PCSW equality for women

FACTS about Connecticut Women

Connecticut General Assembly
Permanent Commission on the Status of Women
18-20 Trinity Street ■ Hartford, CT 06106
Phone: 860.240.8300 ■ Fax: 860.240.8314
E-mail: pcsw@cga.ct.gov
Web address: www.cga.ct.gov/PCSW

The Breast and Cervical Early Detection Program

The Breast and Cervical Cancer Early Detection Program provides screening for the early detection of breast and cervical cancers among low-income and uninsured women who are typically underserved. In 1990, Congress created the Breast and Cervical Cancer Early Detection Program (BCCEDP). The BCCEDP provides clinical breast examinations, mammograms, Papanicolaou (Pap) tests, surgical consultation, and diagnostic testing for abnormal results.

Connecticut initiated its BCCEDP program on October 1, 1995. The program is funded in part through federal Centers for Disease Control and Prevention (CDC) funds and in part with $1.8M in state funds.

Connecticut does not have the funds necessary to screen all women in need. Providers are forced to turn women away, put them on waiting lists or postpone life-saving screens until the beginning of the next fiscal year. ***An estimated $1.25 million in additional funding is necessary to meet the need. Such funds would cover screens for an additional 1,000 women annually.***

The Benefits of Screening for Breast and Cervical Cancers

- Breast cancer is the second leading cause of cancer death among North American women.[1] Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.[2] In Connecticut, one-third of women 40 years or older reported they did not have a mammogram within the past year, and 2,739 Connecticut women were diagnosed with breast cancer .[3,4]
- Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction of the Pap test. When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.[5] In 2002, 114 Connecticut women were diagnosed with invasive cervical cancer.[6]

A Current and Enduring Problem

A recent study determined that women who were least likely to have had a mammogram or Pap test within the last two years were:

- Those with no usual source of health care
- Women with no health insurance
- Women who immigrated to the US within the past 10 years.[7]

The gap continues to widen among women with no usual source of health care.

Screening Saves Dollars

In 2005, cancers will cost this country an estimated $210 billion.[8] Breast cancer treatment costs nearly $7 billion. Cervical cancer treatment costs about $2 billion.

Facts Facts Facts Facts Facts Facts Facts Facts

If an intervention saves a life for less than $50,000, health economists consider the treatment to be cost-effective.[9] Screening provided by the BCCECP is very cost-effective:

- Mammography every 2 years extends life for women aged 65 or older at a cost of about $36,924 per year of life saved.[9]
- Pap screening every 3 years extends life at a cost of about $5,392 per year of life saved.[10]
- Uninsured persons are more likely to be diagnosed at a later stage, leading to poorer outcomes, and thereby increasing the health care cost for these individuals.[9]

Status of the Connecticut Breast and Cervical Cancer Early Detection Program (BCCEDP)

Connecticut initiated the Breast and Cervical Cancer Early Detection Program on October 1, 1995. BCCEDP is funded by both CDC dollars as well as $1.8 million in state funds.

Since its inception:
- 35,000 women have been screened.[11]
- 350 women were diagnosed with breast cancer.
- 201 women were diagnosed with cervical cancer.

In fiscal year, 2004-2005:
- 8,100 women in Connecticut were screened.
- 4,000 of these women were screened using state funds.

Connecticut does not have all the funds necessary to screen women in need. Providers are forced to turn women away, put them on waiting lists or postpone life-saving screens until the beginning of the next fiscal year. As much as 85% of the BCCEDP funds were used up in the first six months of the fiscal year. An estimated $1.25 million in additional funding is necessary to meet annual need. Such funds would:
- increase screening by an additional 1,000 women, annually; and
- establish the electronic infrastructure for record-keeping and networks between program sites as well as to evaluate program effectiveness.

In 2001, Connecticut had the fourth highest rate of new cases of invasive cancers for women.[12] Clearly, it is important to provide screening to aid in early intervention among the underserved women in Connecticut. Such preventive measures not only insure better quality of life for these women, but also is a much better investment of the health care dollar.

---

[1] Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U. S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347–360.
[2] Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141–169.
[3] Centers for Disease Control and Prevention. Behavioral Risk Factor and Surveillance System, 2002.
[4] Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002.*
[5] Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.
[6] Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002.*
[7] Swan, J., et. al., (2003). Progress in cancer screening practices in the United States: Results from the 2000 National Health Interview Survey. *Cancer,* 97 (6): 1528-1540.
[8] Brown, M., Lipscomb, J., & Snyder, C. (1996). The burden of illness of cancer: Economic cost and quality of life. *Annual Review of Public Health*, 22:91–113. (Note: The cost estimates were originally presented in 1996 U.S. dollars, which were updated to 2000 U.S. dollars using the Medical Care Component of the Consumer Price Index [MCPI].)
[9] Mandellblatt, J., et al. The cost-effectiveness of screening mammography beyond age 65 years: A systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine,* 139 (10): 835-42.
[10] McCrory, D., et al. (1999). Evaluation of Cervical Cytology. Evidence Report/Technology Assessment No. 5, AHCPR publication no. 99-E010. Agency for Health Care Policy and Research: Rockville, MD.
[11] Connecticut Statistics on the BCCEDP provided by Lisa McCooey, Department of Public Health, 2/06.
[12] National Cancer Institute. State Cancer Profiles, 2003.