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The National Breast and Cervical Cancer Early  
Detection Program: At A Glance 1998

# The National Breast and Cervical Cancer Early Detection Program

## AT-A-GLANCE 1998



*“As we move into the 21st century, public health organizations, private agencies, and professional and voluntary organizations must form partnerships to support and enrich services to the public.”*

David Satcher, MD, PhD  
Director, Centers for Disease Control and Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention



## Breast and Cervical Cancers

An estimated 2 million American women will be diagnosed with breast or cervical cancer in the 1990s, and half a million will lose their lives from these diseases. A disproportionate number of deaths will be among women of minority and low-income groups.

Many of these deaths could be avoided by making lifesaving screening services available to all women at risk. Such screening measures could prevent approximately 15%–30% of deaths from breast cancer among women over the age of 40 and virtually all deaths from cervical cancer.

Excluding skin cancer, breast cancer is the most common cancer among American women and is second only to lung cancer as a cause of cancer-related death. An estimated 178,700 new cases of breast cancer among women will be diagnosed in 1998, and 43,900 women will die of the disease.

The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of early detection efforts. Still, an estimated 13,700 new cases of invasive cervical cancer will be diagnosed in 1998, and 4,900 women will die of the disease.

## CDC's National Breast and Cervical Cancer Early Detection Program

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This act authorized CDC to establish a national program to ensure that women for whom screening is recommended receive regular screening for breast and cervical cancer, prompt follow-up if necessary, and assurance that the tests are performed in accordance with current recommendations. CDC conducts many of these activities through partnerships with state and territorial health agencies, American Indian/Alaska Native organizations, and national organizations.

In fiscal year 1998, CDC entered into the eighth year of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a landmark program that brings critical breast and cervical cancer screening services to underserved women, including older women, women with low income, and women of racial and ethnic minority groups.

Fiscal year 1998 appropriations of \$145 million enable CDC to establish greater access to screening and follow-up services, increase education and outreach programs for women and health care providers, and improve quality assurance measures for mammography and cervical cytology.

The legislation for NBCCEDP mandates lifesaving screening for the early detection of breast and cervical cancer. Although funding cannot be used to pay for cancer treatment, participating programs have shown creativity and determination in ensuring that treatment services are available for women diagnosed with breast cancer or cervical abnormalities. The availability of these treatment sources reflects the extent of state and local government support, medical provider generosity, and community commitment.

*"This initiative will remove many of the financial barriers women face in getting timely mammograms and Pap tests."*

—Donna E. Shalala, PhD

Secretary, U.S. Department of Health and Human Services

### CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

#### Comprehensive Screening Programs

All 50 states

American Samoa

District of Columbia

Northern Mariana Islands

Republic of Palau

U.S. Virgin Islands

American Indian/Alaska Native organizations

Arctic Slope Native Association, Alaska

Cherokee Nation, Oklahoma

Cheyenne River Sioux Tribe, South Dakota

Consolidated Tribal Health Project, California

Eastern Band of Cherokee Indians, North Carolina

Hopi Tribe, Arizona

Manillaq Association, Alaska

Native American Community Health Center, Inc., Arizona

Native American Rehabilitation Association of the Northwest,

Oregon

Navajo Nation, New Mexico and Arizona

Pleasant Point Passamaquoddy Tribe, Maine

Poarch Band of Creek Indians, Alabama

South East Alaska Regional Health Consortium, Alaska

South Puget Intertribal Planning Agency, Washington

Southcentral Foundation, Alaska

#### Capacity-Building Program

Puerto Rico

# Screening and Follow-up Services

## Benefits of Screening

Mammography is the best way to detect breast cancer in its earliest, most treatable stage. Mammography detects cancer an average of 1.7 years before the woman can feel the lump herself and locates cancers too small to be felt during a clinical breast examination. Generally, the earlier breast cancer is detected, the better the survival rate. When breast cancer is diagnosed at a local stage, the 5-year survival rate is 97%. When breast cancer is diagnosed after it has spread, the 5-year survival rate decreases to 21%.

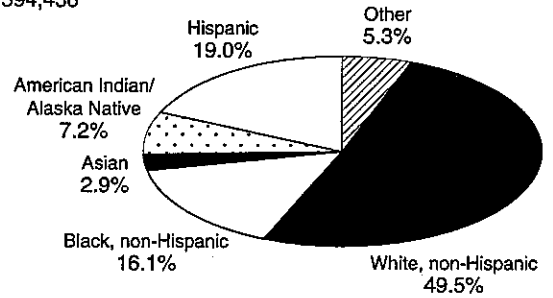
The purpose of cervical cancer screening differs from that of breast cancer screening: the goal is not to find cancer, but to find precancerous lesions. Detection and treatment of precancerous cervical lesions identified by Papanicolaou (Pap) screening can actually prevent cervical cancer. Additionally, if cervical cancer is detected while in its earliest stage, the likelihood of survival is almost 100% with timely and appropriate treatment and follow-up.

## Common Barriers to Screening

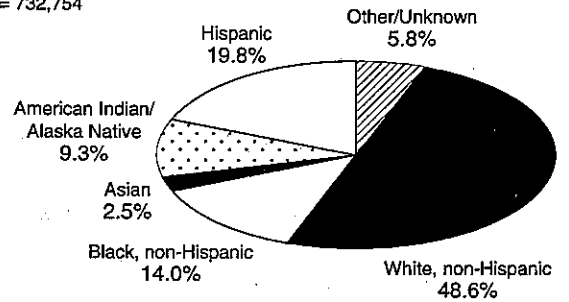
- **Fear.** Women may be afraid to discover that they have cancer.
- **Cost.** Many women cite cost as the reason they do not use early detection programs. Many are not aware of the availability of low-cost programs.
- **Transportation.** Because many women lack transportation, convenient location of screening facilities is important.
- **Communication Barriers.** Communication styles and methods appropriate for one group may be inappropriate for another.
- **Lack of Physician Referral.** Studies have shown that women are more likely to be screened if their physician recommends screening.
- **Lack of Child Care.** Some women need assistance with arranging child care to be able to use screening.

**CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP): Percent Distribution of Mammograms and Papanicolaou Tests Provided to Participants, by Race/Ethnicity, Fiscal Years 1991-1997**

**Mammograms**  
Total = 594,436

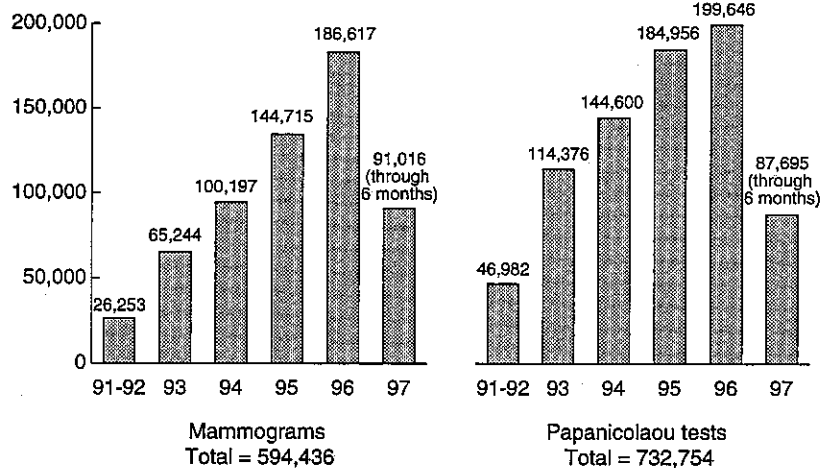


**Papanicolaou Tests**  
Total = 732,754



Source: NBCCEDP data through March 31, 1997.

**CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP): Number of Examinations Provided to Participants, Fiscal Years 1991-1997**



**Mammograms**  
Total = 594,436

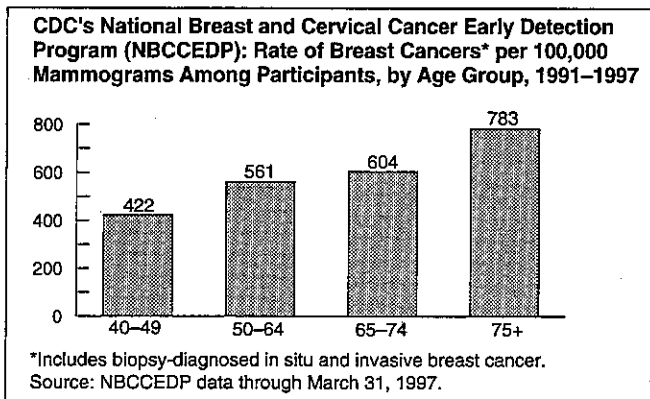
**Papanicolaou tests**  
Total = 732,754

Total examinations = 1,327,190

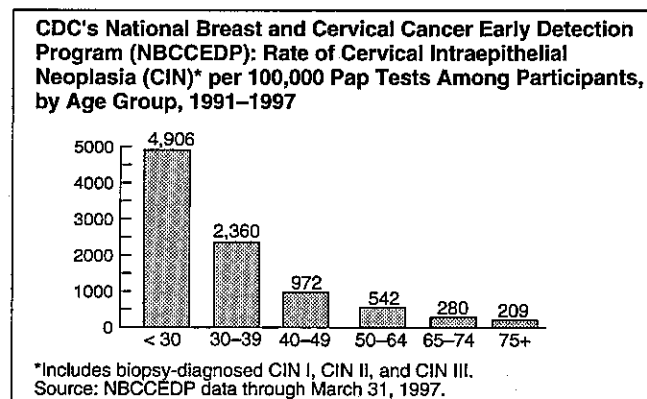
Source: NBCCEDP data through March 31, 1997.

## How the Program Has Helped

Through March 1997, more than 1,300,000 screening tests were provided by NBCCEDP. Of the 576,408 mammograms provided to women aged 40 and older, 39,516 (6.8%) were abnormal, and 3,409 breast cancers were diagnosed. As depicted below, the rates of breast cancer increased with increasing age.



Of the 732,754 Pap tests provided, 22,012 (3%) were abnormal. A total of 23,782 cases of cervical intraepithelial neoplasia (CIN) I, II, or III, precursors of invasive cervical cancer that can be successfully treated, were diagnosed. A total of 303 cases of invasive cervical cancer were diagnosed, representing an age-adjusted rate of 37 diagnoses per 100,000 Pap tests. As depicted below, the rates of CIN decreased with increasing age.



## Public Education and Outreach

*"Comprehensive strategies will be needed to educate and motivate women to seek screening services."*

—Donna E. Shalala, PhD

Secretary, U.S. Department of Health and Human Services

NBCCEDP has made significant progress in building state and community partnerships to serve women. Various outreach activities have been designed to educate women and motivate them to be screened. The following programs are examples of such activities.

- Arkansas builds on the concept of the lay health worker by recruiting African American breast cancer survivors to serve as witness role models. These women "witness," or give oral testimony, about their breast cancer experiences to African American churches and community groups.
- Minnesota has developed outreach efforts for Native Americans in the Fond du Lac Tribe. Coordinators developed a home visiting program after observing that Native American women in this region are generally not receptive to large group activities. Because it was also learned that most of these women prefer discussing their health

with public health nurses, the program hired these nurses to visit eligible women. To further meet this audience's needs, the screening message emphasizes that women must take care of themselves to take care of their families.

- New Mexico's Pass It On program uses home health parties to deliver breast and cervical cancer screening information in a volunteer's home. This structured but familiar setting helps participants be more receptive to, and less fearful of, discussing these sensitive topics. The program targets rural areas and relies on word of mouth to recruit hosts for additional parties.
- New Jersey collaborates with the Women's Wellness Center of the University of Medicine and Dentistry of New Jersey and the YWCA of New Jersey to reduce physical access barriers by combining outreach and portable screening. Program staff make monthly visits to senior housing complexes and other settings, such as beauty parlors and supermarkets. The site visits include an educational program targeted to women of color who are over 50 years of age. During the visit, the staff schedules mammography appointments for a portable mammography unit that comes to the site two weeks later.

## Partnerships

Partnerships are critical to CDC's cancer control efforts. A successful national program to control breast and cervical cancers depends on the involvement of a variety of committed partners. CDC actively collaborates with state and local governments, health care professionals and organizations, social service and voluntary organizations, and academia. Through partnerships, CDC assists private and public nonprofit organizations in

- Developing, implementing, and evaluating national, community-based interventions for cancer prevention and early detection.
- Testing new methods and replicating proven strategies to educate their constituents about breast and cervical cancers.
- Increasing access to breast and cervical cancer screening among underserved women.

### Partnerships for Cancer Control in Priority Populations

Deaths due to breast cancer are decreasing among white women, but not among African American women. The death rate from cervical cancer is more than twice as high among African American women as among white women. Both mammography and Pap tests are underused by women who are members of racial and ethnic minority groups, who have less than a high school education, are older, or live below the poverty level.

To address these differences in the burden of cancer and in the use of cancer prevention services among different populations, CDC funds a strong and effective network of partners that are well-positioned in the communities at risk. Projects sponsored by these partners include the following:

- **The U. S. Conference of Mayors' Research and Education Foundation** is conducting a 5-year national campaign, the Mayors' Coalition and Initiatives for Breast Cancer Early Detection and Control. This program is designed to reach underserved low-income women in cities with populations greater than 30,000.
- **The National Center for Farmworkers Health, Inc.**, has developed the National Comprehensive Cancer Program for Farmworkers to increase knowledge and awareness of breast and cervical cancers and to promote screening for the early detection of these cancers among Latina migrant and seasonal farmworkers.

#### **CDC and the American Cancer Society**

CDC collaborates with the American Cancer Society (ACS) to develop and disseminate comprehensive information on cancer prevention and early detection. Through CDC, ACS divisions have formed partnerships with state health departments to increase screening services to medically underserved women. CDC and ACS collaborate in all programmatic areas, including establishing early detection programs, providing professional development, and conducting special demonstration projects.

- **The American Social Health Association** has formulated a national model for the primary and secondary prevention of cervical cancer. Piloted in two counties in North Carolina, this program targets economically disadvantaged women, Hispanic and African American women, and women living in hard-to-reach urban and rural areas.
- **The Association of Asian Pacific Community Health Organizations** disseminates education campaigns such as the Witness Project and the Waianae Cancer Research Project to promote screening for the early detection of breast and cervical cancer among low-income, medically underserved women in Asian and Pacific Islander communities.
- **Baylor College of Medicine** sponsors the *Salud en Accion* program, which combines research with public education and advocacy to promote risk reduction, screening participation, and improvements in cancer-related services and policies in designated Hispanic communities.
- **The Institute for the Advancement of Social Work Research** has established a strategic team of experts to formulate a plan—Implementing Effective Breast and Cervical Cancer Health Education Interventions for High-Risk Women Across Diverse Populations and Service Systems—to improve rates of screening and adherence to follow-up among low-income women.
- **The Mautner Project for Lesbians with Cancer** has developed an intervention that strengthens the skills of health care providers in encouraging lesbian women to participate in breast and cervical cancer screening services.

- **The National Asian Women's Health Organization** offers professionals and community members a cultural competency training program for health, *Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancer in Women*.
- **The National Association of Community Health Centers**, along with the E. Roybal Institute on Gerontology, promotes Project Vision, its successful breast cancer education, early detection, and intervention program for Hispanic women older than age 50, and has expanded it to include cervical cancer screening.
- **The National Education Association Health Information Network** uses Project REACH, a program developed by and for school employees, to provide training and advocacy for the early detection of breast cancer. The program specifically targets retired school personnel, education support personnel, minority school personnel, and lesbian school employees.
- **The National Caucus and Center on Black Aged, Inc.**, sponsors Circle of Friends: Women Telling Women About Health Issues, a culturally appropriate breast and cervical cancer education and early detection program for low-income, mature African American women, especially those who live in public housing.
- **The Witness Project** disseminates and implements a breast and cervical cancer education intervention that recruits, trains, and provides resources to African American witness role models and lay health advisors who will provide culturally appropriate educational messages to African American churches and community groups.
- **World Education** uses the program *Health and Education Adult Literacy: Breast and Cervical Cancer* to train and develop materials for adult educators to assist them in diffusing critical information to low-income and minority women who have less than a high school education.

## Professional Education

Professional education activities in the states have reached a wide range of health care professionals. Of those trained, 49% have been nurses, 18% physicians, and 15% radiology technologists.

CDC's National Training Center provided three training programs in 1997: *Effective Outreach Strategies for Older Medically Underserved Women*, *Enhancing Training Design and Developing Skills Using Clinical Breast Exam as a Model*, and *Case*

*Management: Sharing the Tools of the Trade*. The next three training programs will focus on community health workers, quality assurance, and evaluation. Training will be skills-based and will use creative new approaches, including live, interactive satellite courses. The targeted audience will include health professionals working in state and territorial agencies and tribal organizations.

## Quality Assurance

Quality assurance is essential if the early detection of breast and cervical cancer is to be an effective tool for controlling cancer. CDC has supplied all NBCCEDP-funded programs with screening and diagnostic guidelines, has assisted the Food and Drug Administration in conducting quality assurance training programs, has teamed with the American

College of Radiology to improve and ensure the quality of mammography screening, has developed guidelines on evaluating common breast problems, and has issued recommendations to develop a public health response to the regulatory closure of cervical cytology laboratories.

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