

THE OREGON BREAST AND CERVICAL CANCER PROGRAM

"A myriad of questions whirled around in my mind, and I was forced into making agonizing decisions for which I had little knowledge. Which was worse, the dreaded cancer or the lack of money to take care of the cancer?"

— adapted from an Oregon breast cancer survivor's letter to her physician

THE WOMAN WRITING this letter was screened through the Oregon Breast and Cervical Cancer Program. In 1992, the Oregon Health Division received a grant from the Centers for Disease Control and Prevention to establish the Oregon Breast and Cervical Cancer Program (BCC Program). The BCC Program promotes education and screening for early detection of breast and cervical cancer through contracts with 28 local health departments and eight federally recognized Native American tribes to implement the BCC Program at the community level.

Women, ages 40 and older with a family income up to 250% of the federal poverty level and who are uninsured or underinsured, are eligible to receive screening services without charge. Enrollees receive a health check examination which includes a clinical breast exam, mammogram, pelvic exam, Pap test, blood pressure check, height and weight check, as well as time to ask their health care provider questions about other medical concerns. Local health departments and tribes contract with private providers in their communities to perform the women's health check exam and cancer screenings.

The Oregon BCC Program has screened over 6,000 Oregon women for breast and cervical cancer. Although the program is a "screening program" and does not provide financial support

for treatment, every woman who has been diagnosed with cancer through this program has received treatment. Many providers have agreed to offer treatment services pro bono or at reduced rates or under a payment plan. Thus far in the screening program, women diagnosed with in situ or invasive breast cancer have received treatment within 10 days, on average, from the date of their initial screening mammogram; women diagnosed with cervical intraepithelial neoplasia (CIN) II, CIN III/carcinoma in situ of the cervix, or invasive cervical cancer have received treatment within 19 days (on average) from the date of their initial screening Pap test. This demonstrates the exceptional working partnerships this program has established with provider communities throughout the state.

HOW MANY WOMEN GET BREAST CANCER AND CERVICAL CANCER IN OREGON?

Breast cancer is the most commonly diagnosed cancer among women in the United States. Nationwide, an estimated 180,200 new cases will be diagnosed in 1997 and 43,900 women will die from the disease.¹ Although Oregon site-specific cancer incidence data are not yet available, it is estimated that 2,000 new cases of invasive female breast cancer will be diagnosed among female Oregonians in 1997. Oregon's breast cancer mortality rate of 24.6 per 100,000 women ranks 34th in the U.S.²

Cancer Detection Rates in Oregon March 1995-June 1997

| Type | # | Rate |
|----------------------------------|-----|--------------------------|
| breast cancers | 14 | 4.8 per 1,000 mammograms |
| cervical cancers | 3 | 0.6 per 1,000 Pap tests |
| precancerous cervical conditions | 177 | 33.1 per 1,000 Pap tests |

Recent national declines in breast cancer mortality among white women suggest that improvements in the early detection and treatment of breast cancer are having a beneficial effect. However, disparities in the rate among racial groups may be indicative of differences in access to screening, early detection, treatment, follow-up and supportive care. From 1980 to 1989, the age-adjusted mortality rate in white women increased 3 percent and increased 16 percent in black women. By comparison, during the five year period, 1989 to 1993, the age-adjusted breast cancer mortality rates in white women fell about 6 percent and increased about 1 percent in black women. These data suggest the trend is turning for black women as well as white women.³

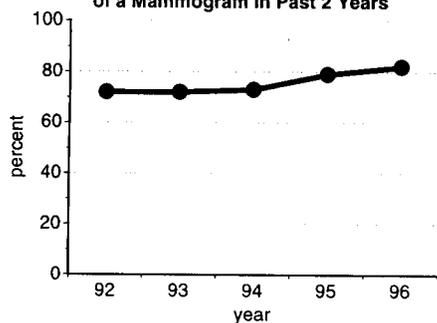
Although a less frequently occurring cancer, nationwide an estimated 14,500 new cases of invasive cervical cancer will be diagnosed in 1997 and 4,800 women will die from the disease. In Oregon, 110 new cases of invasive cervical cancer are expected and 40 women are expected to die from this preventable disease in 1997. For women diagnosed with the disease at a localized stage, the 5-year survival rate is 91%; however only 51% of cervical cancers are discovered this early. Women should not die from this disease; when detected in its precancerous stages cervical cancer can be prevented. Some promising news is that cervical carcinoma in situ is now found more frequently than invasive cancer.⁴

WHAT DO WE KNOW ABOUT BREAST AND CERVICAL CANCER SCREENING IN OREGON?

The Oregon Behavior Risk Factor Surveillance System* reveals that between 1992 and 1996, the percentage of Oregon women ages 52-64 who had a

* BRFSS data come from an ongoing telephone survey of Oregon adults.

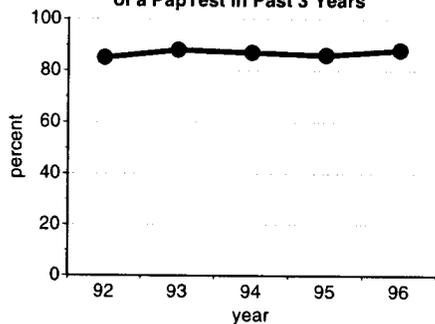
Oregon Women (ages 52-64) with History of a Mammogram in Past 2 Years



routine mammogram in the past two years increased from 72% to 82%. During this same time period, the percentage of Oregon women ages 18-64 receiving a routine Pap test in the preceding three years has remained fairly stable between 85% and 88% (see figures).

A two-year follow-up study of newly enrolled women in the Oregon Health Plan (OHP), who were overdue for a screening mammogram, provides some interesting insights as to possible ways in which providers may help increase early detection of breast cancer.

Oregon Women (ages 18-64) with History of a PapTest in Past 3 Years



cer. Women overdue for mammography were more likely to get a mammogram if they got a check-up and if the provider recommended a mammogram to the woman. Another finding showed that physicians were significantly less likely to recommend mammography to women as their age increased.

The BCC Program is actively recruiting clinicians to provide the women's health check exam and cancer screening services. To learn more about participating as a provider in the screening program, please contact your local health department or nearby federally recognized tribe. There are other ways in which you, as a provider, can also become involved:

- Participate in Oregon Breast and Cervical Cancer Coalition activities. The coalition's Professional Education Committee welcomes new members.
- Take advantage of training opportunities to learn the latest early detection information and skills.
- Involve women in your practice as active partners in decisions related to the early detection of breast and cervical cancer, and educate women in your practice about the importance of early detection.
- Make sure you have systems in place to remind women when they are due to have a mammogram or Pap test. Women are more likely to get a mammogram if you recommend one.
- Join one of the many local community-based coalitions focusing on breast and cervical cancer around the state.

To increase early detection it is important for providers to emphasize and encourage routine check-ups, and to recommend mammograms when appropriate. Providers can make a difference!

REFERENCES

1. American Cancer Society. Cancer Facts and Figures 1997. Atlanta, GA: American Cancer Society, 1997.
2. Mortality data from SEER, Cancer Statistics Review 1973-1994.
3. National Cancer Institute. Cancer Facts: NCI Reports Improvements in Breast Cancer Death Rate. http://www.wicic.nci.nih.gov/ncifact/FS6_25.htm.
4. American Cancer Society. Cancer Facts and Figures 1997. Atlanta, GA: American Cancer Society, 1997.

CDPE Web Update

IN OTHER EXCITING developments, the CDPE's web site* continues to exist. In addition to the ever-popular on-line edition of the *CD Summary*, including back issues for the collector, we offer a variety of informative and attractive publications, including weekly updates on communicable disease statistics, flu updates, press releases, links to other healthy sites, and more. New stuff is going up all the time. If you have suggestions for surveillance data or other information that you'd like to see, please let us know. After all, once the personal identifiers are stripped out, these are public data; we want you to have them. Coming attractions include monthly surveillance summaries with by-county data; reserve space on your hard drive now!

*www.ohd.hr.state.or.us/cdpe/