1%	511	<1%
Imperial	1,116	<1%	925	1%
Inyo	74	<1%	112	<1%
Kern	4,252	2%	4,145	3%
Kings	940	<1%	941	1%
Lake	250	<1%	230	<1%
Lassen	66	<1%	34	<1%
Los Angeles	82,985	35%	42,575	26%
Madera	1,003	<1%	1,019	1%
Marin	866	<1%	630	<1%
Mariposa	38	<1%	34	<1%
Mendocino	275	<1%	263	<1%
Merced	2,062	1%	1,927	1%
Modoc	47	<1%	33	<1%
Mono	36	<1%	50	<1%
Monterey	2,867	1%	2,566	2%
Napa	960	<1%	848	1%
Nevada	365	<1%	293	<1%
Orange	23,096	10%	18,490	11%
Placer	439	<1%	300	<1%
Plumas	68	<1%	65	<1%
Riverside	10,421	4%	6,164	4%
Sacramento	2,391	1%	1,656	1%
San Benito	566	<1%	618	<1%
San Bernardino	10,723	5%	7,947	5%
San Diego	22,542	10%	19,507	12%
San Francisco	5,504	2%	3,674	2%
San Joaquin	3,913	2%	3,270	2%
San Luis Obispo	1,096	<1%	1,124	1%
San Mateo	3,751	2%	1,672	1%
Santa Barbara	2,882	1%	3,312	2%
Santa Clara	6,690	3%	4,196	3%
Santa Cruz	2,381	1%	1,484	1%
Shasta	919	<1%	777	<1%
Sierra	8	<1%	6	<1%
Siskiyou	298	<1%	227	<1%
Solano	1,146	<1%	1,008	<1%
Sonoma	2,732	1%	2,241	1%
Stanislaus	3,658	2%	3,190	2%
Sutter	782	<1%	531	<1%
Tehama	275	<1%	225	<1%
Trinity	43	<1%	34	<1%
Tulare	3,933	1%	3,329	2%
Tuolumne	63	<1%	56	<1%
Ventura	5,923	2%	4,873	3%
Yolo	961	<1%	636	<1%
Yuba	365	<1%	335	<1%
County unknown	770	<1%	504	<1%
<b>Total</b>	<b>236,935</b>	<b>100%</b>	<b>161,629</b>	<b>100%</b>

Notes: These data are consider preliminary at the time of analysis, October 2012.  
Race/ethnicity are labeled 'Unknown' when reported as 'unknown' or missing.

## **CONCLUSION**

EWC provided life-saving breast cancer screening and diagnostic services to approximately 178,441 women in FY 2010-2011, who would otherwise not have access to care. In 2009, according to the most recent CCR data, 1,603 women were diagnosed with breast cancer after accessing EWC services, which accounted for approximately 5.5 percent of all breast cancers diagnosed in California. EWC recipients' breast cancers were found at the localized (26 percent) or regional (33 percent) stage at diagnosis. Given that early stage breast cancer diagnosis increases survival, and that EWC serves women from populations less likely to be diagnosed early, this program is serving a critical need for low-income women of California. A large majority of EWC women (about 79.5 percent) diagnosed with breast cancer were successfully enrolled in BCCTP.

EWC also provided cervical cancer screening and diagnostic services to 137,649 women in FY 2010-2011, who otherwise would not have had access to care. In 2009, according to the most recent CCR data, 95 women were diagnosed with invasive cervical cancer after accessing EWC services, accounting for nearly 6.8 percent of invasive cervical cancers diagnosed in California. More than half of these invasive cervical cancers (61 percent) were found in the localized stage. EWC provides a critical need of low income women of California, who otherwise would not have access to early stage cervical cancer diagnosis that successfully eliminates cancer. A majority of EWC women (about 66.3 percent) diagnosed with cervical cancer were successfully enrolled in BCCTP.

## ABOUT THE DATA

The information, provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services, is based on adjudicated claims from the Medi-Cal fiscal intermediary, the Xerox Corporation, reported as of October 2012. Data for FY 2010-2011, is considered complete, while data from 2011-2012, is considered preliminary, due to the time lag between services provided and the submission of final payment and reimbursements. Thus, for FY 2011-2012, data is limited to the number of women served by age group, race/ethnicity, and the woman's county of residence.

Clinical services provided and stage of diagnosis for breast cancer (*in-situ* and invasive) and cervical cancer (invasive) for FY 2011-2012, will be included in the February 2014 Report to the Legislature, once complete data is available. Note that because state and federal monies were combined to fund EWC, women who received breast and/or cervical cancer related services are represented in this report.

Woman's date of birth and race/ethnicity information, at first clinical service, are retained and are self-reported by the women to providers. Some date of birth or racial/ethnic groups may be found missing as many women chose not to identify their age, year of birth, or race/ethnicity. The county of residence as presented in Tables 1 and 2 was derived from the zip code of the woman's address at the time of first service during the concerned time period.

The number of women served is a count of unique (or distinct) women from DETEC and the claims data. The identity of a unique woman is preserved through probabilistic matching. In the probabilistic matching process used in EWC, 62 different permutations and combinations of primary demographic data such as name, mother's maiden name, phone number, date of birth, address, etc. are used.

CCR data for CY 2009, was used to validate breast cancer and cervical cancer diagnoses and recipient demographics, determine stage of diagnosis, source of treatment and follow up among women, who received a EWC clinical services on the same day or up to one year prior to the diagnosis date recorded in CCR (2008-2009).

Healthcare providers are mandated to report all cancers diagnosed among California residents to CCR, but due to time needed to accurately collect and process case information, the most recent complete data available to report was for CY 2009. In tables and figures specific to cancer diagnoses, the age at diagnosis was obtained from the medical record reported by CCR. The racial/ethnic group identification remained as identified by EWC clinical claims data.

DHCS data for BCCTP was used to validate the number of EWC recipients, diagnosed with breast and cervical cancers, which were referred for treatment through BCCTP. These analyses were conducted by the Data Management, Evaluation and Research Unit of the Cancer Detection and Treatment Branch, Benefits Division, DHCS.