

**EVERY WOMAN COUNTS
2024 REPORT TO THE CALIFORNIA
LEGISLATURE: BREAST AND
CERVICAL CANCER SCREENING AND
DIAGNOSTIC SERVICES, FISCAL
YEAR 2021-22**



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Executive Summary

The Every Woman Counts (EWC) Program annual report, complies with Revenue and Taxation Code (RTC) Section 30461.6 (f), which mandates the Department of Health Care Services (DHCS), to submit an annual report to the Legislature, and any other appropriate entity.

The report examines EWC Program services provided throughout Fiscal Year (FY) 2021-22. DHCS analyzed adjudicated paid clinical claims, from the Medi-Cal Fiscal Intermediary (FI). Data presented comprises of the number and demographics of recipients served, the number of breast and/or cervical cancer program screenings, and the number and type of diagnostic services recipients received. Reported data captures Calendar Years (CYs) 2019 and 2020, through the most recent links, provided by the California Cancer Registry (CCR). The CCR linkage can assist the EWC Program, by confirming cancer diagnosis and acquired tumor staging. There are no critical issues in this report or with the EWC service delivery system.

KEY FINDING:

EWC Services in FY 2021-22

EWC provided breast and/or cervical cancer screening and diagnostic services, to Approximately 152,551 uninsured and underinsured recipients in FY 2021-22.

- Approximately 135,411 received EWC breast cancer screening and diagnostic services.
- Approximately 56,804 received EWC cervical cancer screening and diagnostic services.

The counts of program recipients who had breast cancer services and cervical cancer services are not mutually exclusive and some recipients received both.

EWC Providers Rendered Approximately

- 140,059 screening and/or diagnostic mammograms.
- 599 Magnetic Resonance Imaging (MRI) for screening and/or diagnosis.
- 40,303 breast ultrasounds.
- 122,168 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy).
- 43,660 Papanicolaou (Pap) tests.

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- 22,821 HPV tests.
- 67,344 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, and some recipients received more than one procedure.

EWC Cancer Detection

EWC recipients from CYs 2019 and 2020, were linked with the most recent available CCR data, for CY 2020, to confirm cancer diagnosis and acquire tumor staging. EWC determined the following totals were diagnosed among program recipients:

- 718 recipients with breast cancer (cases with missing stage of diagnosis were omitted).
 - 81 recipients with *in situ* breast cancer
 - 636 with invasive breast cancer
- 36 recipients with invasive cervical cancer.
- A majority of breast and cervical cancer cases included recipients under 50 years old (47 percent and 70 percent, respectively).
- Sixty-three percent of EWC breast cancer was diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival. Cervical cancer staging information was omitted, due to its small sum, which if published could jeopardize program recipient privacy.

Calendar Year (CY) 2020, EWC Breast and Cervical Cancer Diagnoses and Treatment

Breast Cancer

718 recipients were diagnosed with breast cancer through the EWC Program:

- Greater than 50 percent were referred to DHCS, Breast and Cervical Cancer Treatment Program (BCCTP).
- Less than 50 percent reported to have received treatment through other health coverage.
- Less than one percent of recipients were lost to follow-up. In clinical medicine and research, the phrase “lost to follow-up” generally means a person who has not returned for continued care or evaluation (e.g., because of death, disability, relocation, or drop-out).

Cervical Cancer

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- 37 recipients were diagnosed with cervical cancer through the EWC Program:
 - Less than 30 percent were referred to BCCTP.
 - Greater than 70 percent were reported to have received treatment through other health coverage.
 - No recipients were reported as lost to follow-up.

Introduction

The Every Woman Counts (EWC) Program report, complies with the Revenue and Taxation Code Section 30461.6 (f) that requires the Department of Health Care Services (DHCS) to submit an annual report to the Legislature. This report includes EWC services provided during Fiscal Year (FY) 2021-22. DHCS analyzed adjudicated paid claims, from the Medi-Cal Fiscal Intermediary (FI) and included the following data in this report: 1). Number and demographics of recipients served; 2). Number of breast and cervical cancer screenings; and 3). Diagnostic services provided. EWC recipients were also linked to California Cancer Registry (CCR) data, from CY 2019, to confirm cancer diagnosis and acquire tumor staging. There are no critical issues in this report or with the EWC service delivery system.

Legislative Authority

The RTC Section 30461.6 (f), requires the department to submit an annual report to the Legislature that describes activities and effectiveness of the program.

(f) 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.*

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Background

In 1990, to improve access to breast and cervical cancer screening and awareness, U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act that created Public Law 101-354. The Act directed the CDC to establish the NBCCEDP that provides breast and cervical cancer screening exams, public education, and outreach, to low-income, uninsured, and underinsured individuals. The NBCCEDP awards funding to all 50 states, the District of Columbia, 2 U.S. territories, 5 U.S. affiliated Pacific Islands, and 13 American Indian and Alaska Native tribes or tribal organizations. Pursuant to Health and Safety Code (HSC), Section 104150, California is authorized to participate in the NBCCEDP cooperative agreement.

California's RTC Code Section 30461.6 (k) authorizes DHCS to administer the BCCP, known as the EWC program. EWC delivers high quality cancer screening, diagnostic and referral to treatment services to uninsured and underinsured eligible individuals, whose household income is at or below 200 percent of the Department of Health and Human Services (HHS) federal poverty level guidelines.

Reporting Period

This report to the Legislature includes EWC services provided during FY 2021-22. The data includes the number and demographics of recipients served and number of breast and cervical cancer screening and diagnostic services provided. In addition, the data include confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2020. The data is reported in arrears because of the time needed to accurately collect and process cancer case information.

Data Methods

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2021-22 report are based on adjudicated claims from the Medi-Cal FI, reported as of June 2023. This report includes individuals served by EWC using both state and federal funds.

DHCS used the following data sources for the FY 2021-22 report:

- **DHCS, Detecting Early Cancer Data Management System:** EWC's data management system for recipient enrollment and clinical services outcomes.
- **DHCS, Medi-Cal FI claims database:** Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2021-22.
- **California Department of Public Health (CDPH), California Cancer Registry (CCR) located in the Chronic Disease Surveillance and Research Branch:** The

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CCR is a statewide population-based cancer registry that collects data on almost all diagnosed cancers. California HSC Section 103885 requires hospitals, physicians, and certain health care providers, to report all new cancer diagnoses. Our EWC clinical services recipient records are linked to the CCR and reported twice a year.

- ***DHCS, Breast and Cervical Cancer Treatment Program:*** Public Law 106-354¹, allows EWC to refer individuals diagnosed with breast or cervical cancer, for treatment services through the DHCS BCCTP. This program is a state and federally funded, Title XIX program that provides no-cost breast and cervical cancer treatment, through full-scope Medi-Cal. DHCS conducts a quarterly record linkage with BCCTP.

The number of program recipients served during a reporting period is a count of (unique or distinct) individuals provided by EWC's adjudicated claims data. A recipient date of birth, and race/ethnicity is self-reported. Data could be missing for recipients who choose not to identify their age, year of birth, or race/ethnicity. Recipients classified as "Other" race/ethnicity include those who self-identified as such, and those who reported multiple races. The county of residence data was derived from the zip code information individuals provided, as their address point of service.

The CCR breast and cervical cancer diagnosis data, was used to confirm and determine the stage of diagnosis among EWC recipients, in CY 2020, who received a service. 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 2020.

DHCS, Breast and Cervical Cancer Treatment Program (BCCTP) data, was utilized to validate EWC recipients, diagnosed with breast and cervical cancer, and referred to Medi-Cal BCCTP for treatment. EWC recipient records were linked to 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 were 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 DHCS. All tables and figures in this report were designed and evaluated based on DHCS Data De-identification Guidelines, issued November 2023.

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

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Overview of EWC Breast and Cervical Cancer Screening and Diagnostics and Public Health Services

EWC is California's safety net program that allows access to free breast and cervical cancer screening, diagnostics, and case management services for eligible individuals, who meet the following criteria:

- Be a woman 40 years of age or older
 - For breast diagnostic services, have symptoms at any age, regardless of gender.
- Meet EWC Income Criteria
- Have no or limited insurance
- Are not receiving services through Medi-Cal or other government programs
- Live in California
- Have a household income at or below 200 percent of the Health and Human Services federal poverty level guidelines.

The EWC Program provides free breast and cervical cancer screening, diagnostic and referral to treatment services through a statewide network, of approximately 1100 EWC Primary Care Providers (Medi-Cal Providers in good standing), and referral providers. Providers are bound by an enrollment agreement, to deliver services, conduct eligibility assessments, enroll individuals in the EWC Program and submit claims for payment through the DHCS Fiscal Intermediary.

In 2020, the CCR estimated that 26,331 women were diagnosed with breast cancer, in California, and 4,492 died from invasive breast cancer.² For cervical cancer, CCR estimated that 1,383 women were diagnosed, and 488 died.³ Through timely, age-appropriate early detection screening, when cancer is most treatable, mortality totals may have been preventable.

Early detection of breast and cervical cancer improves survival rates. For localized breast tumors (tumor broke through the basement membrane, and confined to the breast), the relative survival rate from 2013-2019 was 99.1 percent. If the tumor is regional (spread to lymph nodes or adjacent tissues), survival rate for 2013-2019 declined to 86.8 percent. For cervical cancer, if found localized, survival rate was 91.1 percent compared to 59.7 percent when found at regional stage.⁴

² CCR [Cal*Explorer](#), Breast Cancer data downloaded, November 17, 2023.

³ CCR [Cal*Explorer](#), Cervical Cancer data downloaded, November 17, 2023.

⁴ CCR [Cal*Explorer](#), Relative survival (percentage) by stage at diagnosis, California, 2013-2019. Data downloaded November 17, 2023.

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Screening and Diagnostics

EWC provided breast and cervical cancer screening and diagnostic services to approximately 152,551 uninsured and underinsured recipients in FY 2021-22. In 2020, EWC services led to the diagnosis of 718 breast recipients and 37 recipients with cervical cancers.

Diagnostics Case Management

Case Management (CM) services are crucial for the continuity of care for EWC recipients, with abnormal screening test results. The role of CM 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. These services also assure communication, resource contacts and referrals, educational materials, classes, and counseling.

Patient Navigation Services

EWC offers Patient Navigation Services (PNS) to support individuals, with overcoming any barriers that may affect receiving appropriate screening, diagnostic and treatment services. PNS are intended to promote screening compliance, continuity, and quality care, and may further assist in timely completion of diagnostic testing and facilitate referral to treatment. EWC Health Educators and Clinical Coordinators offer program recipients PNS to support, educate, and refer to treatment while overcoming barriers, and ensuring access to medically necessary screening, diagnostic, and initiation of treatment services are available.

In FY 2021-22, 489 program recipients completed PNS. The majority, 286 (58 percent) of recipients, self-reported they had met their goal of getting screened, completing their diagnostic workup, or beginning treatment for breast or cervical cancer. Two hundred and three (4 percent) recipients terminated service before meeting their goal. Reasons for service termination were non-response, lost to follow-up, obtained insurance or treatment started. At the end of the FY, 124 new recipients were enrolled in PNS, and were in the process of being navigated.

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Clinical Quality Indicators

To establish a pathway to integrate quality breast and cervical cancer care, EWC offers standard procedures, training, technical assistance and targeted resources to providers, clinical coordinators, and health educators. These invaluable resources can improve overall performances, by implementing inventive cost-effective outreach and education, follow up and tracking of each California Region. Core Program Performance Indicators (CPPIs) and their performance benchmarks were developed by the National

Breast and Cervical Cancer Early Detection Program to assess grantee achievement.

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

In FY 2021-22, EWC Providers met 63 percent of eight required CPPIs.

- For recipients with abnormal screening results or planned work-up, 91.3 percent were screened for breast cancer and 86.6 percent were screened for cervical cancer and received complete follow-up care (performance benchmark of 90 percent and under).
- From the time of a provider notification, of abnormal screening results or planned work-up, to diagnosis was less than 60 days for 80.3 percent of recipients with breast cancer, and 60.4 percent of recipients with cervical cancer (performance benchmark 75 percent).
- Treatment was started for 92.4 percent of recipients diagnosed with breast cancer, and 77.9 percent diagnosed with cervical cancer and precancerous cervical conditions (includes high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*⁵) (performance benchmark of 90 percent).
 - Of the recipients who received treatment, 94 percent with breast cancer, and 93.8 percent with cervical cancer or precancerous cervical conditions, started treatment within 60 days (performance benchmark of 80 percent).

During this period, the EWC Program did not meet benchmarks set for its CPPI measures, related to cervical cancer screening to complete follow-up, time between cervical cancer screening to diagnostic follow-up and treatment started. EWC's totals were 86.6 percent, 60.4 percent, and 77.9 percent respectively. Through EWC Patient Navigation Services

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

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(PNS), the program strives to meet 100 percent of the benchmark requirements and continues to work with providers to design and implement interventions aimed at encouraging program recipients and continue care through the completion of all appropriate procedures to clinical resolution.

EWC Breast and Cervical Cancer Screening and Diagnostic Services

Recipients Served by EWC

EWC provided breast and/or cervical cancer screening and diagnostic services, to approximately 152,551 uninsured and underinsured recipients in FY 2021-22. Overall, there was a 6 percent increase in recipients served, in FY 2021-22, compared to FY 2020-21. Of the recipients served in FY 2021-22, approximately 135,411 received EWC breast cancer screening and diagnostic services, and approximately 56,804 received cervical cancer screening and diagnostic services (categories of service are not mutually exclusive.)

- **Tables 1 and 2** show the distribution of recipients served in FY 2021-22 by age group, race, and ethnicity. For breast cancer screening and diagnostic services, a majority of EWC Recipients were aged 40 and over (47 percent each for 40 to 49 years and 50 and over) and Hispanic (93 percent). For cervical cancer screening and diagnostic services, most recipients were aged 40 to 49 years old and Hispanic (45 and 93 percent, respectively).
- **Table 3 and Figure 1** show the distribution of recipients served in the reporting period by county of residence. Approximately 37 percent received breast cancer screenings and diagnostic services, and 18 percent received cervical cancer screening and diagnostic services in Los Angeles County.

Services Rendered By EWC

In FY 2021-22, EWC Providers performed approximately 140,059 screening and/or diagnostic mammograms, 599 MRIs for screening and/or diagnosis, 40,303 breast ultrasounds, and 122,168 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy). For cervical cancer screening and diagnostic services, EWC Providers performed 43,660 Pap tests, 22,821 HPV tests, and 67,344 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.

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EWC Cancer Detection

EWC recipients from CYs 2019 through 2020, were linked with the most recently available CCR data (CY 2020) to confirm cancer diagnosis and to acquire tumor staging. The data indicates 718 recipients with breast cancer and 37 recipients with cervical cancer (36 are invasive) were diagnosed among EWC recipients.

- **Tables 4 and 5** show a majority of EWC-diagnosed breast and cervical cancer were among recipients under 50 years old (47 percent and 70 percent, respectively). For breast cancer, 85 percent of EWC Recipients diagnosed, indicated coming from a Hispanic ethnicity.

EWC diagnosed 81 recipients within *situ* breast cancer and 636 with invasive. Breast and cervical cancer records with missing stage of diagnosis were excluded in this portion of the analysis. Sixty-three percent of EWC breast cancer was diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival. Cervical cancer staging information was omitted, due to its small sum, which if published could jeopardize program recipient privacy.

- **Figure 2** shows the distribution of breast cancer diagnosed in 2020 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

Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, EWC recipients were also diagnosed with breast cancer at early stage (59 versus 63 percent, respectively).

⁶ 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, 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, no. 8 (2001): 703- 711.

⁷ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data obtained by request. November 01, 2023.

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Treatment of EWC Diagnosed Breast and Cervical Cancer in CY 2020

In 2020, greater than 50 percent of the 718 recipients diagnosed with breast cancer through EWC were referred to BCCTP, less than 50 percent reported to have received treatment through other health coverage. A relatively few recipients were lost to follow-up. For the 37 EWC recipients diagnosed with cervical cancer, less than 30 percent were referred to BCCTP and greater than 70 percent were reported to have received treatment through other health coverage.

Conclusion

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 152,551 recipients in FY 2021-22, who may otherwise not have had access to care. EWC services led to the diagnosis of 718 recipients with breast cancer, 636 of which were invasive, accounting for 2.4 percent of all invasive breast cancers diagnosed in California that year.⁸ Of those EWC recipients diagnosed with breast cancer, 63 percent were diagnosed at early stage. Nearly all the recipients diagnosed with breast cancer by EWC were reported to have been referred to treatment.

EWC services led to the diagnosis of invasive cervical cancer for 36 recipients, accounting for 2.6 percent of all invasive cervical cancers diagnosed in California in 2020.⁹ All of the recipients diagnosed with cervical cancer by EWC were referred to the BCCTP for cancer treatment.

Breast and cervical cancer prevention, outreach and awareness services are available through the EWC Program, and Medi-Cal Program for treatment activities. EWC is essential for individuals who are low-income or underinsured and do otherwise not have access to cancer screening and diagnostic services. Early detection of breast and cervical cancer leads to early treatment, which increases the likelihood of survival.

⁸ CCR [Cal*Explorer](#), Breast Cancer data downloaded, November 17, 2023.

⁹ CCR [Cal*Explorer](#), Cervical Cancer data downloaded, November 17, 2023.

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**Table 1. Breast Cancer Screening and Diagnostic Services by Recipient
Demographics, Every Woman Counts, FY 2021-22**

	Breast Cancer (n=135,411)	
Age Group (years)	Number	Percent
Younger than 40	8,583	6%
40-49	63,629	47%
50 and over	63,199	47%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	2,371	2%
African American	811	<1%
Hispanic	125,875	93%
Asian-Pacific Islander	3,731	3%
American Indian and Other	275	<1%
Unknown	2,348	2%

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**Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient
Demographics, Every Woman Counts, FY 2021-22**

	Cervical Cancer (n=56,804)	
Age Group (years)	Number	Percent
21-39	8,203	14%
40-49	25,409	45%
50 and over	23,169	41%
Other/Unknown	23	<1%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	1,062	2%
African American	295	1%
Hispanic	53,060	93%
Asian-Pacific Islander	1,632	3%
American Indian and Other	125	<1%
Unknown	630	1%

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Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, FY 2021-22

County of Residence	Breast Cancer (n=135,411)		Cervical Cancer (n=56,804)	
	Number	Percent	Number	Percent
Alameda	2,471	2%	748	1%
Alpine/Amador/Calaveras	26	<1%	15	<1%
Butte	216	<1%	107	<1%
Colusa/Modoc/Plumas	135	<1%	83	<1%
Contra Costa	1,155	1%	627	1%
Del Norte/Humboldt	56	<1%	22	<1%
El Dorado	194	<1%	70	<1%
Fresno	2,338	2%	1,374	2%
Glenn/Lassen	158	<1%	81	<1%
Imperial	166	<1%	111	<1%
Inyo/Mono	11	<1%	17	<1%
Kern	3,210	2%	1,989	4%
Kings	626	<1%	259	<1%
Lake/Siskiyou/Trinity	106	<1%	60	<1%
Los Angeles	50,186	37%	10,138	18%
Madera	839	1%	516	1%
Marin	855	1%	550	1%
Mendocino	267	<1%	138	<1%
Merced	1,393	1%	889	2%
Monterey	3,419	3%	2,244	4%
Napa	676	<1%	542	1%

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	Breast Cancer (n=135,411)		Cervical Cancer (n=56,804)	
County of Residence	Number	Percent	Number	Percent
Nevada/Mariposa/Tuolumne	96	<1%	35	<1%
Orange	13,119	10%	6,338	11%
Placer	199	<1%	118	<1%
Riverside	6,992	5%	3,571	6%
Sacramento	1,329	1%	800	1%
San Benito	259	<1%	220	<1%
San Bernardino	5,572	4%	2,128	4%
San Diego	12,221	9%	7,498	13%
San Francisco	367	<1%	309	1%
San Joaquin	2,323	2%	1,707	3%
San Luis Obispo	834	1%	445	1%
San Mateo	2,354	2%	820	1%
Santa Barbara	2,556	2%	1,420	2%
Santa Clara	4,449	3%	2,573	5%
Santa Cruz	1,416	1%	591	1%
Shasta	183	<1%	106	<1%
Sierra/Yuba	143	<1%	101	<1%
Solano	811	1%	552	1%
Sonoma	1,911	1%	1,287	2%
Stanislaus	1,754	1%	1,018	2%
Sutter	270	<1%	155	<1%
Tehama	173	<1%	121	<1%

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	Breast Cancer (n=135,411)		Cervical Cancer (n=56,804)	
County of Residence	Number	Percent	Number	Percent
Tulare	3,392	3%	1,877	3%
Ventura	3,492	3%	1,991	4%
Yolo	453	<1%	330	1%
Unknown	240	<1%	113	<1%

Note: Counties were combined if number of recipients screened was between 1 and 10 to safeguard program recipient privacy. These counties were combined either with similar sized counties or with counties in the same EWC region.

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**Table 4. Every Woman Counts Diagnosed Breast Cancer by Recipient
Demographics and Summary Stage of Diagnosis, Calendar Year 2020**

Breast Cancer (n=718)		
Age Group (years)	Number	Percent
Less than 50	337	47%
50-59	255	35%
60 and over	126	18%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	39	5%
African American	*	*
Hispanic	609	85%
Asian-Pacific Islander	44	6%
American Indian, Other and Unknown	*	*
Stage at Diagnosis (n=606)**	Number	Percent
Early	382	63%
Late	224	37%
<i>Note:</i> 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. *Cell numbers and their percentage were suppressed to safeguard program recipient privacy. **Cancers where stage was unspecified and missing were excluded.		

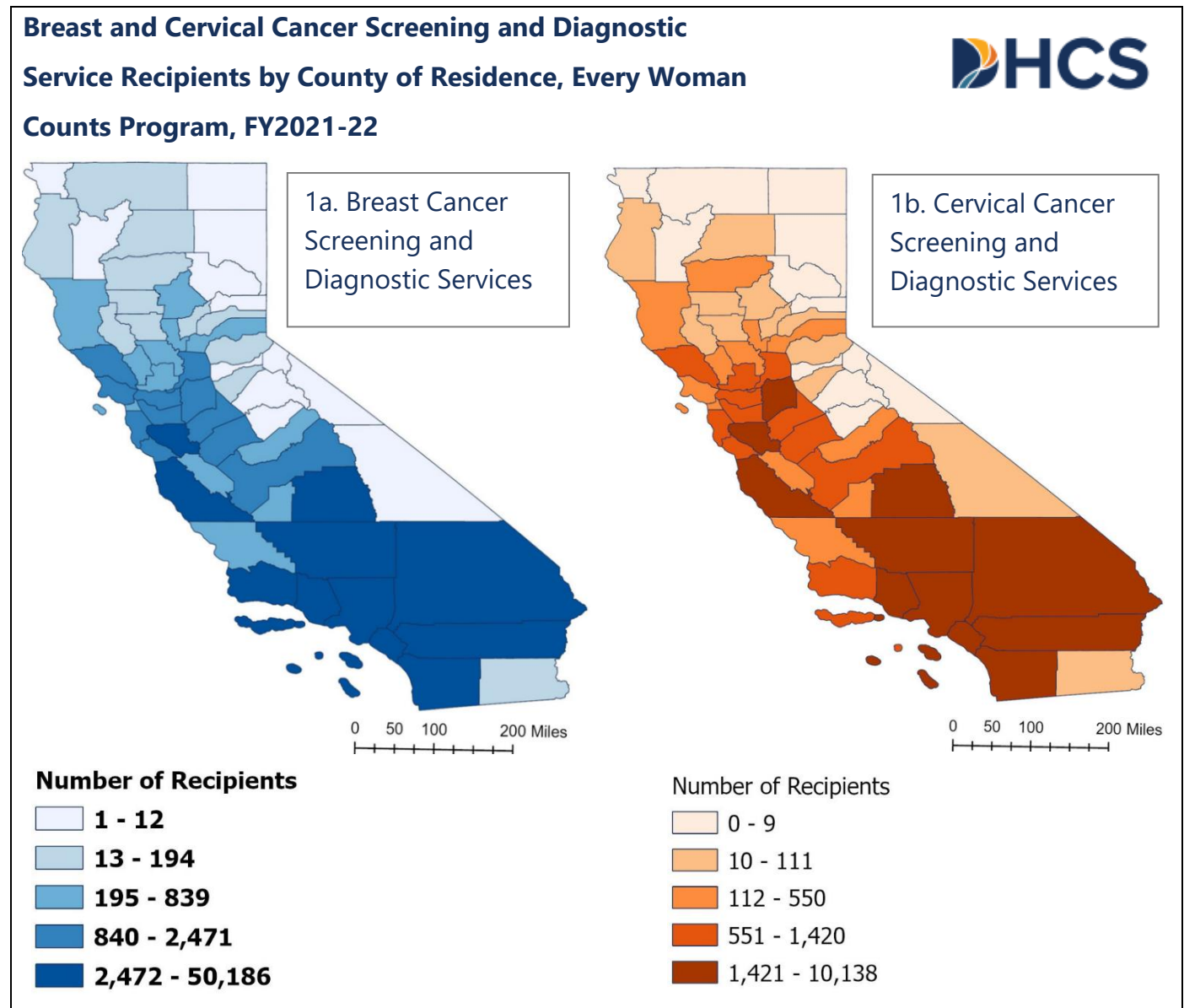
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**Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient
Demographics, Calendar Year 2020**

Cervical Cancer (n=37)		
Age Group (years)	Number	Percent
Less than 50	26	70%
50 and over	11	30%
Race/Ethnicity	Number	Percent
All	37	100%
Note: Race/Ethnicity category is collapsed to safeguard program recipient privacy. Stage at diagnosis for cervical cancer could not be included due to small numbers.		

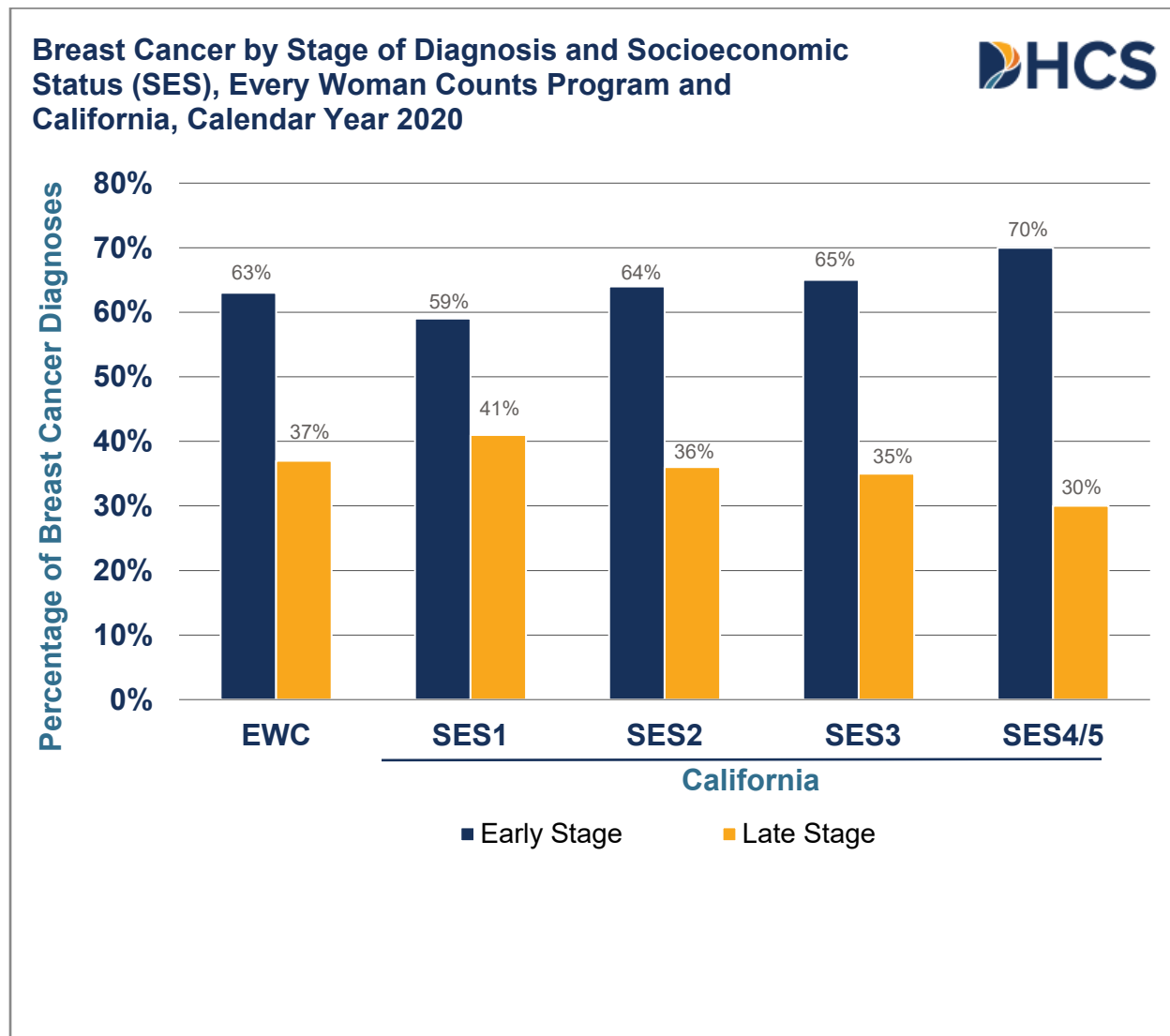
2024 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services
Fiscal Year 2021-22

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients
by County of Residence, Every Woman Counts Program, Fiscal Year 2021-22



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Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2020



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Department of Health Care Services
Benefits Division, Every Woman Counts (EWC) Program
MS 4601
P.O. Box 997417
Sacramento, CA 95899-7417

Email: cancerdetection@dhcs.ca.gov

Telephone: (916) 449-5300

**Individuals seeking breast cancer and cervical cancer screening services, with
breast cancer signs or symptoms:**

Call the toll-free number 1-800-511-2300 or visit our Online Provider Locator,
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>