Breast and Cervical Cancer Early Detection Program Report

New York State Department of Health

Cancer Services Program

Program Years 2005-2006, 2006-2007 and 2007-2008

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Additional and related information is available from the
New York State Department of Health (NYSDOH) at: http://www.health.ny.gov

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

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Persons interested in locating a Cancer Services Program Partnership in their area should call the toll-free number 1-866-442-CANCER (2262).

EXECUTIVE SUMMARY

The Cancer Services Program (CSP) helps to facilitate access to breast and cervical cancer screening and diagnostic services for low-income, underserved women in New York State (NYS).

Over 14,000 NYS women are newly diagnosed with breast cancer and nearly 3,000 die from the disease annually.[1] Cervical cancer is diagnosed in approximately 900 women in NYS each year and about 280 women die from the disease annually.[1] An increase in timely, age-appropriate screening could prevent many of these deaths by detecting cancer early when it is most treatable.

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

This report includes activities and data from the CSP for program years 2005-2006, 2006-2007 and 2007-2008. In this report, program components are outlined and clinical data and outcomes are reviewed. By presenting this report, the CSP hopes to highlight the importance of breast and cervical cancer screening in NYS.

References

1. New York State Cancer Registry, 2003-2007
2. National Cancer Institute, 2008. *National Cancer Institute Cancer Fact Sheets: Cancer Health Disparities*. http://www.cancer.gov/cancertopics/factsheet/cancer-health-disparities

I. PROGRAM DESCRIPTION

Overview

The New York State Department of Health (NYSDOH) Cancer Services Program (CSP) oversees the delivery of comprehensive breast and cervical cancer screening services to underserved populations in New York State (NYS) through contracts with local community-based organizations known as CSP partnerships (previously known as Healthy Women Partnerships or Healthy Living Partnerships). The CSP provides public and health care provider education about cancer prevention and early detection, assists with outreach and recruitment of eligible clients, advises on case management and ensures the quality of clinical services provided through the program. The CSP also oversees other initiatives including the provision of colorectal cancer screening, community-based cancer support services, legal and supportive services for persons with cancer and mobile mammography.

During the 2005-2006 program year (4/1/05-3/31/06), the CSP had a combined state and federal budget of $22.6 million for all facets of the program. The CSP had a combined state and federal budget of $25.7 million and $28.9 in the 2006-2007 and 2007-2008 program years, respectively. The CSP receives federal funds from the Centers for Disease Control and Prevention (CDC) for breast and cervical cancer screening as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In the program years covered by this report, there were 53 CSP partnerships comprised of over 2,300 community partner agencies statewide. CSP partnerships were selected through a competitive application process for the administration of age and risk-appropriate breast and cervical cancer screening. In addition to screening services, the CSP partnerships provided diagnostic services and assisted women diagnosed with breast and cervical cancer to obtain prompt and comprehensive treatment through the NYS Medicaid Cancer Treatment Program (MCTP). The NYS MCTP is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer and, in some cases, pre-cancerous conditions related to these cancers.

Eligibility Criteria

In order to access the detection, diagnostic, case management and support services available through the CSP, individuals must meet program eligibility criteria. Between April 2005 and March 2008, these criteria included being 18 years of age or older, being uninsured or underinsured (defined as those financially unable to meet their co-payments or deductibles or whose insurance did not provide coverage for breast and cervical cancer screenings), and having household incomes at or below 250 percent of the federal poverty level (FPL). Women with household incomes above 250 percent of the FPL who met all other eligibility criteria were also eligible for services, if they were unable to afford cancer screenings. Women ages 18 and older were eligible for clinical breast exams, Pap tests and any associated diagnostic testing. Women aged 40 and older were also eligible for annual mammograms.

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

Case Management

Case management has been an integral part of the CSP since the federal legislation for the NBCCEDP was reauthorized to include this component in 1998. Clients found to have abnormal screenings are provided with case management services to ensure that they receive timely diagnosis, affordable care and appropriate treatment. Funding from NYS supports this effort by CSP partnerships.

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

Outreach and Recruitment

CSP outreach and recruitment efforts focus on accessing underserved populations, including individuals who are underinsured or uninsured and women who are rarely or never screened for cervical cancer (defined as never having had Pap tests or having previous Pap tests more than five years ago). The CSP provides technical assistance to CSP partnerships to guide planning, implementation and evaluation of recruitment activities.

In 2007, the CSP established a statewide toll-free referral line to increase access to CSP services for NYS residents. This toll-free number (1-866-442-2262 or 1-866-442-CANCER) is promoted through CSP public awareness and media campaign materials, as well as the NYSDOH web site. Multilingual telecounselors answer calls 24 hours a day, 7 days a week. The primary role of the call center staff is to directly transfer callers to local CSP partnerships so they may obtain cancer screening, diagnostic, treatment and support services in their local areas. Data collected by the call center enables the CSP to better evaluate the effectiveness of public education materials and media campaigns.

The statewide recruitment campaign, ASK ME, launched in 2003, continued during these program years to locate and enroll eligible women. The ASK ME campaign is a strategy that invites local volunteers from businesses, schools, agencies, libraries and health care facilities to participate in the recruitment process. Volunteers wear buttons and aprons with the message "Uninsured? ASK ME How to Get a FREE Cancer Screening" and engage the target population in conversations about how they can access the program's free services. Through March 2007, ASK ME was implemented in nearly 6,000 locations involving more than 30,000 volunteers. To increase recruitment of additional ethnic populations, the ASK ME buttons and static window clings were translated into 10 languages (Korean, Russian, Chinese, Spanish, Vietnamese, Laotian, Portuguese, Haitian Creole, French and Bosnian).

Public Education

The CSP maintains a series of publications to educate the general public about the importance of cancer screening and other cancer-related topics (Appendix I). The program has developed and distributed a number of publications related to breast cancer screening, diagnosis and treatment. In the program years covered by this report, over 130,000 copies of 'Breast Screenings Help Save Lives' were

distributed, as well as over 68,000 copies of 'A Woman's Guide to Breast Cancer Diagnosis and Treatment.'

Professional Education

In April 2004, the CSP mandated that all providers seeking reimbursement for clinical breast examination (CBE) use the CSP CBE form or an approved alternative form. This mandate was established in an effort to improve the comprehensive breast examination and standardize the documentation for CBE reimbursed by the CSP. The use of an approved form provides an organized way to track and report findings. Twice a year, the program requests a random sample of 50-100 records for review. The reviews assess compliance with the required form and allow CSP staff to assess the quality of the documentation. The program instructs providers who are found to be noncompliant to use the required form and encourages them to attend a CBE training session to review both clinical and documentation skills.

Regional meetings were held in the spring and fall of 2006, 2007 and 2008 to enhance the skills of CSP partnership contractors at the local level. Topics covered included program eligibility, overview of emergency Medicaid coverage for individuals without documentation of citizenship and development of outreach and recruitment plans, performance measures, partnerships and work plans.

The CSP continued to collaborate with other programs within the NYSDOH to offer full-day trainings on cultural competency available to contractors throughout the state. In 2006, 360 individuals participated in four training sessions. In 2007, 3 sessions trained 131 participants and in 2008, 105 participants were trained in 3 sessions.

The CSP disseminated the *Program Update*, a periodic newsletter, to all contractors and partners across the state. The *Program Update* enhances communication with program partners and presents an opportunity to share programmatic and clinical updates, new clinical guidelines, relevant data, best practices and upcoming training opportunities.

Mobile Mammography Initiative

Beginning in July 2006, the NYSDOH CSP funded nine hospital-based mobile mammography initiatives at $50,000 annually for three years (July 2006 to June 2009). The goal of the Mobile Mammography Initiative (MMI) was to supplement mammography capacity in counties where the capacity was low and therefore enhance the geographic availability and cultural acceptability of mammographic services to women unable or unwilling to use fixed-site facilities. MMI contractors served CSP-eligible women in nearly half of NYS counties.

Quality Assurance

In 1998, the CSP began monitoring clinical performance and outcomes among providers offering clinical services through the partnerships (CSP providers) to ensure that women receive quality clinical services. These quality assurance (QA) efforts have since become a model recognized by the CDC; many other states have adopted similar QA activities.

The program reviews data from approximately 1,900 CSP providers to identify facilities that report either a very low or a very high number of abnormal mammograms, CBE and Pap tests. The proportion of breast biopsies that are positive for cancer, the timeliness of follow-up for breast or cervical abnormalities detected upon screening and adherence to established clinical algorithms for abnormal findings are also reviewed.

Often, interventions occur as a result of these quality assurance activities. Facilities found deficient may be placed on probation until they successfully complete corrective action plans or, in some cases, may be suspended from the program. QA interventions affect women beyond those enrolled in the CSP as improvements in technique or processes are realized by both uninsured and insured women served by these providers. The QA activities of the CSP not only result in improved quality of clinical care, but also help raise awareness of program goals, increase participation by the providers and facilities and improve access for clients.

Research and Evaluation

The NYSDOH Cancer Screening Research and Evaluation Unit supports the CSP in ongoing efforts to regularly monitor program activities. The unit maintains an Internet-based data entry system used by CSP partnerships to enter screening, diagnostic, treatment and demographic information for all clients. This data system facilitates timely reimbursement, improves the quality of data collected and reinforces program procedures. On-line data queries and reports are available for CSP partnerships and CSP staff to monitor performance. Program data collected through the on-line data system are integral to the management of the CSP and can be used for program planning, quality assurance and evaluation.

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

Lastly, the CSP collaborates with government and academic institutions on cancer-related research activities. During the timeframe covered by this report, the CSP assisted the Mount Sinai School of Medicine’s Department of Oncological Sciences and Human Genetics with its efforts to recruit individuals for two studies involving genetic counseling and genetic testing for the breast cancer susceptibility gene 1 (BRCA1) and the breast cancer susceptibility gene 2 (BRCA2). BRCA1 and BRCA2 are human genes that belong to a class of genes known as tumor suppressors; mutation of these genes has been linked to hereditary breast and ovarian cancer. The CSP also supported Mount Sinai in their study examining the impact of various counseling formats on women of African descent by sending study information to eligible women enrolled in the CSP partnerships in the New York City area. This collaboration provided CSP clients with services not otherwise available to them and also helped support efforts to recruit minority participants into clinical research.

Survivorship

The NYSDOH was the first state health department in the nation to address the issue of cancer survivorship by funding initiatives that offer psychosocial supportive services extending beyond the treatment phase of cancer. These programs meet the needs of thousands of individuals and families across the state. Nearly $600,000 was awarded to 32 hospitals and community agencies throughout NYS

beginning in January 2006 to assist adults, children and families whose lives had been affected by cancer. The “Community-Based Cancer Support Services” contracts, received funding to provide counseling, support groups, transportation to treatment, family support activities, respite and childcare.

During this reporting period, the CSP funded six non-profit legal organizations across the state at $83,333 each to help people with cancer cope with legal, financial and medical issues. Services provided under these Legal and Support Services contracts included assistance with estate planning, preparation of wills, access to health care services, settlement of insurance disputes, entitlement to benefits, preparation of advance directives and issues related to child custody.

Breast and Cervical Cancer Detection and Education Program Advisory Council

Section 2407 of the Public Health Law authorizes a 21 member Breast and Cervical Cancer Detection and Education Program Advisory Council (Council). Originally, this Council was created to address breast cancer detection and education. In 2005, the law was revised to expand the role of the Council to also address cervical cancer. The Council meets three times each year to provide ideas and input on the activities of the CSP.

During the timeframe covered by this report, the Council reviewed and selected individuals for the annual *Innovations in Breast Cancer Research and Education Awards* (pursuant to PHL § 2409) to recognize, reward and promote innovation in breast cancer prevention, early detection and research by dedicated health professionals, consumers, nonprofit organizations or other candidates. A list of Council members and awardees can be found in Appendix II.

II. PROGRAM OUTCOMES

This section summarizes the breast and cervical cancer screening and diagnostic services provided through the CSP, the screening test results and the final diagnoses determined for three consecutive program years (2005-2006, 2006-2007 and 2007-2008). Each program year represents the 12-month period between April 1 and March 31.

Women Screened Through the Cancer Services Program

There has been a steady growth in the number of women screened for breast and/or cervical cancer since the inception of the CSP. The number has increased from 28,279 women in the 1994-1995 program year to 81,421 women in the 2007-2008 program year. The greatest increase was among the youngest age group (Figure 1). The increase among younger women was due to the expansion of the program's eligibility criteria in 2002 to include women ages 18 to 39. The decrease in women 65 and older was due to changes in Medicare Part B coverage in January 1998 to include annual mammograms.

The number of women ages 18 to 64 screened through the CSP during the 2007-2008 program year represented approximately 12 percent (78,308/647,346) of the estimated eligible population of women ages 18 to 64 who are uninsured and at or below 250% of FPL in NYS (data source for eligible population: U.S. Census, Small Area Health Insurance Estimates, 2006). The percent of the eligible population screened was 19 percent (49,322/261,444) for those ages 40 to 64 and 18 percent (23,294/128,075) for those ages 50 to 64.

Figure 1

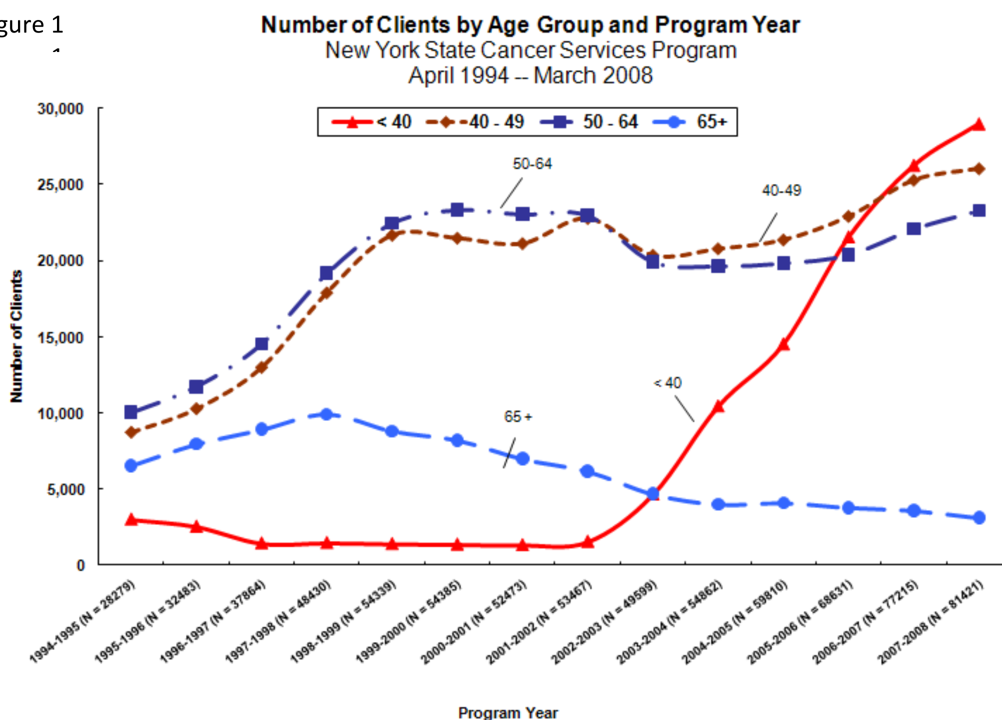
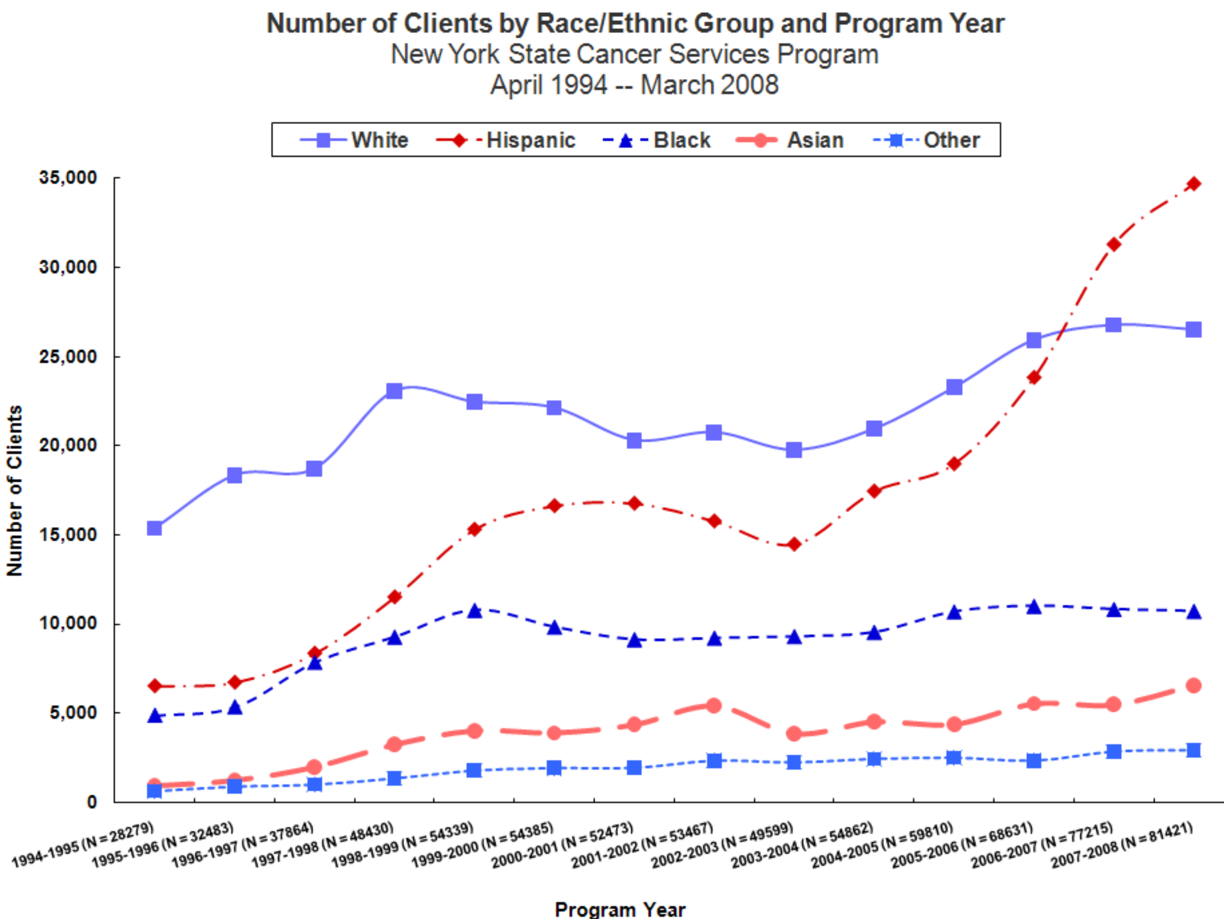


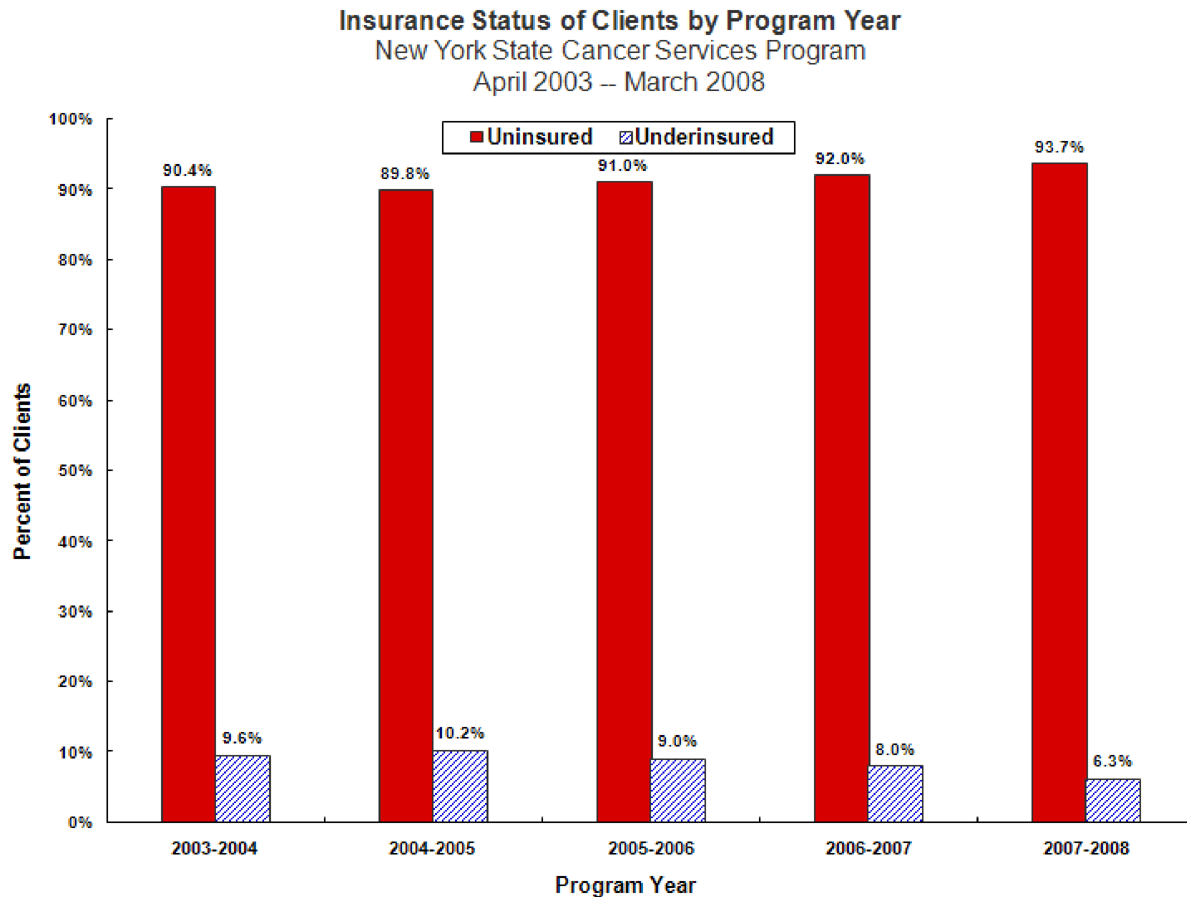
Figure 2



The racial and ethnic distribution of women screened through the CSP is shown in Figure 2. In the 2007-2008 program year, 13 percent of women screened identified themselves as black, 8 percent identified as Asian and 32 percent identified as white. The percent of Hispanic women screened through the CSP has increased dramatically since the program's inception with 42 percent of women screened identified as Hispanic in the 2007-2008 program year.

The CSP screens women who are either uninsured or underinsured, however the vast majority of the women screened through the program are uninsured (Figure 3). In the 2007-2008 program year, nearly 94 percent of women screened were uninsured; this percentage has increased over the past 5 program years.

Figure 3

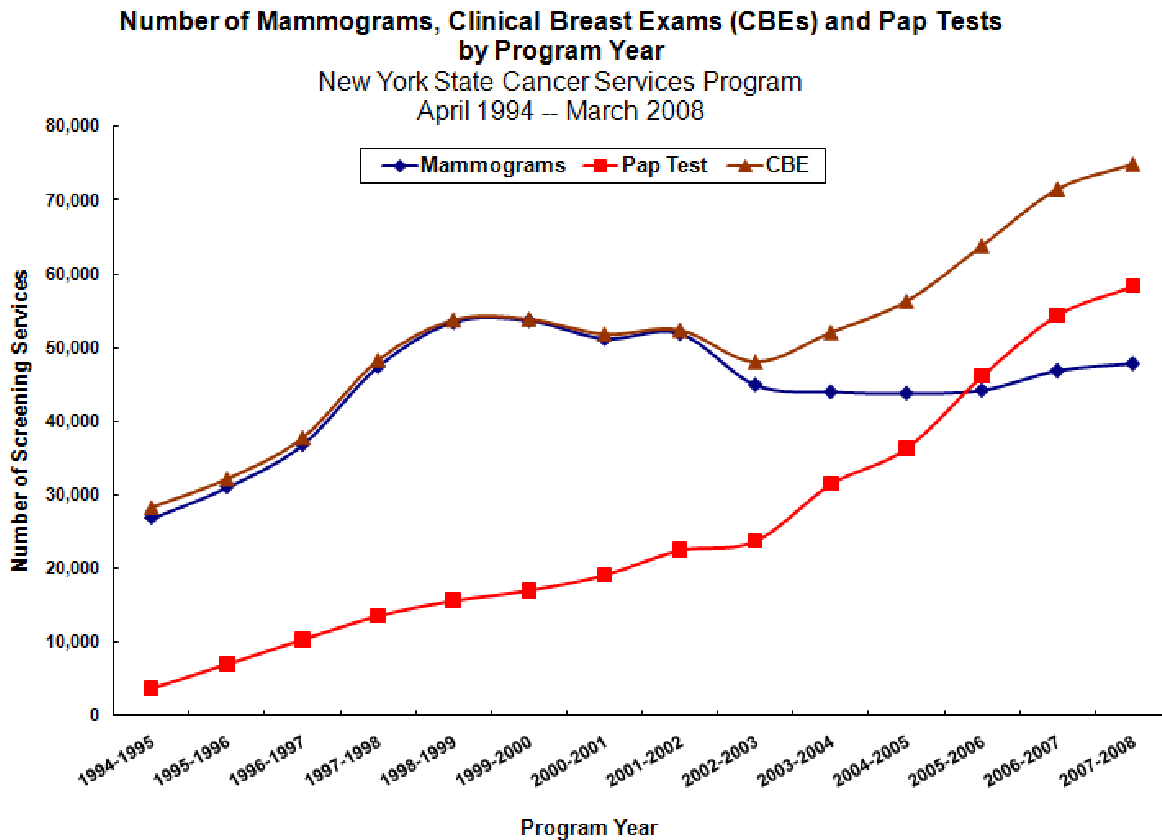


Breast and Cervical Cancer Screening Services

The number of screening services provided through the CSP has shown an increase over the past 14 program years (Figure 4). The program provided nearly 624,000 mammograms, over 725,000 clinical breast exams (CBEs) and nearly 360,000 Pap tests to low income, uninsured and underinsured women between 1994 and March 2008. In the 2007-2008 program year alone, nearly 48,000 mammograms, 75,000 CBEs and over 58,000 Pap tests were provided. The steeper growth in CBEs and Pap tests is due, in part, to the expansion in program eligibility in 2002 for women ages 18 to 39. The loss of three major

CSP providers in the New York City (NYC) metropolitan region contributed to the decline of mammograms starting in the 2002-2003 program year. The number of mammograms leveled out in the years following, but more recent program years have shown a slight increase.

Figure 4

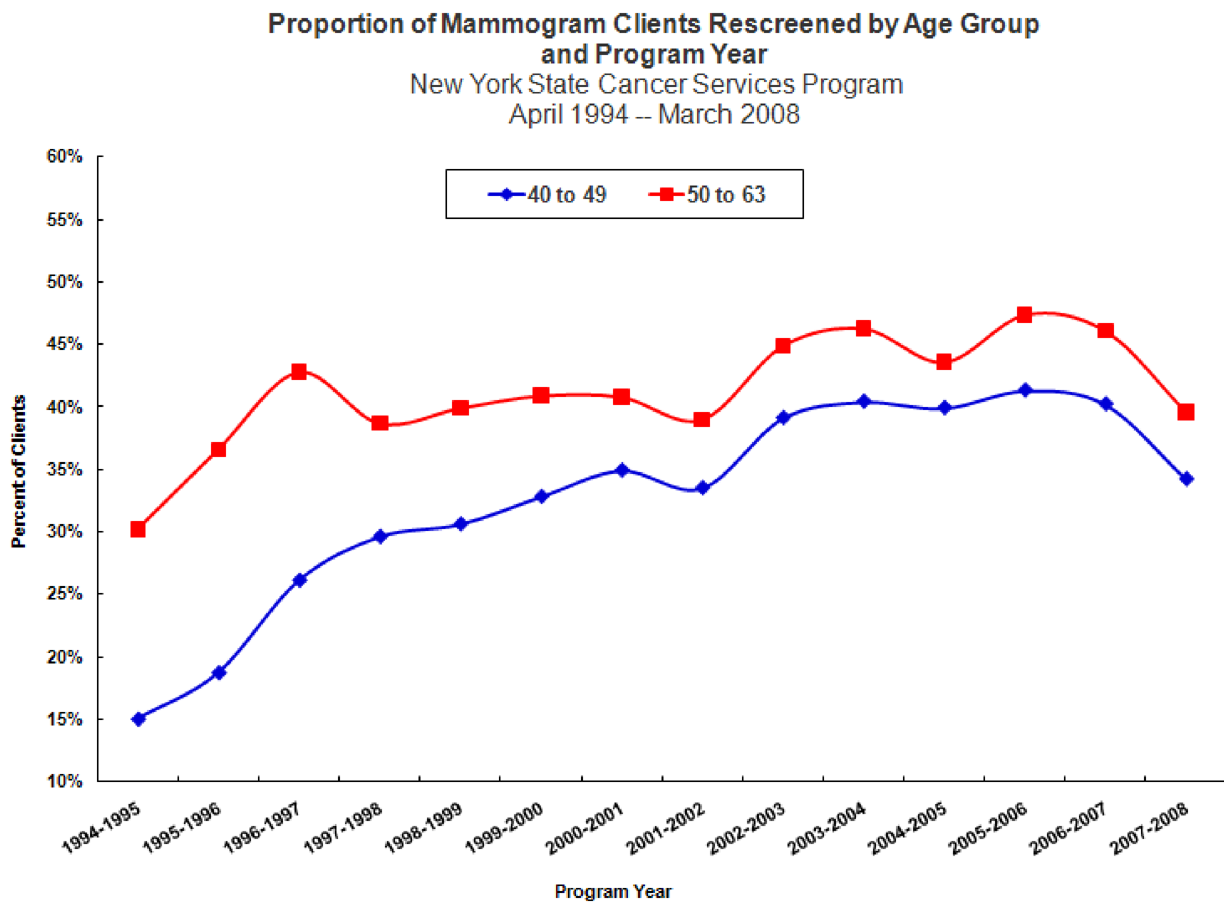


The CSP provides screening mammograms to women ages 40 and older, but identifies women ages 50 and older as the priority age group for mammography screening. The program sets a goal of providing 75 percent of screening mammograms to women ages 50 and older. In the 2007-2008 program year, 49 percent of women who received screening mammograms were ages 50 or older. Another priority for the CSP is to provide Pap tests to women who are rarely (screened more than 5 years ago) or never screened for cervical cancer. The program sets a goal of providing at least 20 percent of initial Pap tests to women who are rarely or have never been screened for cervical cancer. In the 2007-2008 program year, 21 percent of the initial Pap tests provided through the CSP were for women who were rarely or never screened.

Regular mammography rescreening of program clients is an integral component of the CSP. For the

purpose of this report, the percent of timely mammography rescreening is defined as the number of women who returned for annual screening mammograms within 8-18 months of their last screening mammograms, divided by the number of women whose last breast cancer screenings were normal. Among women ages 40 to 63, the rescreening rate increased overall from 23 percent in the 1994-1995 program year to 36 percent in the 2007-2008 program year (Figure 5), however this rate showed a decrease in the 2006-2007 and 2007-2008 program years. Women ages 50 to 63 were consistently rescreened at a higher rate than women ages 40-49 for the past 14 program years. In the 2007-2008 program year, the proportions of women rescreened were 33 percent and 38 percent for clients ages 40-49 and 50-63, respectively.

Figure 5



Breast Cancer Screening Results

An abnormal CBE result is defined as having a mass or other finding in the breast. Figure 6 illustrates the age-specific percentages of abnormal CBEs in three program years combined (2005-2006, 2006-2007 and 2007-2008). Overall, the percentage of abnormal CBEs among all clients screened in the program was 8.4 percent during this time period. The percentage of abnormal results varied with age, decreasing with increasing age. This is explained, in part, by the fact that the CSP clients in the younger age group are not representative of the underlying age-specific population; such clients are more likely to be at increased risk or symptomatic for breast cancer given the program eligibility guidelines and referral patterns.

Figure 6

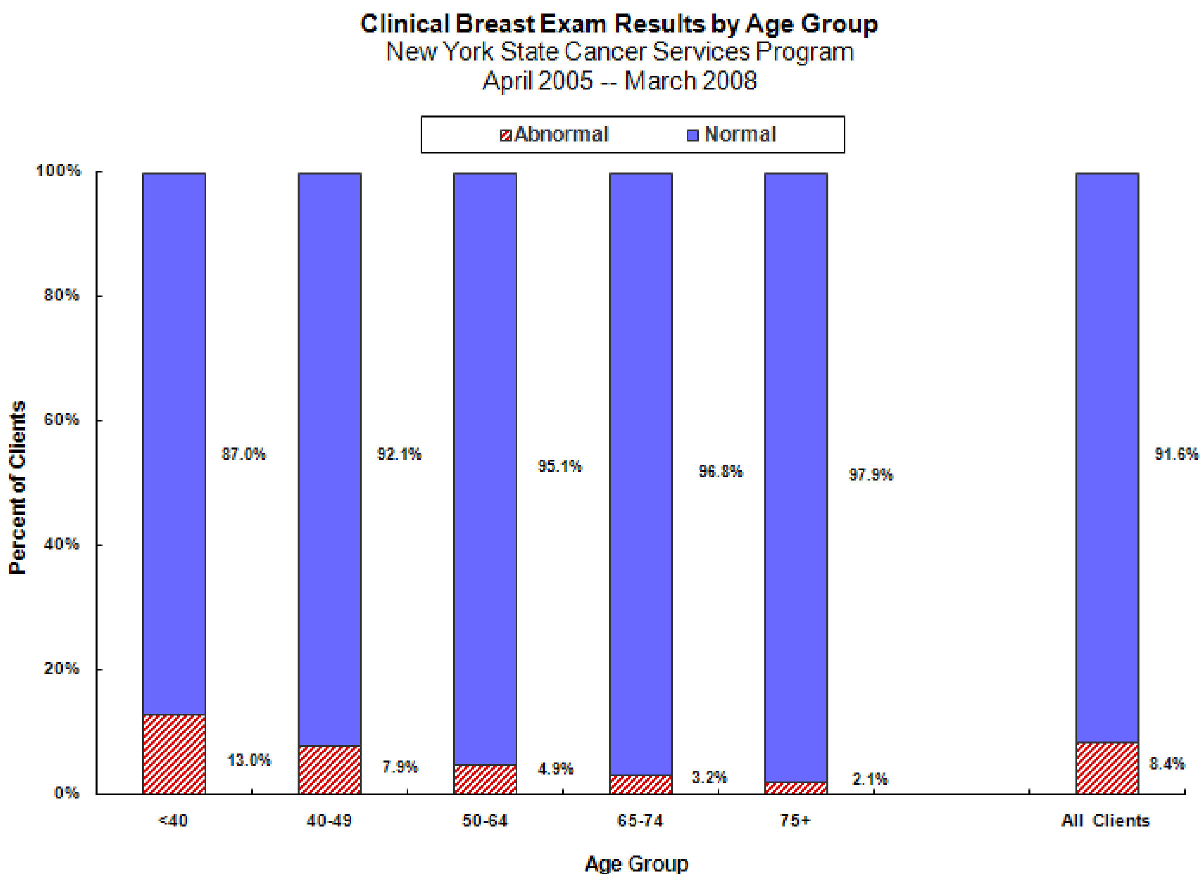
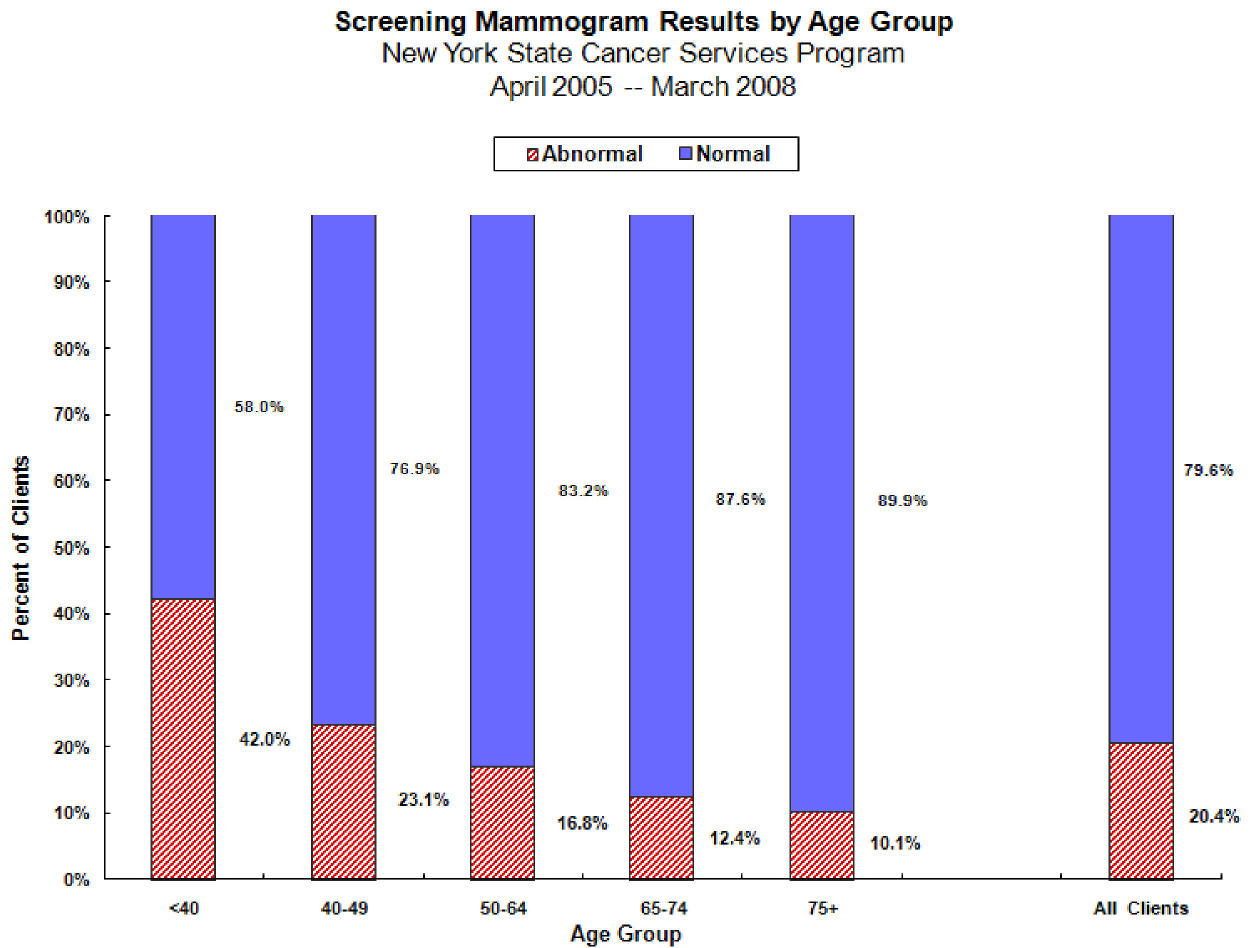


Figure 7 illustrates the age-specific percentages of abnormal screening mammograms in three program years combined (2005-2006, 2006-2007 and 2007-2008). Abnormal screening mammograms include those with a result of “assessment incomplete,” “suspicious abnormality” or “highly suggestive of malignancy.” Overall, the percentage of abnormal mammograms among all clients screened in the program was 20.4 percent during this time period. The percent abnormal varies by age, decreasing with increasing age. Younger women had 4 times as many abnormal findings as women 75 years and older. This may be due, in part, to the fact that the younger women who receive mammograms through the CSP are not representative of the underlying age-specific population. They are more likely to be at increased risk and more likely to be symptomatic.

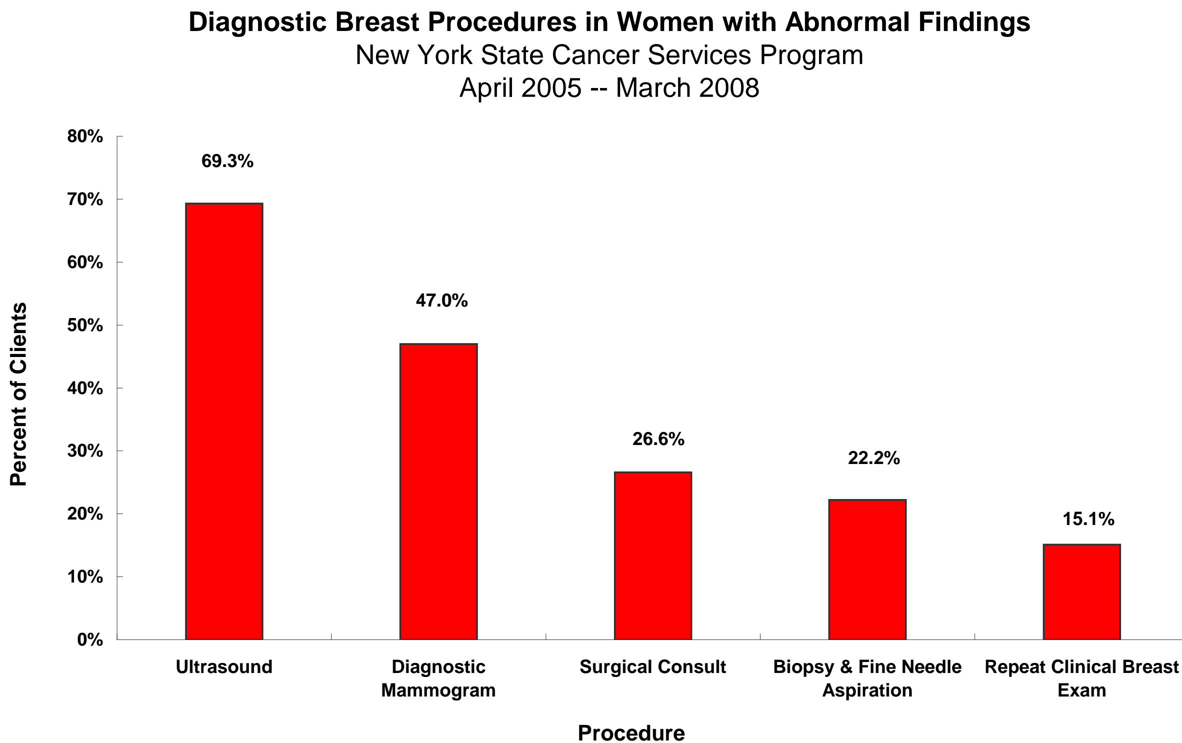
Figure 7



Breast Cancer Screening Diagnostic Follow-up

Women with abnormal findings on breast screenings (either CBEs or screening mammograms) are referred for diagnostic services. The CSP sets a goal of providing timely follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75 percent of the abnormal breast cancer screenings provided through the CSP. During the 2007-2008 program year, 67 percent of abnormal breast screenings had timely follow-up. Figure 8 illustrates the most common diagnostic procedures provided through the CSP to those with abnormal breast cancer screenings. In three program years combined (2005-2006, 2006-2007 and 2007-2008), nearly 70 percent of women who had abnormal findings received ultrasounds, and 47 percent had diagnostic mammograms.

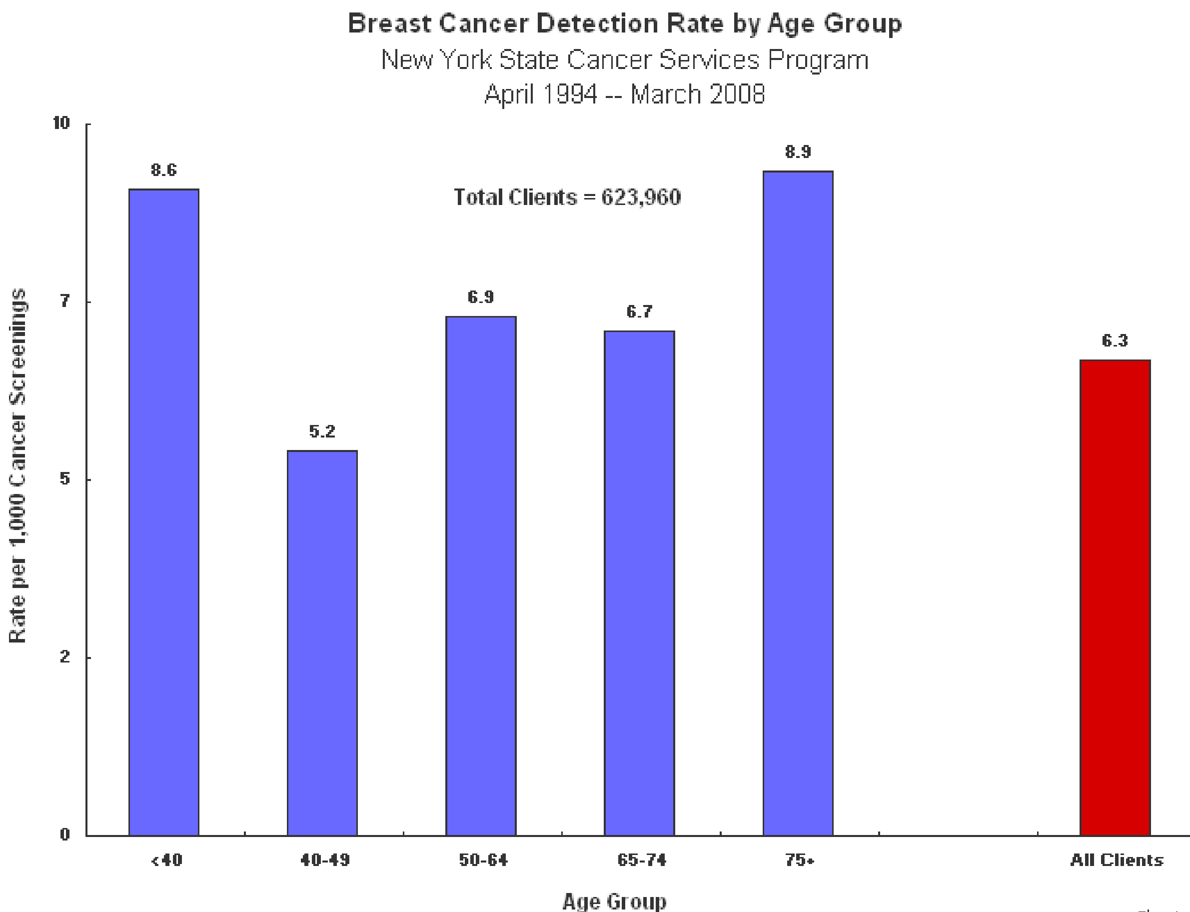
Figure 8



Breast Cancer Detection

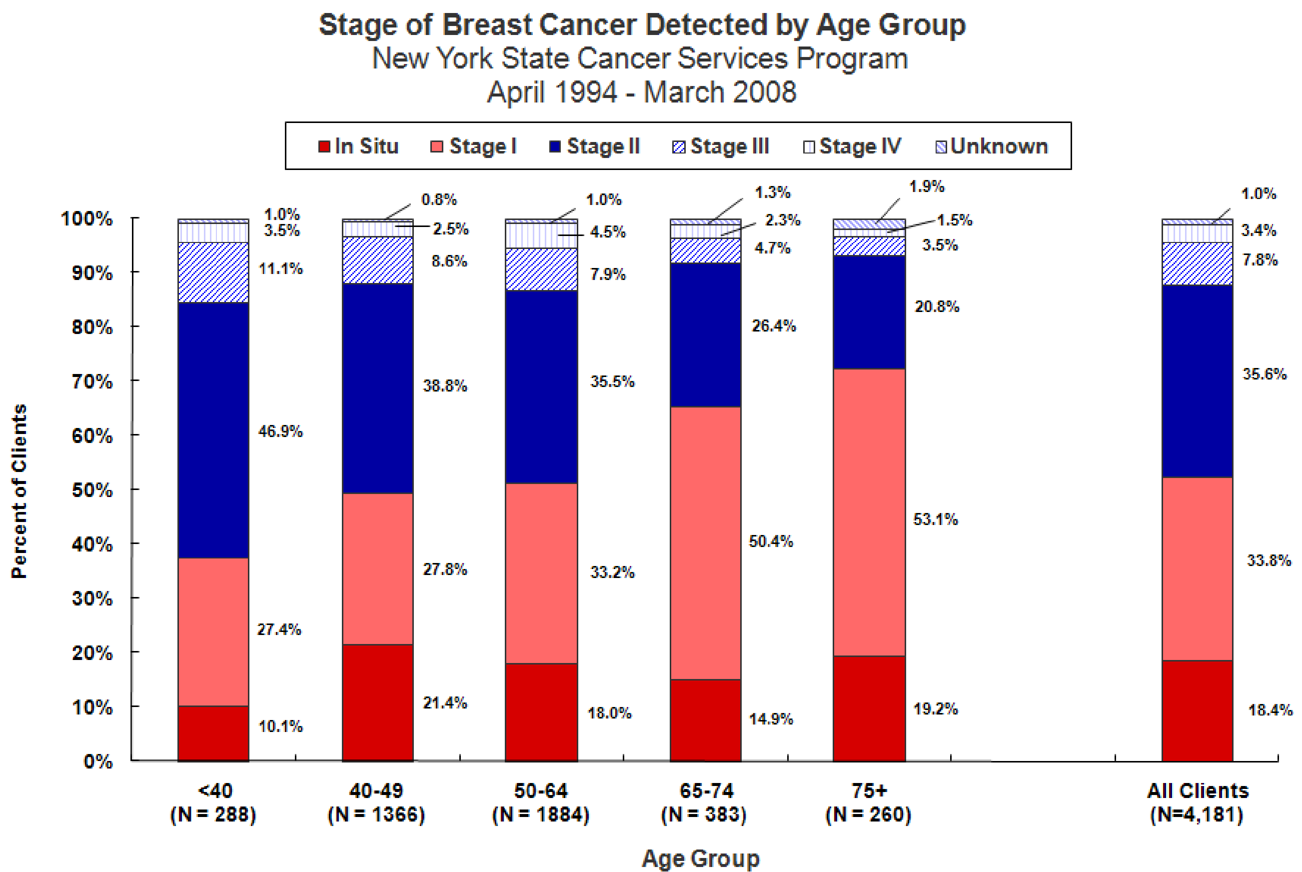
A total of 1,114 cases of breast cancer, including invasive breast cancer, Lobular Carcinoma in Situ (LCIS), Ductal Carcinoma in Situ (DCIS) and all other Carcinoma in Situ, were diagnosed through the CSP during the 2005-2006, 2006-2007 and 2007-2008 program years, representing an overall breast cancer detection rate of 8.0 per 1,000 clients screened through the program. Figure 9 shows how the detection rate for breast cancer varies by age for cases diagnosed between the 1994-1995 and 2007-2008 program years; rates were highest among the youngest and oldest age groups. The relatively high detection rate of breast cancer among women under age 40 can be explained, in part, by the program's eligibility criteria which allow women under age 40 to have screening mammograms only if they are considered to be at increased risk for breast cancer. The higher detection rate for breast cancer among the older group is consistent with the incidence of breast cancer in the general population, where incidence increases with age, with the highest incidence in women 75-79 years of age (New York State Cancer Registry, 2003-2007).

Figure 9



Identification of breast cancer at an early stage when it is most treatable and the survival rate is more favorable is a primary goal of the CSP. Overall, the percent of clients diagnosed with breast cancer at early stages (in Situ or Stage I) was 52.3 percent between the 1994-1995 and 2007-2008 program years (Figure 10). The percentage of early stage diagnosis increases with age. The lower percent of early stage disease in younger women may, once again, be associated with the CSP eligibility criteria, which allow women under 40 to have a screening mammogram only if they are considered to be at increased risk for breast cancer.

Figure 10



Cervical Cancer Screening Results

The percentage of abnormal Pap test results among all women screened in the program was 15.6 percent in the 2005-2006, 2006-2007 and 2007-2008 program years. Abnormal Pap test results can include any of the following: atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesions (LSIL) including HPV changes, high-grade squamous intraepithelial lesions (HSIL), atypical squamous cells of undetermined significance - cannot exclude HSIL (ASC-H), atypical glandular cells – all subcategories (AGC), squamous cell cancer or other. Figure 11 illustrates

how the percentage of abnormal Pap test results varies with age; younger women are more likely to have abnormal findings than older age groups. This pattern may be due, in part, to the program enrollment patterns for younger women, which make it more likely for those with positive findings to be enrolled in the CSP.

Figure 11

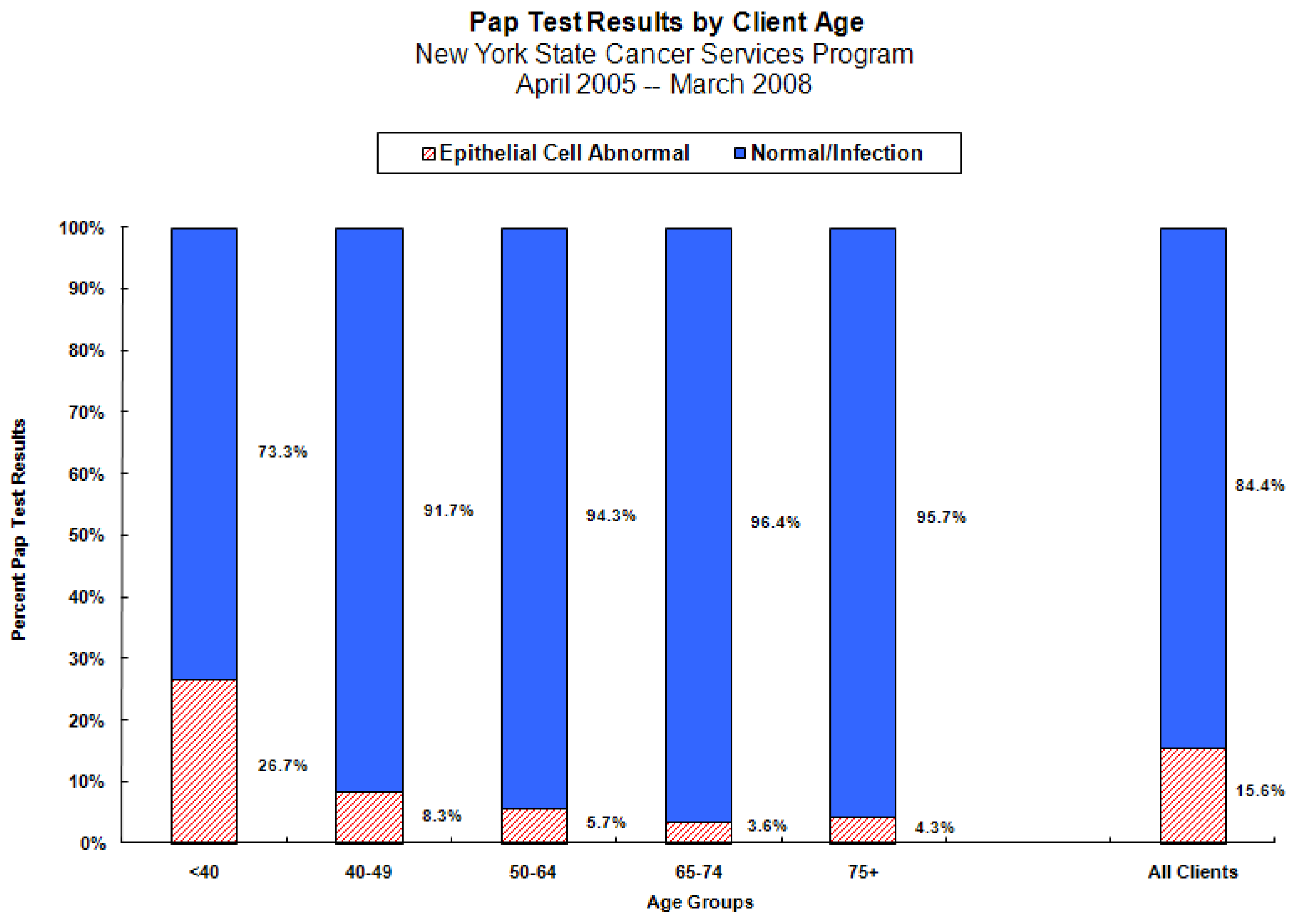
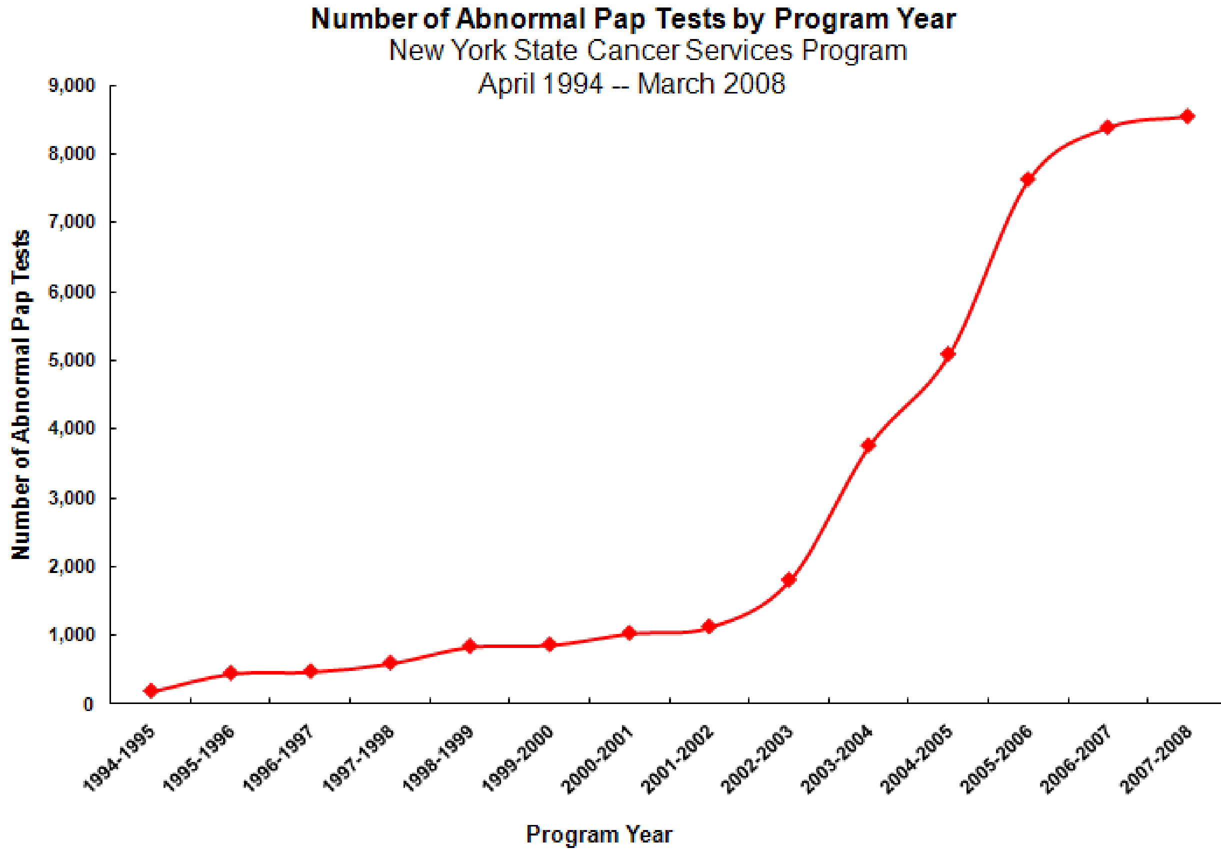


Figure 12

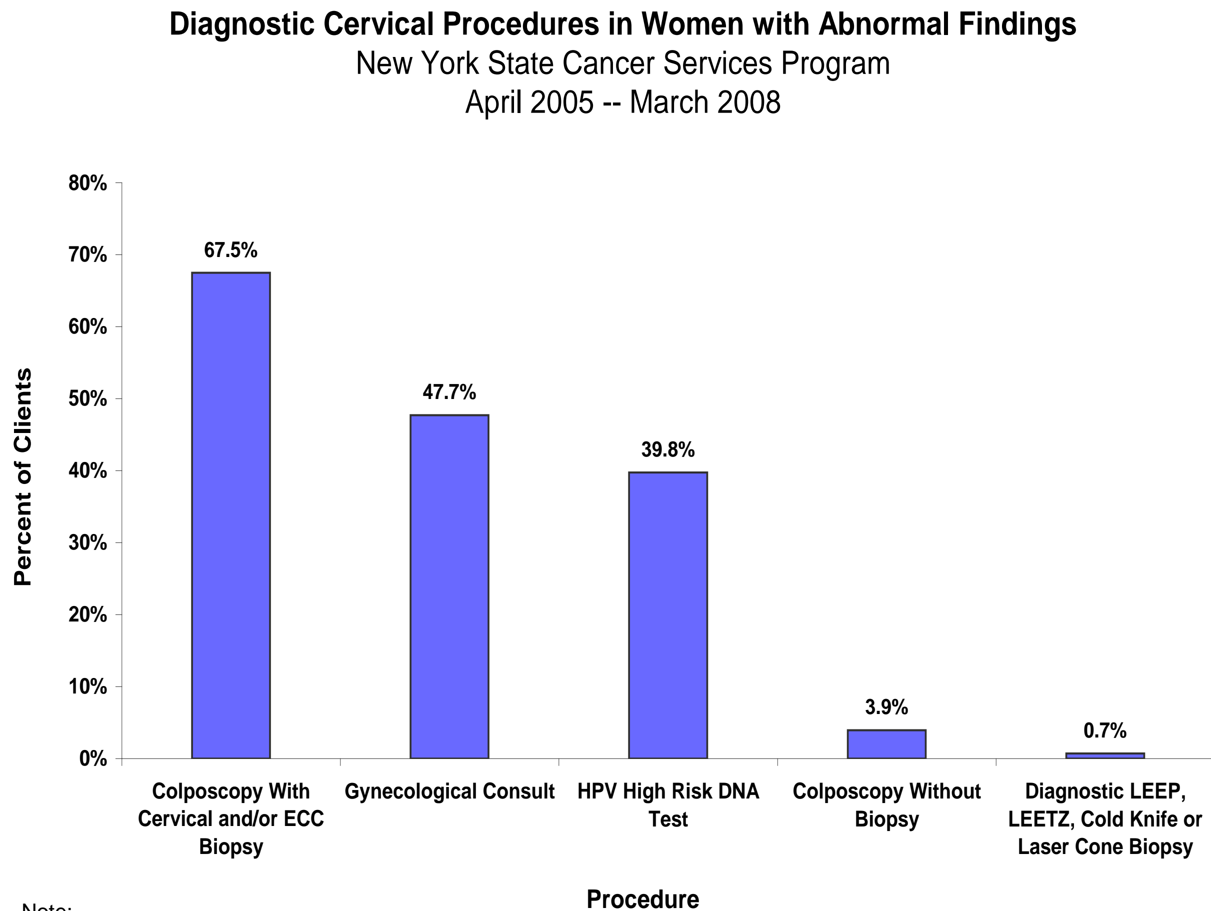


The number of abnormal Pap tests, and, subsequently, the number of diagnostic services, has increased dramatically since the program's inception, paralleling the increase in the number of younger women screened through the CSP as a result of the expansion of program eligibility to women ages 18 to 39 in 2002 (Figure 12).

Cervical Cancer Diagnostic Follow-up

Women with abnormal Pap test results are referred to diagnostic services. The program sets a goal of providing timely follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75 percent of the abnormal cervical cancer screenings provided through the CSP. During the 2007-2008 program year, 61 percent of abnormal cervical cancer screenings had timely follow-up. Figure 13 illustrates the most common diagnostic procedures provided for women with abnormal cervical cancer screenings. In the 2005-2006, 2006-2007 and 2007-2008 program years, nearly 70 percent of women who had abnormal cervical cancer screenings had colposcopies and nearly 50 percent had gynecological consults.

Figure 13



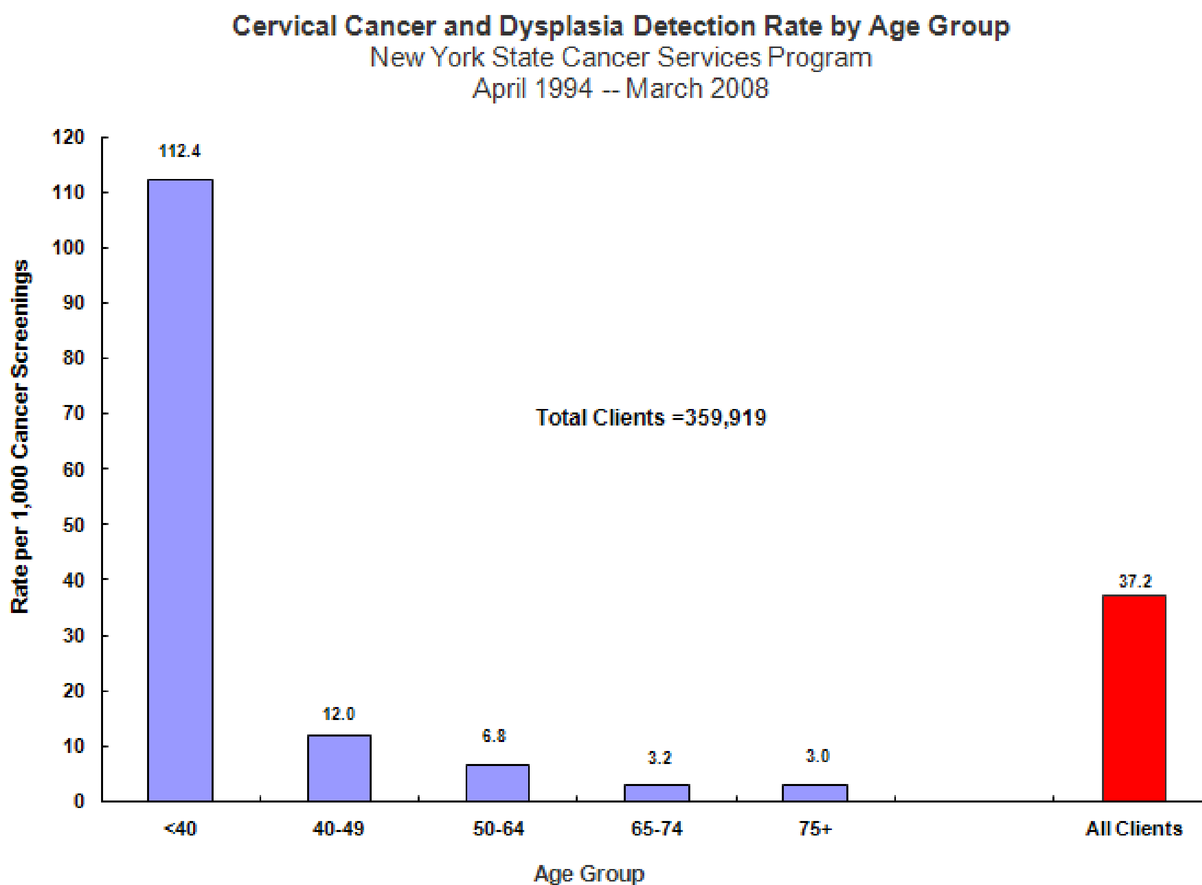
Note:

ECC— endocervical curretage
LEEP— loop electrode excision procedure
LEETZ— loop electrode excision of the transformation zone

Cervical Cancer and Dysplasia Detection

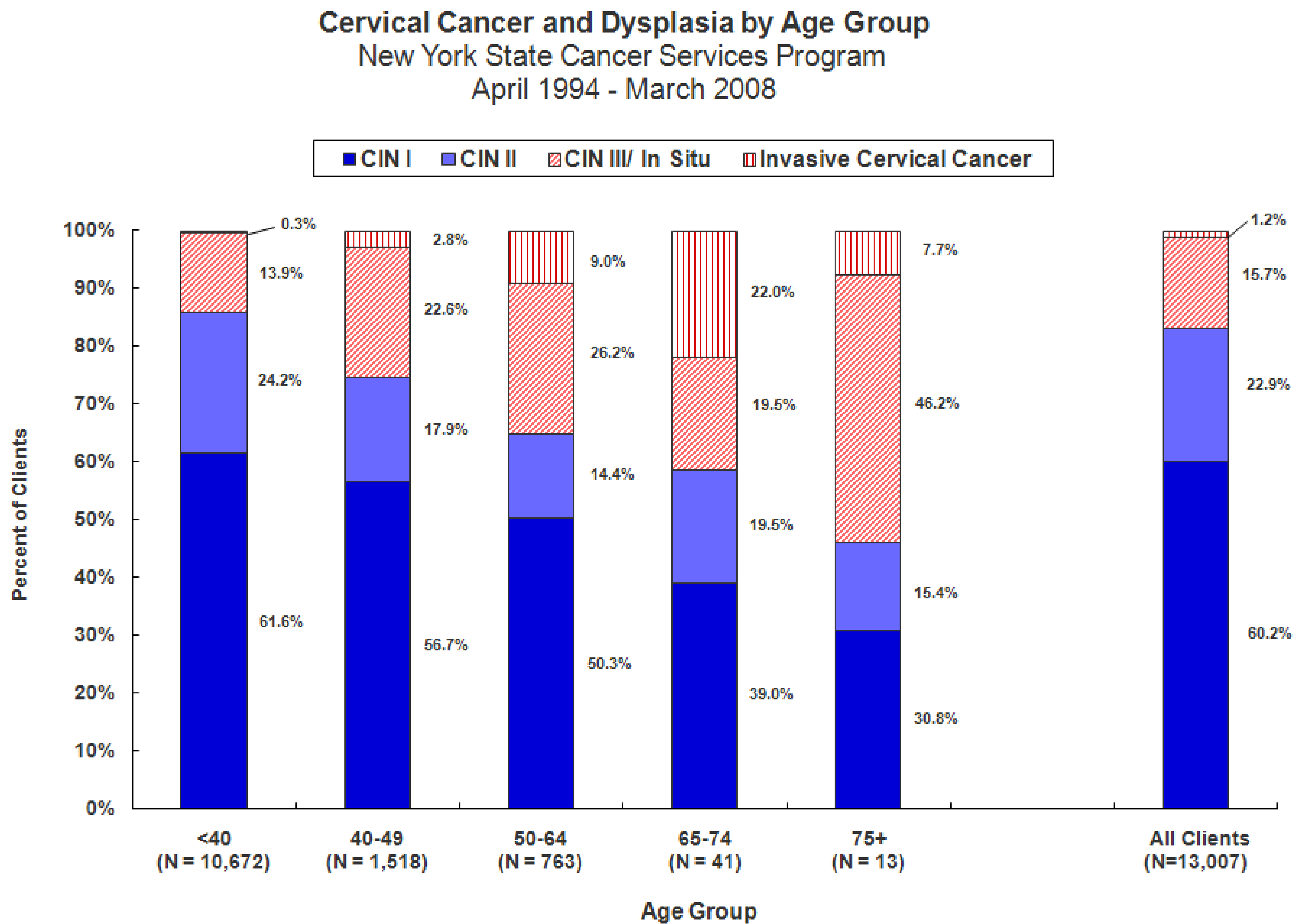
A total of 80 cases of invasive cervical cancer and over 8,500 cases of cervical intraepithelial neoplasia (CIN) were diagnosed through the CSP during the 2005-2006, 2006-2007 and 2007-2008 program years. For this same time period, the overall rate of invasive cervical cancer and dysplasia (defined as CIN I or worse [includes CIN I, CIN II, CIN III - carcinoma in situ]) per 1,000 women screened in the program was 53.9. Figure 14 shows how the detection rate for cervical cancer and dysplasia varies by age for cases diagnosed between the 1994-1995 and 2007-2008 program years. The high detection rate for women under age 40 may be due, in part, to program-specific enrollment patterns.

Figure 14



Overall, the percent of clients diagnosed with invasive cervical cancer is very small: 1.2 percent during the time period between the 1994-1995 and 2007-2008 program years (Figure 15). The higher detection rate of invasive cervical cancer in women 65 to 74 years of age is consistent with the incidence of cervical cancer in the general population, where incidence increases with age, with the highest incidence in women 65-69 years of age (New York State Cancer Registry, 2003-2007). The higher percentage of precancerous cases in younger women may be due, in part, to program-specific enrollment patterns, where younger women with abnormal Pap tests are more likely to be enrolled in the program.

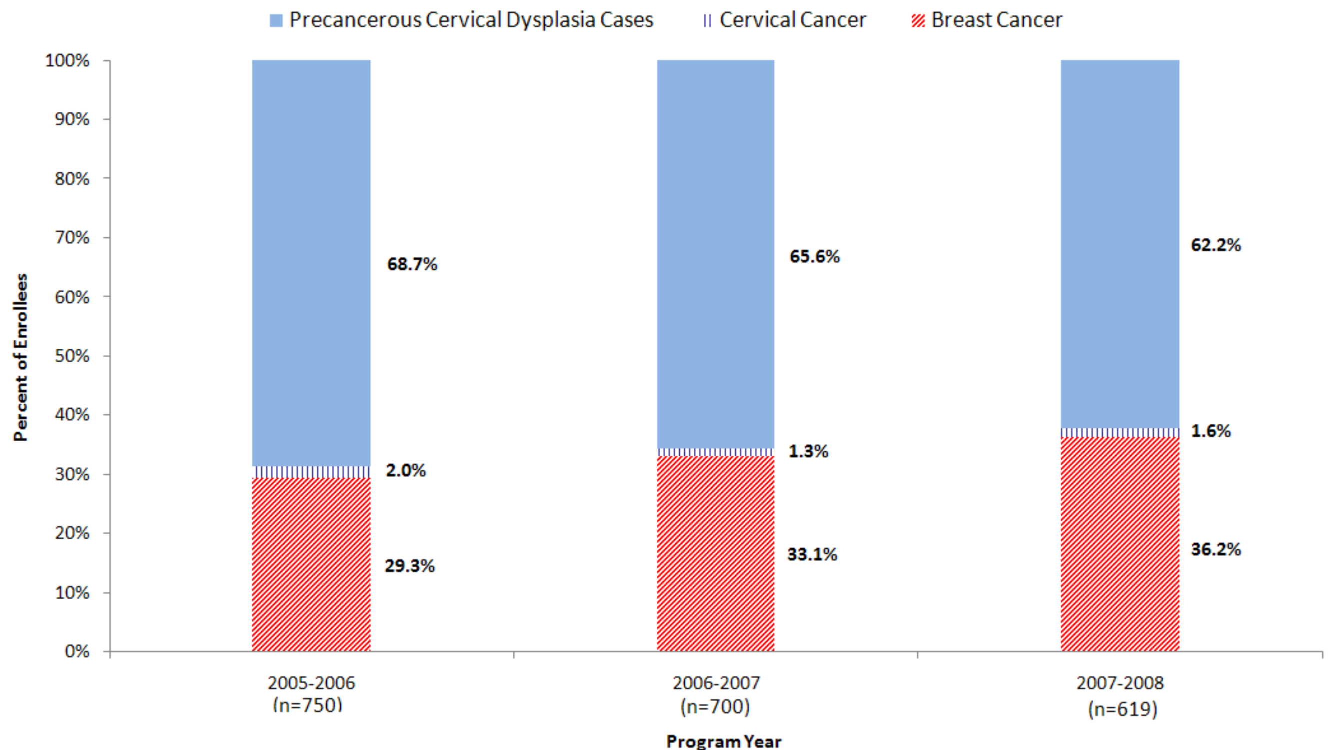
Figure 15



Cancer Treatment: Medicaid Cancer Treatment Program (MCTP)

The CSP actively recruits eligible clients diagnosed with cancer or precancerous conditions to be enrolled in the MCTP, with a goal of 90 percent enrolled. During the 2007-2008 program year, 60 percent of MCTP-eligible women diagnosed with breast or cervical cancer or a precancerous condition were enrolled in the MCTP. Figure 16 presents the number of enrollees in the MCTP by type of cancer and program year. During the 2005-2006, 2006-2007 and 2007-2008 program years, two-thirds of the MCTP enrollees were clients diagnosed with precancerous cervical conditions. In addition to new enrollees in the MCTP, eligible clients are also recertified for additional years of coverage. Nearly two-thirds of clients are recertified for second years of coverage, 35 percent of clients are enrolled for third years, 20 percent for fourth years and 7 percent for fifth years of coverage through the MCTP. Applications for enrollment are processed quickly; on average, final determinations of eligibility for coverage are provided within six days.

Figure 16



III. CONCLUSION

During the period between April 2005 and March 2008 (program years 2005-2006, 2006-2007 and 2007-2008), nearly 2,000 CSP providers offered breast and cervical cancer screening and diagnostic services through 53 CSP partnerships throughout NYS. More than 220,000 eligible women were screened for cancer with over 138,000 mammograms, nearly 159,000 Pap tests and over 210,000 clinical breast exams at a total cost of $77.2 million from a combination of state and federal funds. Over the course of these 3 program years, the program identified a total of 1,114 breast cancer cases, 80 cervical cancer cases and 8,503 precancerous cervical dysplasia cases. More than 2,000 clients were enrolled in the MCTP.

IV. APPENDIX I

Breast Screenings Help Save Lives

This brochure is intended for all women aged 40 and older. The purpose of this publication is to educate women about breast cancer screenings and dispel some common myths about these exams. Available in English, Spanish, Chinese and Russian.

A Woman's Guide to Breast Cancer Diagnosis and Treatment

Physicians are mandated by NYS law to provide this publication to women who have been diagnosed with breast cancer or who are about to have a breast biopsy. The purpose of the booklet is to provide a guide for women to help them become a partner with their health care team when making diagnostic and treatment choices. Available in English, Spanish, Chinese and Russian.

Breast Reconstruction: Is It Right for You?

This publication is for women who may be considering breast reconstruction surgery. It provides answers to the most common questions that women have about breast reconstruction.

The Pap Test

This brochure is for sexually active women and provides information that women should know about having a Pap test. Available in English, Spanish, Chinese and Russian.

Colposcopy

This publication is for women who have recently had an abnormal Pap test or cervical exam. It provides additional information on Colposcopy, a diagnostic test that is used after an abnormal Pap test finding.

What You Need to Know About Preventing Cancer of the Cervix

This brochure provides information about cervical cancer prevention. Available in English and Spanish.

Have You Had Cancer Treatment?

This publication was developed to comply with New York State legislation on early lymphedema awareness and education for those who have had, or will have surgery or radiation treatment for cancer that involves the lymph nodes. These treatments can damage the lymphatic system and lead to lymphedema.

V. APPENDIX II

Breast and Cervical Cancer Detection and Education Program Advisory Council members during the period 2005 – 2008 included:

Elizabeth A. Ayello, PhD, RN
Ayello, Harris & Associates, Inc.

Geraldine Barish
1 in 9: Long Island Breast Cancer Coalition

Ruth Beer, MD
Community Care Physicians

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

Suzanne Covel
United Memorial Medical Center

Yvette DeBow
Peconic Land Trust

Lynda Distler
Breast Cancer Help, Inc.

Beverly Finnegan
American Cancer Society

Jacqueline Ford, MD
Baldwin, NY

Jeanne Garant
Jeanne Garant Real Estate

Mara Ginsberg, Esq.
To Life!

Roslynn Glicksman, MD, MPH
New York City Prison Health Services

Maureen Killackey, MD
Memorial Sloan Kettering Regional Care Network

Ann McConnachie
Office of the Governor, NYC Office

Anita McFarlane
Cancer Information Services

Karen Miller
Huntington Breast Cancer Action Coalition

Marlene Price, MD
Kings County Hospital Center

Maryann Riviello
Gilda's Club Capital Region, Inc.

Marianne Stalteri, CNM, NP
Bassett Healthcare Regional Cancer Program

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

During the timeframe covered by this report, the Council reviewed and selected individuals for the annual *Innovations in Breast Cancer Research and Education Awards* (pursuant to PHL § 2409) to recognize, reward and promote innovation in breast cancer prevention, early detection and research by dedicated health professionals, consumers, nonprofit organizations or other candidates.

The 2005 awards were presented to:

Nola Royce
Consumer Category

Cynthia Hamilton, R.T.
Health Professional Category

Sharsheret
Non-profit Organization Category

The 2006 awards were presented to:

Bob Riter
Health Professional Category

Breast Cancer and Environmental Risk Factor Program (BCERF)
Non-profit Organization Category

Charles B. Wang Community Health Center
Non-profit Organization Category

Marathon for a Better Life
Non-profit Organization Category

South Fork Breast Health Coalition
Non-profit Organization Category

The 2007 awards were presented to:

Bikur Cholim-Partners in Health
Non-profit Organization Category

Chenango Health Network
Non-profit Organization Category

North Shore-Long Island Jewish Health System Breast Initiative
Non-profit Organization Category

Research Recruitment and Minority Outreach
Herbert Irving Comprehensive Cancer Center
Non-profit Organization Category

Rebecca Keen Fan Sze, FNP, MSN, MPA
Health Professional Category

The 2008 awards were presented to:

Breast Cancer Options, Inc.
Non-profit Organization Category

Cathy "Cat" Forsyth
Consumer Category

Robin Grass, RN, MA
Health Professional Category

Christine Ambrosone, PhD
Health Professional Category