



National Breast and Cervical Cancer Early Detection Program



Through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), CDC provides low-income, uninsured, and underserved women access to timely, high-quality screening and diagnostic services to detect breast and cervical cancers at the earliest stages.

The Burden of Breast Cancer

Breast cancer is the most commonly diagnosed cancer among women in the United States, after skin cancer (1).^{*} It also is the second most common cause of cancer death, after lung cancer, among American women (1). In fact, more than 182,000 women were diagnosed with breast cancer in 2002, and more than 41,000 women died from the disease the same year (1). It is estimated that more than \$7 billion per year (in year 2000 dollars) is spent in the United States on the treatment of breast cancer (2).

White women are more likely to be diagnosed with breast cancer than are women of any other race or ethnicity in the United States (1, 3). However, African American women are more likely to die from the disease than are women of any other race or ethnicity in this country (1, 3). Recent trends suggest that the number of new cases of breast cancer diagnosed each year (incidence) has either remained stable or decreased significantly during the past 10 years for white, African American, Hispanic, and Native American women. The trends differ for Asian/Pacific Islander women in the United States, for whom breast cancer incidence increased by 1.5% per year from 1991–2002 (1, 3).

^{*} Incidence counts cover approximately 93% of the U.S. population. Death counts cover 100% of the U.S. population. Use caution in comparing incidence and death counts.

The Burden of Cervical Cancer

Cervical cancer once was the leading cause of death for women in the United States. However, during the past four decades, incidence and mortality (the number of deaths each year) from cervical cancer have declined significantly, primarily because of the widespread use of the Papanicolaou (Pap) test to detect cervical abnormalities (4). According to the *U.S. Cancer Statistics: 2002 Incidence and Mortality* report, more than 12,000 women were diagnosed with cervical cancer in 2002, and nearly 4,000 women died from the disease that same year (1). It is estimated that more than \$2 billion per year is spent in the United States on the treatment of cervical cancer (2).

Recent trends suggest that cervical cancer incidence and mortality continue to decrease significantly overall, and for women in every racial and ethnic population. However, rates are considerably higher among Hispanic and African American women (1).

Risk Factors

Research has found several factors that may affect a person's risk of developing breast or cervical cancer.

Risk factors for breast cancer include (8):

- Older age.
- Younger age at onset of menstrual periods.
- Older age at onset of menopause.
- Older age at first birth.
- Never having given birth.
- Personal history of breast cancer or certain benign breast diseases.
- Family history of breast cancer (mother, sister, daughter).
- Treatment with radiation therapy to the breast/chest.
- Being overweight (increases risk for breast cancer after menopause).
- Long-term use of hormone replacement therapy (estrogen and progesterone combined).
- Genetic predisposition, such as certain mutations in BRCA1 or BRCA2 genes.
- Use of oral contraceptives.
- Drinking alcohol.
- Physical inactivity.

Risk Factors

Risk factors for cervical cancer include (9):

- Infection with certain types of human papillomavirus (HPV).
- A high number of sexual partners.
- Many full-term pregnancies.
- Use of oral contraceptives.
- Infrequent Pap tests and cervical examinations.
- Smoking cigarettes.
- Diet low in fruits and vegetables.
- Older age.

Screening

Many deaths from breast and cervical cancers could be avoided if cancer screening rates increased among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured. Mammography and Pap tests are underused by women who have no source, or no regular source, of health care; women without health insurance; and women who immigrated to the United States within the past 10 years (6).

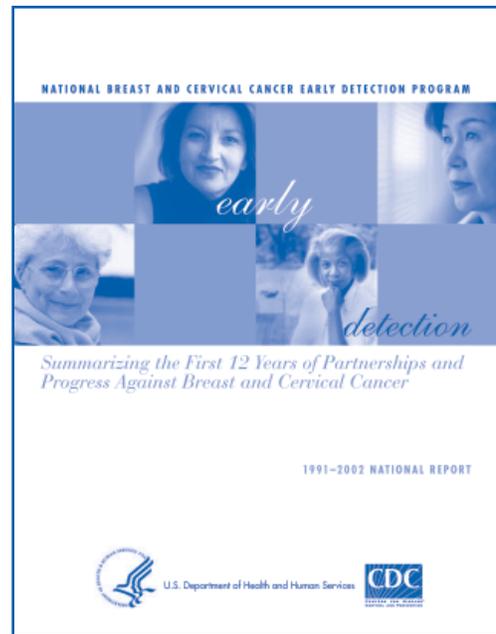
Breast Cancer

Mammography is the best available method to detect breast cancer in its earliest, most treatable stage. The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 40 years or older have a screening mammogram every 1 to 2 years (4). The Public Health Service convened the Task Force to evaluate clinical research rigorously and assess the merits of preventive measures, including screening tests, counseling, immunizations, and preventive medications.

Studies show that early detection of breast cancer can save lives. Timely mammography, every 1 to 2 years for women aged 40 years or older, can reduce mortality by approximately 20%–25% during a period of 10 years (5).

Cervical Cancer

Cervical cancer is preventable and curable if it is detected early. Regular Pap tests decrease a woman's risk for developing cervical



cancer, because they can detect precancerous cervical lesions at early, treatable stages (4). The USPSTF currently recommends cervical cancer screening at least every 3 years, within 3 years of onset of sexual activity—or at age 21, whichever comes first. Nonetheless, approximately half of U.S. women who develop cervical cancer have never had a Pap test (4).

Accomplishments

To improve women's access to screening for breast and cervical cancers, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which guided CDC in the creation of the NBCCEDP. The NBCCEDP provides screening support in all 50 states, the District of Columbia, 4 U.S. territories, and 13 American Indian/Alaska Native tribes or tribal organizations, and helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services. These services include:

- Clinical breast examinations
- Mammograms
- Pap tests
- Surgical consultation
- Referrals to treatment
- Diagnostic testing for women whose screening outcome is abnormal

Since 1991, the NBCCEDP has served more than 2.7 million women, provided more than 6.5 million screening examinations, and diagnosed more than 26,000 breast cancers, 88,000 precursor cervical lesions, and 1,700 cervical cancers. In 2004, the NBCCEDP 1) screened 391,968 women for breast cancer using mammography, 2) found 3,970 breast cancers, and 3) screened 12.6% of all American women eligible to participate in the NBCCEDP for breast cancer. That same year, the NBCCEDP

1) screened 336,442 women for cervical cancer using the Pap test, 2) found 2,333 high-grade and invasive cervical lesions, and

3) screened 6.6% of all American women eligible to participate in the NBCCEDP for cervical cancer.

In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women in the NBCCEDP access to treatment through Medicaid. To date, all 50 states and the District of Columbia have approved this Medicaid option. In 2001, with passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, Congress explained that this option also applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization.

To reach underserved women, the NBCCEDP supports an array of strategies, including program management, screening and diagnostic services, data management, quality assurance and quality improvement, evaluation, partnerships, professional development, and recruitment. Providers in the program work collaboratively to provide breast and cervical cancer screening, diagnostic evaluation, and treatment referrals (where appropriate). The program's continued success depends in large part on the complementary efforts of a variety of national organizations, as well as on state and community partners.

In 2005, CDC released *The National Breast and Cervical Cancer Early Detection Program: 1991–2002 National Report*, the first summary of the program's progress (7). The report provides information about the program's framework, history, and future direction, as well as data on breast and cervical cancer screening outcomes for women served through NBCCEDP.

Ongoing Work

CDC recently convened two panels of experts to provide recommendations for NBCCEDP screening reimbursement policies. The independent, expert panels were composed of 30 people representing academia, industry, professional organizations, the health care sector, the public health community, and the federal government.

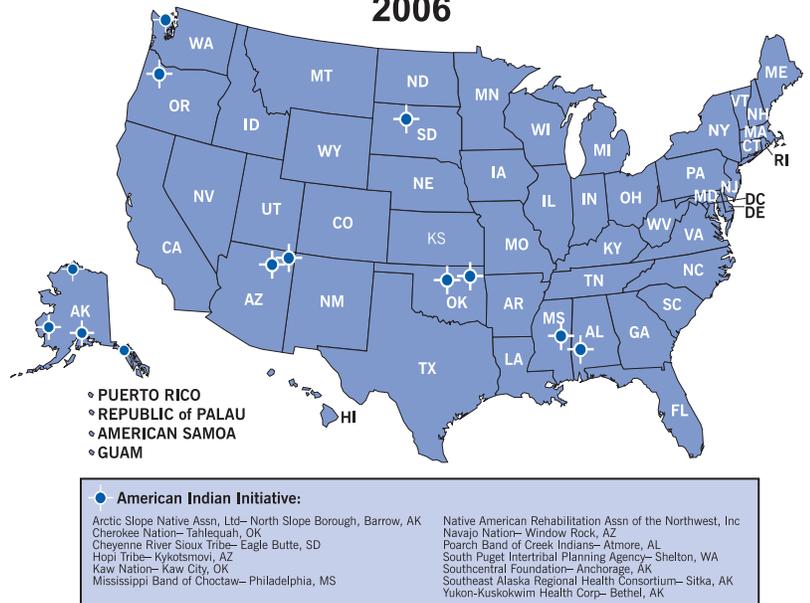
One panel reviewed breast-screening technologies, including film mammography (conventional), full field mammography, computer-aided detection (CAD), magnetic resonance imaging (MRI), and ultrasound. The second panel reviewed cervical cancer screening technologies, including conventional cervical cytology, liquid-based cervical cytology, and human papillomavirus (HPV) testing (as a replacement for, and an adjunct to, screening cytology).

Guided by the panel's recommendations, the NBCCEDP released the following revised screening reimbursement policies:

- The NBCCEDP will continue to reimburse conventional film mammography.
- The NBCCEDP will reimburse the use of digital mammography at the reimbursement rate for conventional film mammography. Currently, there is insufficient evidence that digital mammography yields a greater reduction in incidence and mortality.
- The NBCCEDP will not reimburse the use of CAD. Currently, there is insufficient evidence that CAD contributes to greater reductions in mortality and morbidity.
- The NBCCEDP will reimburse neither the use of MRI nor the use of ultrasound as screening technologies. The NBCCEDP will continue to reimburse the use of ultrasound as a diagnostic tool.
- The NBCCEDP will continue to reimburse conventional cytology annually and then every three years for women with three consecutive normal Pap tests within a 5-year period.
- The NBCCEDP will reimburse liquid-based cervical cytology for biennial primary cervical cancer screening, up to the allowable Medicare rate. As with conventional Pap tests, when a woman has had three consecutive, normal cervical cancer screening tests documented within a 60-month period, the screening interval will increase to once every three years.
- The NBCCEDP will continue to reimburse HPV testing, if the testing is used as follow-up to a screening exam that found atypical squamous cells of undetermined significance (ASC-US), or for surveillance one year following a Pap test that found a low-grade squamous intraepithelial lesion (LSIL) without evidence of cervical intraepithelial neoplasia (CIN) on colposcopy-directed biopsy.

The NBCCEDP is working with funded programs to put these revised screening reimbursement policies into practice, and to increase providers' and patients' awareness of, and knowledge about, these policies. CDC also has developed a strategic plan that requires both periodic re-evaluation of the screening policies and "as needed" re-evaluations that follow the release of data from major research studies.

The National Breast and Cervical Cancer Early Detection Program 2006

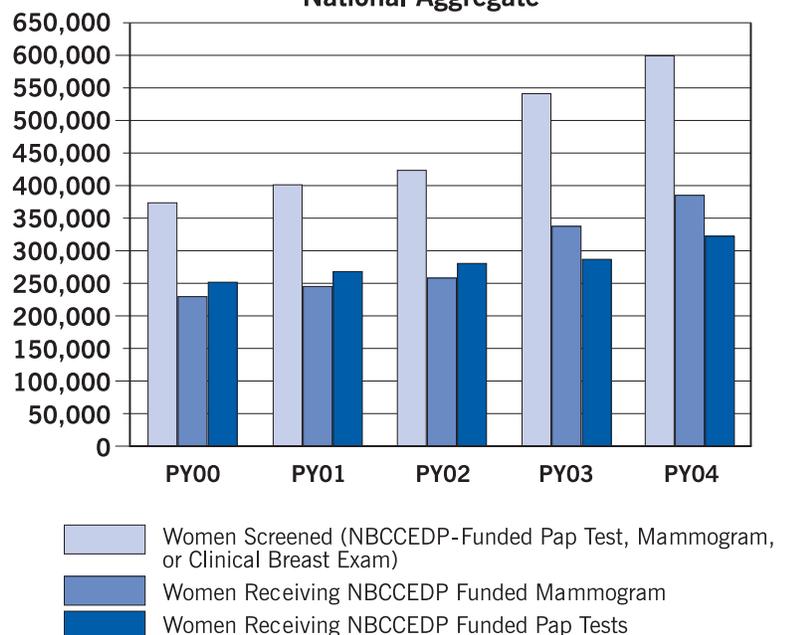


June 30, 2006

Future Directions

CDC has invested in developing a system to achieve efficiency in the NBCCEDP and to address the relative stability of funding allocations. The system includes a performance-based approach to making funding decisions. CDC continues to refine this approach, which ensures that funds will be distributed appropriately to programs, based on the programs' ability to comply with program guidelines; provide high-quality care to the largest number of low-income, uninsured women; and maximize available funds.

Women Screened Through the NBCCEDP by year 7/1999 to 6/2004 National Aggregate



Program Year (PY) is defined as July 1 through June 30. For example, 'PY04' represents July 1, 2003 - June 30, 2004.

Contact Information

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

Mail Stop K-64
4770 Buford Highway, NE
Atlanta, GA 30341-3717

1 (800) CDC-INFO – Fax (770) 488-4760
CDC-INFO@cdc.gov – www.cdc.gov/cancer

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