

Mary Brogan Breast and Cervical Cancer Early Detection Program



Background

In women, breast cancer is the second leading cause of cancer death, and is the most frequently diagnosed cancer (excluding skin cancer). Florida ranks third in the U.S. in the number of new breast cancer cases per year and second in the number of deaths, with approximately 15,700 Floridian women diagnosed and an estimated 2,700 more expected to have died from this disease in 2013¹.

Key Points

- In 1994, the Florida Department of Health received a federal grant to establish the Florida Breast and Cervical Cancer Early Detection Program (BCCEDP), and on May 23, 2001 then-Governor Jeb Bush signed the Mary Brogan Breast and Cervical Cancer Early Detection Program Act into law, thus providing a treatment option to medically needy women diagnosed with breast and cervical cancer.
- Mammography remains the single most effective method of early detection since it can identify cancer several years before physical symptoms develop. When cancer is discovered early, treatment is more successful².
- Delays in treatment can be quite critical, as decreased survival rates are often considered to be associated with waiting more than 90 days after an abnormal mammogram to begin treatment³.
- The 2012-13 Fiscal Year was the first year Florida has contributed state general revenue to the program to match the federal dollars:
 - The \$1,236,473 in funding provided for 2,950 women to be screened as of December of 2012⁴.
 - 16 lead County Health Departments (CHDs) manage service provision to assure statewide access
- Even with the additional state funding, the program is only able to serve 5.7% of the priority population. More than 211,700 women who need these lifesaving screenings are not able to access the program due to funding limitations.

Our Position

Actively support state funding for the Mary Brogan Breast and Cervical Cancer Early Detection Program for medically underserved women, at a level equal to at least one-half of the U.S. Centers for Disease Control's current program investment in Florida (approximately \$2.4) - building upon the state's first ever appropriation for screening within that program last year. Support measures, that evidence clearly indicates, lead to an increase in access to mammography for women - consistent with American Cancer Society guidelines, as well as measures that ensure adequate insurance coverage for procedures related to breast cancer screening and treatment.

More Information about the Mary Brogan Breast and Cervical Cancer Early Detection Program

How will increased funding for screening help?

Enactment of the Mary Brogan Breast and Cervical Cancer Early Detection Program Act was intended to reduce the rates of breast and cervical cancer death through increased access to early screening, diagnosis, and treatment programs. There are only six states that rely solely upon CDC dollars to fund their BCCEDP.

Why is breast cancer screening important?

Many of the risk factors for breast cancer are not easily amenable to change. Therefore, public policy has focused on early detection through screening and effective treatment of diagnosed cases. Evidence from other states shows that expanding BCCEDP screening coverage results in improved access to treatment through the program³. Numerous randomized trials, as well as population-based screening evaluations, have determined that mammography reduces the risk of dying from breast cancer. Early detection of breast cancer by mammography may lead to a greater range of treatment options, including less aggressive surgery and adjuvant therapy. Although mammography does have certain limitations, it is currently the most effective method to identify cancer early and when treatment is more successful. Efforts to increase screening should specifically target those who are most likely to have the lowest rates of screening, such as socioeconomically disadvantaged women. In 2011, 58.5% of women in Florida aged 40-65 had received a mammogram in the past year; among Floridian women in this same age group who did not have health insurance, only about 27% had received mammographic screening². The ACS-recommended screening tests for breast cancer are detailed in the following chart:

American Cancer Society Breast Cancer Screening Guidelines⁵

Breast Cancer	Testing Interval, Age, & Special Comments
Screening Test	Regarding Testing Option
Mammography	Recommended yearly starting at age 40 and continuing for as long as a woman is in good health
Clinical Breast Exam (CBE)	Recommended about every 3 years for women in their 20s and 30s and every year for women 40 and over
Breast Self Exam (BSE)	Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider; BSE is an option for women starting in their 20s.
Magnetic Resonance Imaging (MRI)	Recommended that some women-because of their family history, a genetic tendency, or certain other factors-be screened with MRI in addition to mammograms. (The number of women who fall into this category is small: less than 2% of all the women in the US.) Women should talk with their doctor about their history and whether they should have additional tests at an earlier age.

¹ American Cancer Society. (2013) Cancer Facts & Figures 2013. Atlanta, GA

² American Cancer Society. (2011). *Breast Cancer Facts and Figures 2011-2012*, Atlanta, GA.

³ Adams, E.K. and Chein, L. (2011). Racial disparities in breast and cervical cancer: can legislative action work? Cancer Disparities: Causes and Evidence-Based Solutions, Elk and Landrine, Eds. Springer Publishing, NY.

⁴ Florida Department of Health, Breast & Cervical Cancer Early Detection Program; December, 2012.

⁵ American Cancer Society Guidelines for Early Detection of Cancer, Breast Cancer. Retrieved on February 14, 2012 from: http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer