



**2021 REPORT TO THE CALIFORNIA
LEGISLATURE: BREAST AND CERVICAL
CANCER SCREENING AND DIAGNOSTIC
SERVICES, FISCAL YEAR 2018-19**

Information on the Every Woman Counts Program:

Available at Department of Health Care Services, Benefits Division,
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>

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Women seeking breast cancer and cervical cancer screening services, and individuals with perceived breast cancer signs or symptoms:

Call the toll-free number 1-800-511-2300 or visit our Online Provider Locator,
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Benefits Division**

**EVERY WOMAN COUNTS (EWC)
2021 Annual Report to the California Legislature: Breast and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2018-19**

2021

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EXECUTIVE SUMMARY

The Every Woman Counts (EWC) report complies with the Revenue and Taxation Code Section 30461.6 (f) that requires the Department of Health Care Services (DHCS) to submit an annual report to the Legislature on specified activities for EWC. This report includes EWC services provided during Fiscal Year (FY) 2018-19. DHCS analyzed adjudicated paid claims from the Medi-Cal fiscal intermediary (FI), to also include the following data in this report: the number and demographics of recipients served, number of breast and cervical cancer screenings, diagnostic services provided, and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2017. There are no critical issues in this report or with the EWC service delivery system.

KEY FINDINGS:

EWC SERVICES IN FY 2018-19

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 181,959 uninsured and underinsured recipients in FY 2018-19.

- Approximately 164,230 received EWC breast cancer screening and diagnostic services.
- Approximately 68,815 received EWC cervical cancer screening and diagnostic services.

The counts of program recipients who had breast cancer services and cervical cancer services are not mutually exclusive and some recipients received both.

EWC providers rendered approximately

- 152,463 screening and/or diagnostic mammograms.
- 50,014 breast ultrasounds.
- 160,481 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy).
- 52,392 Pap tests.
- 20,284 HPV tests.
- 81,975 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling.

The categories of services and procedures are not mutually exclusive and some recipients received more than one procedure.

CANCER DETECTION IN CY 2017

In 2017, EWC clinical services diagnosed:

- 690 recipients with breast cancer.
 - 92 recipients with *in situ* breast cancer
 - 591 with invasive breast cancer
- 48 recipients with invasive cervical cancer.
- Breast and cervical cancer records with missing stage of diagnosis were excluded.

- The majority of breast cancer cases were among recipients under 50 years old, however the majority of cervical cancer cases were among recipients age 50 years and over (48 percent and 60 percent, respectively).
- Forty-two percent of EWC breast cancers and 52 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival.

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER IN CY 2017

Breast Cancer

- Of the 690 recipients diagnosed with breast cancer through EWC:
 - Sixty-four percent were referred to DHCS Breast and Cervical Cancer Treatment Program (BCCTP),
 - Thirty-five percent reported to have received treatment through other health coverage,
 - One percent was lost to follow-up. In clinical medicine and research, the phrase “lost to follow-up” generally means a person who has not returned for continued care or evaluation (e.g., because of death, disability, relocation, or drop-out).

Cervical Cancer

- Of the 48 recipients diagnosed with cervical cancer through EWC:
 - Fifty percent were referred to BCCTP,
 - Forty-six percent were reported to have received treatment through other health coverage,
 - Four percent were lost to follow-up.

INTRODUCTION

The DHCS EWC program is the California grantee of the federal Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds and the statutory designee for the State's Breast Cancer Control Program (BCCP). In addition to breast cancer screening and diagnostic services, EWC provides cervical cancer screening and diagnostic services using a combination of state and federal funds.

EWC's mission is to mitigate the devastating medical, emotional, and financial effects of breast and cervical cancer and eliminate health disparities for medically underserved, low-income individuals. EWC is a safety net program, and payer of last resort.

This report includes outcomes for both breast and cervical cancer screening and diagnostic services provided by EWC during fiscal year (FY) 2018-19.

LEGISLATIVE REQUIREMENT

Revenue and Taxation Code Section 30461.6 (f) requires the oversight department to submit an annual report to the Legislature on specified activities of EWC. The portion of the statute pertaining to the report states:

(f) "...The California Department of Public Health [now DHCS per, Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012)] shall submit an annual report to the Legislature and any other appropriate entity. The report shall describe the activities and effectiveness of the program and shall include, but not be limited to, the following types of information regarding those served by the program:

- (1) The number.*
- (2) The ethnic, geographic, and age breakdown.*
- (3) The stages of presentation.*
- (4) The diagnostic and treatment status."*

BACKGROUND

AB 478 (Friedman, Chapter 660, Statutes of 1993) and AB 2055 (Friedman, Chapter 661, Statutes of 1993) created the California Breast Cancer Act (BCA). BCA authorized the Breast Cancer Fund derived from a dedicated two-cent tax on tobacco products. Half of the revenues are deposited into the Breast Cancer Control Account, to implement a state-funded breast cancer-screening program, called the Breast Cancer Early Detection Program (BCEDP).

BCEDP was created in coordination with the Breast and Cervical Cancer Control Program (BCCCP), a federal CDC-funded multi-component public health program in existence since 1991. BCCCP, now known as the NBCCEDP, funds cancer screening, public education, outreach, quality assurance, and program evaluation activities. BCEDP and NBCCEDP were unified in October 2002 to form one comprehensive program, Cancer Detection Programs: EWC. To meet the increasing demand for services, in FY 1999-2000, EWC began receiving additional funding from Proposition 99 unallocated Tobacco Tax and Health Promotion Act (Prop 99) and state general funds

in FY 2010-11.

AB 1795 (Atkins, Chapter 608, Statutes of 2016), became effective January 1, 2017, to mandate that EWC provide diagnostic services to individuals of any age with signs and symptoms of breast cancer.

REPORTING PERIOD

This report to the Legislature includes EWC services provided during FY 2018-19. The data includes the number and demographics of recipients served and number of breast and cervical cancer screening, diagnostic services provided, and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2017. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available is CY 2017.

METHODS

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2018-19 report are based on adjudicated claims from the Medi-Cal FI, reported as of September 2020. This report includes individuals served by EWC using both state and federal funds.

DHCS used the following data sources for the FY 2018-19 report:

- **DHCS, Detecting Early Cancer Data Management System:** EWC's data management system for recipient enrollment and clinical services outcomes.
- **DHCS, Medi-Cal Fiscal Intermediary claims database:** Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2018-19.
- **California Department of Public Health (CDPH), California Cancer Registry (CCR):** The CCR is the state's cancer surveillance system. California Health and Safety Code Section 103885 requires hospitals, physicians and certain other health care providers to report all new cancer diagnoses for California residents. EWC clinical services recipient records are linked to the CCR twice per year.
- **DHCS, BCCTP:** Since January 2002, with the passage of Public Law 106-354¹, individuals diagnosed with breast or cervical cancer through EWC have gained access to cancer treatment services through DHCS' state and federal funded BCCTP. BCCTP is a state and federal Title XIX funded program that provides no-cost breast and cervical cancer treatment to eligible uninsured and underinsured Californians through full-scope Medi-Cal. DHCS conducts a quarterly record linkage with BCCTP.

The number of program recipients served is a count of unique (or distinct) individuals from EWC's adjudicated claims data during the reporting period. Recipient date of birth

¹ 106th Congress, October 24, 2000, 114 STAT. 1381

and race/ethnicity is self-reported at the corresponding clinical service. That data is missing for recipients who choose not to identify their age, year of birth, or race/ethnicity. Recipients classified as “Other” race/ethnicity include those who self-identified as such and those who reported multiple races. The county of residence data was derived from the zip code information individuals provided as their address at the point of service.

CCR breast and cervical cancer diagnosis data was used to determine the stage of diagnosis, source of treatment, and treatment follow-up among recipients who received an EWC clinical service on the same day or up to one-year prior to the diagnosis date recorded in CCR. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available from the CCR to link with EWC data was for CY 2017.

DHCS used BCCTP data to validate EWC recipients diagnosed with breast and cervical cancer, who were referred to Medi-Cal BCCTP for treatment. EWC recipient records were linked to those from CCR and BCCTP using a probabilistic record linkage methodology. Multiple permutations and combinations of primary demographic data such as name, mother’s maiden name, phone number, date of birth, and address were used in lieu of recipient Social Security Number, which is not collected by EWC.

All analyses used in this report, unless otherwise noted, were conducted by DHCS. All tables and figures in this report were designed and evaluated based on Public Aggregate Reporting – DHCS Business Reports, issued November 2015.

OVERVIEW OF EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTICS AND PUBLIC HEALTH SERVICES

EWC is a safety net program, payer of last resort, and the largest NBCCEDP breast cancer detection program in the nation. In order to access EWC cancer screening, diagnostics, and case management services, individuals must meet program eligibility criteria. These criteria include being uninsured or underinsured (defined as financially unable to pay co-payments or deductibles, or having insurance that does not cover breast and cervical cancer screening and/or diagnostic services) and having a household income at or below 200 percent of the federal poverty level. EWC provides breast cancer screening and diagnostic services to eligible Californians ages 40 and older and cervical cancer screening and diagnostic services to eligible California individuals ages 21 and older. However, starting January 1, 2017, individuals of any age, who would otherwise meet all program requirements, may receive diagnostic services from EWC if they present with suspected symptoms of breast cancer.

EWC delivers breast and cervical cancer screening and diagnostic services through a statewide network of approximately 900 Medi-Cal primary care providers and an unknown number of referral providers throughout the state. These Medi-Cal providers are bound by a service agreement with DHCS to submit claims for payment through the FI, provide EWC services, conduct eligibility assessments, and enroll individuals in the

EWC program at point of service.

CCR estimated that in 2017, 27,650 California women were diagnosed and 4,589 died from invasive breast cancer². CCR also estimated that in 2017, 1,503 California women were diagnosed and 490 died from cervical cancer.³ Timely, age-appropriate screening may have prevented some of these deaths by detecting cancer early, when it is most treatable.

Early detection of breast cancer and cervical cancer increases the chance of survival. If breast cancer is found early as a localized tumor (i.e., the tumor has broken through the basement membrane, but is confined to the breast) the five-year relative survival rate is 98.3 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate could decline to 85.6 percent. Similarly for cervical cancer, if found localized, the five-year relative survival rate is about 91.6 percent compared to 57 percent when found at regional stage.⁴

Mammograms and Papanicolaou (Pap) tests alone or co-tested with Human Papillomavirus (HPV), are highly effective cancer screening tools. However, people who are uninsured and underinsured, geographically and culturally isolated, medically underserved, or members of racial, ethnic, and cultural minorities underuse these tools. The goal of EWC is to improve access to and utilization of screening services.

EWC services begin with outreach and health education primarily targeting women in our eligible population to increase demand for appropriate screening. Case management increases likelihood of the completion of diagnostic services by program recipients. The quality of clinical services is promoted by professional education aimed at EWC providers. All EWC efforts are supported through collaborations with healthcare and public health partners.

² [CDPH CCR Annual Statistical Tables by Site \(1988-2017\), Breast Cancer](#),

Accessed December 18, 2020.

³ [CDPH CCR. Annual Statistical Tables by Site \(1988-2017\), Cervical Uteri Cancer](#),

Accessed December 18, 2020.

⁴ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, five-year relative survival (Percentage) by stage at diagnosis, California, 2008-2017. Data obtained by request. December 17, 2020.

PUBLIC EDUCATION AND OUTREACH

EWC's education and outreach efforts focus on targeting priority populations who are underserved or hard-to-reach, and directing them to appropriate breast and cervical cancer screening and diagnostic services from Medi-Cal, Covered California, or EWC. Health education activities include EWC health education classes, small group sessions, and one-on-one consultations. In FY 2018-19, 6,827 individuals attended EWC's breast and cervical cancer health education classes across the state, which is a 78 percent increase from FY 2017-2018 when 3,815 individuals were educated.

EWC conducts outreach and provides culturally and linguistically appropriate breast and cervical cancer health education to individuals in specific age groups, racial/ethnic populations, and geographic locations. EWC's priority populations are individuals, who are American Indian, Asian-Pacific Islander, or African American; rural residents; residents of ethnic enclaves; the homeless; disabled; and those in the Lesbian, Gay, Bisexual, Transgender and Queer community. These individuals are more likely to lack health insurance, or if insured, are unable to pay out-of-pocket expenses for diagnostic services; or are geographically or culturally isolated with limited options for healthcare. This results in individuals who are rarely or never screened for breast and cervical cancer.

Public Education and Outreach Initiatives

EWC Telephone & Online Provider Locators

The EWC Telephone Provider Locator is an automated toll-free service, and the EWC Online Provider Locator provides 24-hour access to aid individuals with finding an EWC provider online. These tools are promoted through EWC education and outreach activities. In this reporting period, an estimated 8,480 calls were made to the Telephone Provider Locator, 9,514 visits were made to the Online Provider Locator and 33,604 visits were made to the EWC web page.

SCREENING AND DIAGNOSTICS

EWC provided breast and cervical cancer screening and diagnostic services to nearly 181,959 uninsured and underinsured recipients in FY 2018-19.⁵ In 2017, EWC services led to the diagnosis of 690 recipients with breast and 48 recipients with cervical cancers.

DIAGNOSTICS CASE MANAGEMENT

Case management is an integral part of EWC. Program recipients with abnormal screening test results receive case management services to ensure timely diagnosis and are provided with the opportunity for appropriate treatment. The role of case management is to establish, broker, and sustain essential support services for EWC

⁵ Every Woman Counts Program, 2020 Annual Report to the California Legislature, Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2017-18. Sacramento, CA: California Department of Health Care Services, Benefits Division, October 2020.

<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>

recipients in order to identify and overcome barriers that prevent continuation of diagnostic services and treatment.

PATIENT NAVIGATION INITIATIVE

As of July 2015, the NBCCEDP requires its program grantees to provide Navigation Services (NS). NS are intended to promote screening compliance and continuity of care, to ensure completion of all appropriate procedures for clinical resolution and initiate timely treatment. EWC NS support the clinical care of individuals by assessing and aiding in the elimination of barriers to timely screening, completion of diagnostic testing, and facilitation of treatment referral. EWC-contracted health educators and nurses achieve the goal of NS by providing program recipients with support, education, and referral services to aid them in overcoming barriers and to ensure access to medically necessary screening, diagnostic, and initiation of treatment services.

EWC NS planning activities began in 2015. By 2017, a data system was developed, training guides were written, and training webinars were conducted in preparation to implement EWC's NS in July 2018. In FY 2018-19, 65 program recipients concluded NS. The majority, 50 (77 percent) of recipients, self-reported they had met their goal of getting screened, completing their diagnostic workup, or beginning treatment for breast or cervical cancer. Fifteen (23 percent) recipients terminated service before meeting their goal. Reasons for service termination were non-response, the person providing NS was told the recipient could continue without further help, or they did not have the time for NS encounters. At the end of the fiscal year, 40 new recipients were enrolled in NS, and were in the process of being navigated.

CLINICAL QUALITY INDICATORS

EWC is committed to providing quality breast and cervical cancer screening and diagnostic services to its program recipients. EWC pursues this goal by offering technical assistance to providers to improve performance by implementing innovative, cost-effective education, and monitoring their Core Program Performance Indicators (CPPIs). The CPPIs and their performance benchmarks were developed by the NBCCEDP to assess grantee achievement.

The aims of the CPPIs are to ensure: 1) screening of priority population; 2) timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; and 3) timely treatment initiation for program recipients diagnosed with breast and cervical cancers or pre-cancerous cervical conditions.

In April 2019, EWC providers met or exceeded 90 percent of the required CPPIs.

- Of recipients who received an initial Pap test by EWC, 39.4 percent were either never screened for cervical cancer (previous PAP test) or had a previous PAP test outside of the EWC, more than five years ago (performance benchmark- 20 percent).
- For recipients with abnormal screening results, 94.8 percent were screened for breast cancer and 83.7 percent were screened for cervical cancer, and received

complete follow-up care (performance benchmark- 90 percent).

- The time from provider notification of abnormal screening results to diagnosis was less than 60 days for 92 percent of recipients with breast cancer, and less than 90 days for 83.8 percent of recipients with cervical cancer (performance benchmark- 75 percent).
- Treatment was started for 96 percent of recipients diagnosed with breast cancer, and 88.7 percent diagnosed with cervical cancer and precancerous cervical conditions (includes, high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*⁶) (performance benchmark- 90 percent).
 - Of the recipients who received treatment, 92.2 percent with breast cancer, and 100 percent with cervical cancer, started treatment within 60 days (performance benchmark- 80 percent).
 - Of the recipients with precancerous cervical conditions, 94.2 percent began treatment within 90 days (performance benchmark- 80 percent).

During this period, EWC failed to meet the benchmark of 90 percent for one CPPI related to cervical cancer, which was screening follow-up (EWC's total was 83.7 percent). However, this is an improvement for this benchmark rate compared to FY 2017-18 (82.4 percent).⁷ EWC strives to meet 100 percent of the benchmark requirements and continues to work with these providers, as well as other providers, to design and implement interventions aimed at encouraging program recipients to continue care through the completion of all appropriate procedures to clinical resolution. One such intervention is support offered by EWC NS as described above.

PROFESSIONAL DEVELOPMENT

As a part of the professional development component, the Benefits EWC clinical team, in collaboration with the Breast Cancer Workgroup, finalized the Breast Cancer Screening Algorithm in April 2018. The Breast Cancer Work Group consists of practicing health professionals such as breast cancer surgeons, radiologists, genetic counselors, primary care providers and pathologists. The algorithm will be available on the EWC website as a resource tool for breast cancer health care professionals to use as an individualized approach to breast cancer screening including risk assessment, indications for genetic counseling referral, breast density, and additional screening options. Next, Benefits EWC staff will develop an algorithm module to be posted on the Medi-Cal Learning Portal to instruct providers how to maximize the benefit of the algorithm within their practice. Registered providers who complete the Breast Cancer Screening Algorithm Module will receive a certificate. The module is not intended to be a clinical training, but is an educational tool to help providers understand how to use the algorithm as they provide breast cancer medical assistance.

⁶ Carcinoma *in situ* is non-invasive or pre-invasive breast cancer.

⁷ Every Woman Counts Program, 2020 Annual Report to the California Legislature, Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2017-18. Sacramento, CA: California Department of Health Care Services, Benefits Division, October 2020.

<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>

PARTNERSHIPS, COORDINATION, AND COLLABORATION

The goal of the EWC Partnerships, Coordination and Collaboration Program (PCC) component is to actively engage, develop, and maintain collaborative partnerships that support cancer-screening activities. To increase EWC's geographic coverage, improve access to eligible populations, and to increase awareness of effective policy, systems, and environmental approaches to breast and cervical cancer screening, EWC PCC seeks to engage state programs, and diverse agencies and organizations in the community including American Indian and Alaskan Native tribes and tribal organizations, which serve populations with disparate health outcomes.

In FY 2018-19, DHCS staff met with CDPH, interdepartmental staff, and other public health partners to develop, coordinate and integrate evidenced-based activities and strategies to reach targeted populations. Through CDPH, DHCS staff met regularly with the California Coordinated Cancer Control Leadership Team, which included the California Comprehensive Cancer Program, the CCR, California's Chronic Disease Control Branch, the California Colon Cancer Control Program, and the California Rural Health Board, to improve collaboration and coordination of activities and efforts. The EWC Program has regionally contracted clinical coordinators, health educators and community health workers, which utilize the CCR's advanced stage breast and cervical cancer statewide data for provider recruitment and retention and to concentrate breast and cervical cancer health education and prevention efforts in the areas with the greatest need.

In addition, the EWC Medical Officer was a member of the California Dialogue on Cancer (CDOC) Executive Committee, which consisted of Schools of Public Health, community healthcare providers, cancer advocacy groups and a local county health department. In December 2018, the committee held a kick off meeting to initiate the planning process for the 2020-2025 State Cancer Plan. The committee conducted a survey of the committee members and other stakeholders to gather feedback on the content of the Plan. In the beginning of 2019, the survey results were presented to the Executive Committee. After which, a State Cancer Plan outline was completed and the Cancer Plan Advisory Committee and subcommittees members were recruited and confirmed. At the end of FY 2019, the Cancer Plan Subcommittees began their work of writing the State Cancer Plan.

CALIFORNIA PINK PLATE

AB 49 (Buchanan, Chapter 351, Statutes of 2014) gave DHCS authority to sponsor a specialty motor vehicle license plate, now known as "California Pink Plate". The Department of Motor Vehicles (DMV) began fulfilling the first California Pink Plates orders in December 2017. As of June 30, 2018, DMV issued 4,714 California Pink Plates, 29 of which were motorcycle license plates. All net proceeds are deposited into the Breast Cancer Control Account to support statewide breast cancer early detection efforts. For FY 2018-19, the net proceeds were \$148,495.

EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES

RECIPIENTS SERVED BY EWC

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 181,959 uninsured and underinsured recipients in FY 2018-19. Overall, there was a 4 percent increase in recipients served in FY 2018-19 compared to FY 2017-18. Of the recipients served in FY 2018-19, approximately 164,230 received EWC breast cancer screening and diagnostic services, and approximately 68,815 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive.)

Tables 1 and 2 show the distribution of recipients served in FY 2018-19 by age group, race, and ethnicity. For both breast and cervical cancer screening and diagnostic services, the majority of recipients were aged 40 to 49 years old (50 and 45 percent, respectively); and Hispanic (92 percent for breast and 91 percent for cervical cancer screening and diagnostic services).

Table 3 and Figure 1 show the distribution of recipients served in the reporting period by county of residence. Approximately 37 percent received breast cancer screenings and diagnostic services and 21 percent received cervical cancer screening and diagnostic services in Los Angeles County.

SERVICES RENDERED BY EWC

In FY 2018-19, EWC providers performed approximately 152,463 screening and/or diagnostic mammograms, 50,014 breast ultrasounds, and 160,481 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy). For cervical cancer screening and diagnostic services, EWC providers performed 52,392 Pap tests, 20,284 HPV tests, and 81,975 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling. The categories of services and procedures are not mutually exclusive.

CANCER DETECTION IN CY 2017

In 2017, EWC clinical services diagnosed 690 recipients with breast cancer and 48 recipients with invasive cervical cancer.

Table 4 shows the majority of EWC-diagnosed breast cancer was among recipients under 50 years old; while Table 5 shows the majority of EWC-diagnosed cervical cancer was among women aged 50 years and over (48 percent and 60 percent, respectively). For breast cancer, the majority of recipients diagnosed were Hispanic (79 percent).

EWC diagnosed 92 recipients with *in situ* breast cancer and 591 with invasive. Breast and cervical cancer records with missing stage of diagnosis were excluded in this portion of the analysis. Forty-two percent of EWC breast cancers and 52 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate

treatment leads to an increased chance of survival.

Figures 2 and 3 show the distribution of breast and invasive cervical cancers diagnosed in 2017 by socioeconomic status⁸ (SES) from the lowest (SES 1) to the highest (SES 5) and by stage at diagnosis (early versus late) for EWC recipients and all California women as reported by CCR.⁹

Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, fewer EWC recipients were diagnosed with breast cancer at early stage (42 versus 60 percent, respectively). In contrast, compared to all California women diagnosed with invasive cervical cancer at the lowest SES, a higher percentage of EWC recipients were diagnosed at early stage (52 versus 39 percent.)

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER IN CY 2017

In 2017, 64 percent of the 690 recipients diagnosed with breast cancer through EWC were referred to BCCTP, 35 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow-up. For the 48 EWC recipients diagnosed with cervical cancer, 50 percent were referred to BCCTP, 46 percent were reported to have received treatment through other health coverage, while 4 percent were lost to follow-up.

CONCLUSION

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 181,959 recipients in FY 2018-19, who may otherwise not have had access to care. In 2017, EWC services led to the diagnosis of 690 recipients with breast cancer, 591 of which were invasive, accounting for 2.1 percent of all invasive breast cancers diagnosed in California that year.¹⁰ Of those EWC recipients diagnosed with breast cancer, 42 percent were diagnosed at early stage. Nearly all of the recipients diagnosed with breast cancer by EWC were reported to have been referred to treatment (99 percent).

EWC services led to the diagnosis of invasive cervical cancer for 48 recipients, accounting for 3.2 percent of all invasive cervical cancers diagnosed in California in 2017.¹¹ More than half of these invasive cervical cancers (52 percent) were found at an

⁸ SES was measured for 20,919 census block groups (2000 U.S. Census) categorized into quintiles, ranging from 1, the lowest to 5, the highest, using principal component analysis, which calculated standardized component scores. Variables used were: education, median income, median house value, median rent, proportion below 200 percent federal poverty level, proportion blue-collar workers, proportion in workforce. Yost, K., et al, Socioeconomic status and breast cancer incidence in California for different race/ethnic groups. *Cancer Causes and Control* 12, no. 8 (2001): 703- 711.

⁹ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data obtained by request. November 20, 2020.

¹⁰ [CDPH CCR Annual Statistical Tables by Site \(1988-2017\), Breast Cancer](#),

Accessed December 18, 2020.

¹¹ [CDPH CCR. Annual Statistical Tables by Site \(1988-2017\), Cervical Uteri Cancer](#),

early stage of diagnosis. Nearly all of the recipients diagnosed with cervical cancer by EWC were reported to have been referred to treatment (96 percent).

Breast and cervical cancer outreach and awareness, screening, and treatment activities are performed by Medi-Cal, and individual and private market insurance. Many Californians may be covered under one of these health care delivery systems; however, for those who are not, EWC fulfills a critical need for individuals who are low-income or underinsured, and otherwise would not have access to screening and diagnostic services. Early detection of breast and cervical cancer leads to early treatment, which increases the likelihood of survival.

Table 1. Breast Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2018-19

	Breast Cancer (n=164,230)	
Age Group (years)	Number	Percent
Less than 40	13,073	8%
40-49	81,433	50%
50 and over	69,724	42%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	4,574	3%
African American	1,348	<1%
Hispanic	150,610	92%
Asian-Pacific Islander	5,468	3%
American Indian and Other	475	<1%
Unknown	1,755	1%

Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2018-19

	Cervical Cancer (n=68,815)	
Age Group (years)	Number	Percent
21-39	10,570	15%
40-49	31,187	45%
50 and over	27,009	39%
Other/Unknown	49	<1%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	2,114	3%
African American	531	<1%
Hispanic	62,827	91%
Asian-Pacific Islander	2,390	3%
American Indian and Other	224	<1%
Unknown	729	1%

Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2018-2019

County of Residence	Breast Cancer (n=164,230)		Cervical Cancer (n=68,815)	
	Number	Percent	Number	Percent
Alameda	3,476	2%	911	1%
Alpine/Amador/Calaveras	22	<1%	16	<1%
Butte	394	<1%	152	<1%
Colusa	203	<1%	105	<1%
Contra Costa	1,517	<1%	734	1%
Del Norte	28	<1%	25	<1%
El Dorado	211	<1%	88	<1%
Fresno	2,509	2%	1,310	2%
Glenn	219	<1%	95	<1%
Humboldt	93	<1%	46	<1%
Imperial	342	<1%	181	<1%
Inyo/Mono	22	<1%	32	<1%
Kern	3,613	2%	2,394	3%
Kings	765	<1%	453	<1%
Lake	77	<1%	32	<1%
Lassen/Modoc/Plumas	54	<1%	42	<1%
Los Angeles	61,283	37%	14,224	21%
Madera	954	<1%	556	<1%
Marin	959	<1%	579	<1%
Mariposa/Tuolumne	27	<1%	18	<1%
Mendocino	214	<1%	128	<1%
Merced	1,445	<1%	906	1%
Monterey	3,225	2%	2,042	3%
Napa	609	<1%	461	<1%
Nevada	111	<1%	41	<1%
Orange	16,444	10%	7,362	11%

Every Woman Counts
2021 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services
Fiscal Year 2018-19

County of Residence	Breast Cancer (n=164,230)		Cervical Cancer (n=68,815)	
	Number	Percent	Number	Percent
Placer	269	<1%	112	<1%
Riverside	8,358	5%	4,350	6%
Sacramento	1,496	<1%	695	1%
San Benito	339	<1%	237	<1%
San Bernardino	6,054	4%	2,262	3%
San Diego	15,512	9%	9,120	13%
San Francisco	625	<1%	424	<1%
San Joaquin	2,685	2%	1,958	3%
San Luis Obispo	918	<1%	469	<1%
San Mateo	2,955	2%	1,346	2%
Santa Barbara	2,749	2%	1,498	2%
Santa Clara	6,462	4%	3,424	5%
Santa Cruz	1,507	<1%	636	<1%
Shasta	252	<1%	164	<1%
Sierra/Yuba	240	<1%	142	<1%
Siskiyou/Trinity	75	<1%	51	<1%
Solano	894	<1%	543	<1%
Sonoma	1,969	1%	1,175	2%
Stanislaus	2,222	1%	1,235	2%
Sutter	361	<1%	184	<1%
Tehama	201	<1%	100	<1%
Tulare	3,958	2%	2,581	4%
Ventura	4,169	3%	2,573	4%
Yolo	604	<1%	380	<1%
Unknown	540	<1%	223	<1%

Note: Counties where number of recipients screened was between 1 and 10 were combined with similar sized counties to safeguard program recipient privacy.

Table 4. Every Woman Counts Diagnosed Breast Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2017

Breast Cancer (n=690)		
Age Group (years)	Number	Percent
Less than 50	335	48%
50-59	254	37%
60 and over	101	15%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	58	8%
African American	10	2%
Hispanic	547	79%
Asian-Pacific Islander	58	8%
American Indian, Other and Unknown	17	3%
Stage at Diagnosis (n=657)*	Number	Percent
Early	273	42%
Late	384	58%
<p>Note: Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes in situ (breast cancer) and localized stage; late stage includes regional and distant stage. *Cancers where stage was unspecified or missing were excluded.</p>		

Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2017

Cervical Cancer (n=48)		
Age Group (years)	Number	Percent
Less than 50	19	40%
50 and over	29	60%
Race/Ethnicity	Number	Percent
All	48	100%
Stage at Diagnosis (n=44)*	Number	Percent
Early	23	52%
Late	21	48%
<p><i>Note:</i> Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes localized stage; late stage includes regional and distant stage. *Cancers where stage was unspecified or missing were excluded. Race/Ethnicity category is collapsed to safeguard program recipient privacy.</p>		

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts Program, Fiscal Year 2018-19

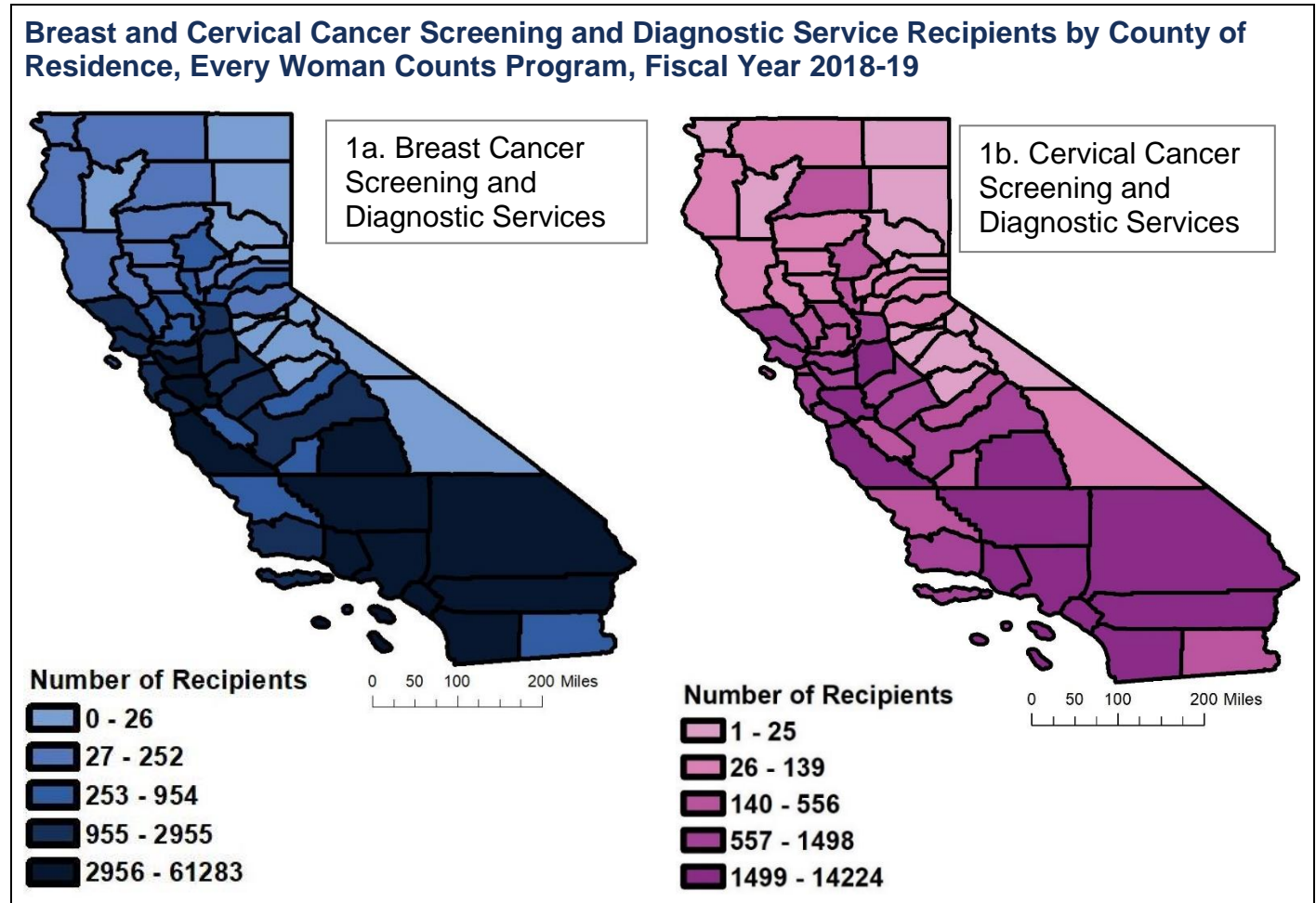


Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Level, Every Woman Counts Program and California, Calendar Year 2017

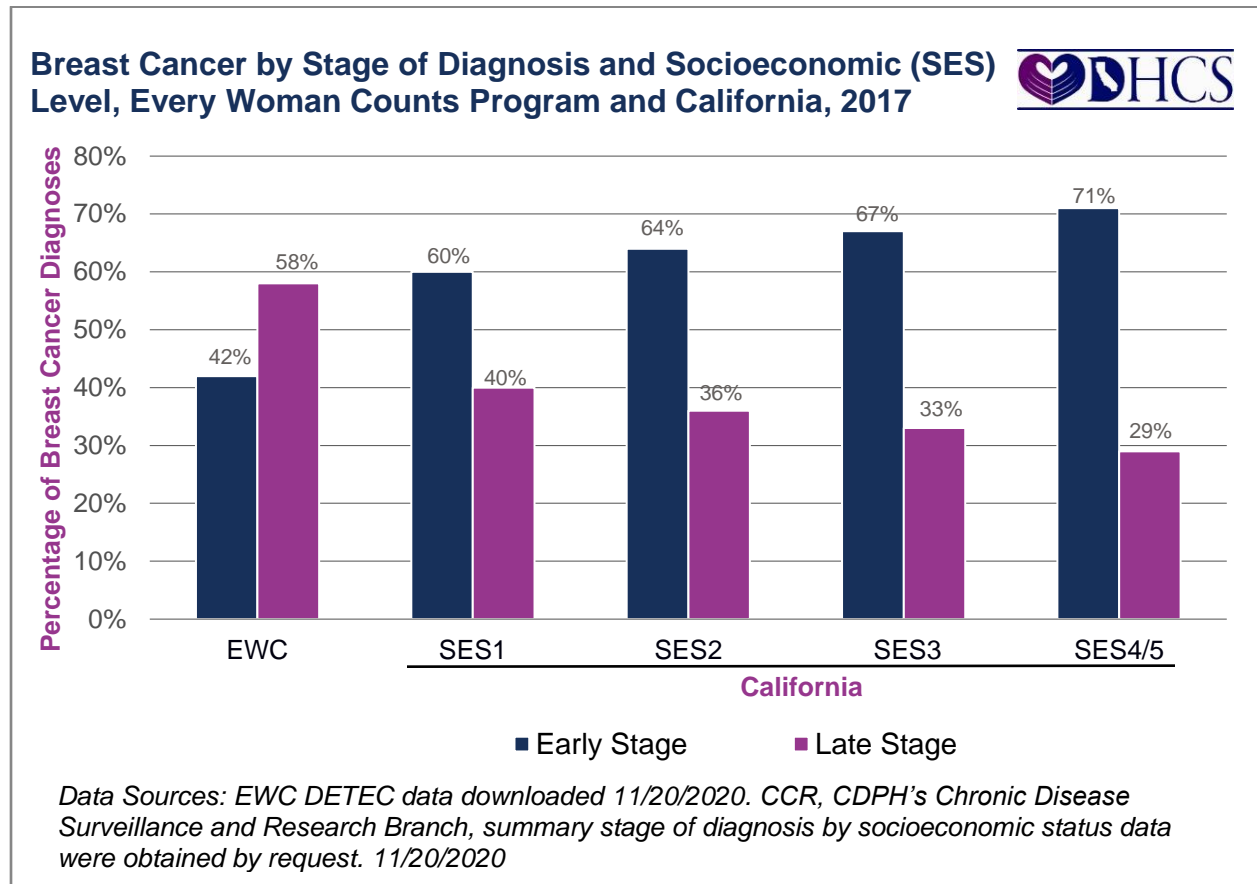


Figure 3. Cervical Cancer by Stage of Diagnosis and Socioeconomic Level, Every Woman Counts Program and California, Calendar Year 2017

