ORANGE COUNTY WOMEN'S HEALTH POLICY BRIEF: BREAST CANCER

October 2014

Promoting breast health by reducing screening and diagnostic disparities

EXECUTIVE SUMMARY

The Orange County Breast & Cervical Cancer Task Force has determined that medically underserved women in Orange County (including low-income, uninsured, ethnically diverse and/or undocumented women) are not accessing breast cancer screenings as recommended, and low-income women younger than 40 years of age (or under 40) with a breast abnormality are experiencing gaps in screening and diagnostic services. These disparities contribute to poor health outcomes for local women. Accordingly, the Task Force recommends the following:

1. Promote early detection for breast cancer among medically underserved women in Orange County.
2. Address the gap in diagnostic services for low-income or uninsured women under 40 in Orange County.

INTRODUCTION

In 2011, the Orange County Women's Health Project (OCWHP) convened a coalition of over 30 local women's health stakeholders to begin addressing gaps in women's health needs in Orange County. The group reviewed approximately 200 data sets from national, state and local sources and assembled a set of 40 Women's Health Indicators for Orange County women. While analyzing the data, the OCWHP and its coalition partners identified three priority health issues affecting women across the county — issues that were affecting a great number of women in Orange County; issues for which local women were not doing as well as their peers or against established benchmarks; and issues which were not otherwise being addressed collaboratively in the county; and which had policy potential. These three priority health issues for Orange County women are breast and cervical cancer; health and domestic violence; and teen reproductive health.

The OCWHP presented these findings at the inaugural Orange County Women's Health Policy Summit in 2012, and based on the feedback from the event, decided to launch Task Forces to address each priority women's health issue. In the Spring of 2013, the OCWHP partnered with Susan G. Komen® Orange County (Komen OC) and the Health Promotion Research Institute at California State University, Fullerton to launch the Breast & Cervical Cancer (BCC) Task Force, which includes over a dozen stakeholder organizations and agencies. The purpose of the BCC Task Force is twofold - to promote collaboration among a broad network of stakeholders, and to develop policy recommendations that address disparities in breast and cervical cancer affecting ethnically diverse and low-income young women in Orange County, as well as the underutilization of the HPV Vaccine (which prevents many cervical cancers) in Orange County.

The BCC Task Force is pleased to present this Policy Brief, which builds upon an analysis of available data, a scan of the literature, and input from local stakeholders; and offers recommendations designed to remove barriers to care, reduce disparities within populations, and promote early detection of breast cancer.

KEY ISSUES

This Policy Brief is concerned with ensuring access to breast cancer screenings and diagnostic services for medically underserved women (i.e., women who are ethnically diverse, low-income, uninsured, and/or undocumented) as well as low-income and uninsured women under 40, who face a unique diagnostic gap in accessing appropriate care.

OVERVIEW OF BREAST CANCER

Breast cancer is a very common but highly treatable disease in the United States. According to the American Cancer Society, breast cancer is the second most common cancer among American women, second only to skin cancer. Nearly 1 in 8 (12%) women in the U.S. will develop invasive breast cancer during their lifetime.[1]

EARLY DETECTION

Early detection is desired to identify breast cancer at the earliest possible stage, when there are more options for treatment, and chances of survival are higher. According to Healthy People 2020 (a federal program which establishes science-based national objectives for improving the health of all Americans), the national goal is to increase the percentage of women who have received a breast cancer screening per current guidelines by 10%, from 74% to 81%.[2]

Breast cancer screenings usually consist of clinical breast exams (CBEs) and screening mammograms. Guidelines governing breast cancer screening are promulgated by different organizations, including the United States Preventive Services Task Force (USPSTF), American Cancer Society (ACS) and National Comprehensive Cancer Network (NCCN).[3,4]

DIAGNOSTICS AND TREATMENT

If an abnormal mass is detected during a screening (such as a CBE or screening mammogram), the next step is for the patient to secure a diagnostic service – such as a diagnostic mammogram, breast MRI, ultrasound, or biopsy - to evaluate for the presence of breast cancer. If a diagnosis of cancer is confirmed, the next step is for the patient to seek treatment, which can take many forms, including but not limited to surgery, radiation, or chemotherapy.[5]

BREAST CANCER IN YOUNG WOMEN (UNDER 40)

According to Susan G. Komen®, breast cancer is rare among young women, with only five percent of all breast cancers diagnosed in the United States each year occurring in women under 40. However, the prognosis in young women is usually worse than in older women. Breast cancers in younger women are more likely to be fast-growing, higher grade and hormone receptor-negative. Each of these factors makes breast cancer more aggressive and more likely to require chemotherapy. Furthermore, young women with breast cancer are twice as likely as older women to die within five years of their breast cancer diagnosis.[6]

To make matters worse, there is no clear standard for the starting age for breast cancer screening. ACS recommends that women receive regular clinical breast exams (CBEs) beginning at age 20, while NCCN recommends age 25, and the USPSTF does not recommend for or against CBEs at all. Likewise, ACS and NCCN recommend women of average risk begin receiving regular mammograms at age 40, but the USPSTF does not recommend regular mammograms for women of average risk until age 50.[7] These conflicting recommendations are set forth in the chart below:

Table 1. **BREAST CANCER SCREENING RECOMMENDATIONS FOR WOMEN AT AVERAGE RISK**

AMERICAN CANCER SOCIETY	NATIONAL COMPREHENSIVE CANCER NETWORK	U.S. PREVENTIVE SERVICES TASK FORCE
MAMMOGRAPHY		
Every year starting at age 40	Every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Every 2 years ages 50-74
CLINICAL BREAST EXAM		
Every 3 years ages 20-39 Every year starting at age 40	Every 1-3 years ages 25-39 Every year starting at age 40	Not enough evidence to recommend for or against

SOURCE: Susan G. Komen
NOTE: Women of higher risk may need to get screened earlier and more frequently than recommended above.

Notwithstanding these conflicts, it is generally agreed that women under 40 should get regular breast screenings, potentially including a MRI, if the patient is deemed "high-risk" and a mammogram is recommended by her healthcare provider. Health care providers must balance the benefits of screening against the risks of exposure to radiation for high-risk young women when deciding whether to recommend mammography. Breast MRIs may be used (alone or in combination with mammograms) if the provider deems appropriate (e.g., if her lifetime risk of breast cancer is calculated by a provider to be at least 15%). High risk can be defined as having a breast cancer mutation (BRCA1 or BRCA2); family history of a first degree relative (parent, sibling, or child) who had breast cancer diagnosed at age 40 or younger; radiation treatment to the chest area during childhood or young adulthood; first degree family history of the TP53 or PTEN gene mutation; or personal history of ductal carcinoma in situ, lobular carcinoma in situ, or atypical hyperplasia.[9,10]

BREAST CANCER INCIDENCE IN ORANGE COUNTY

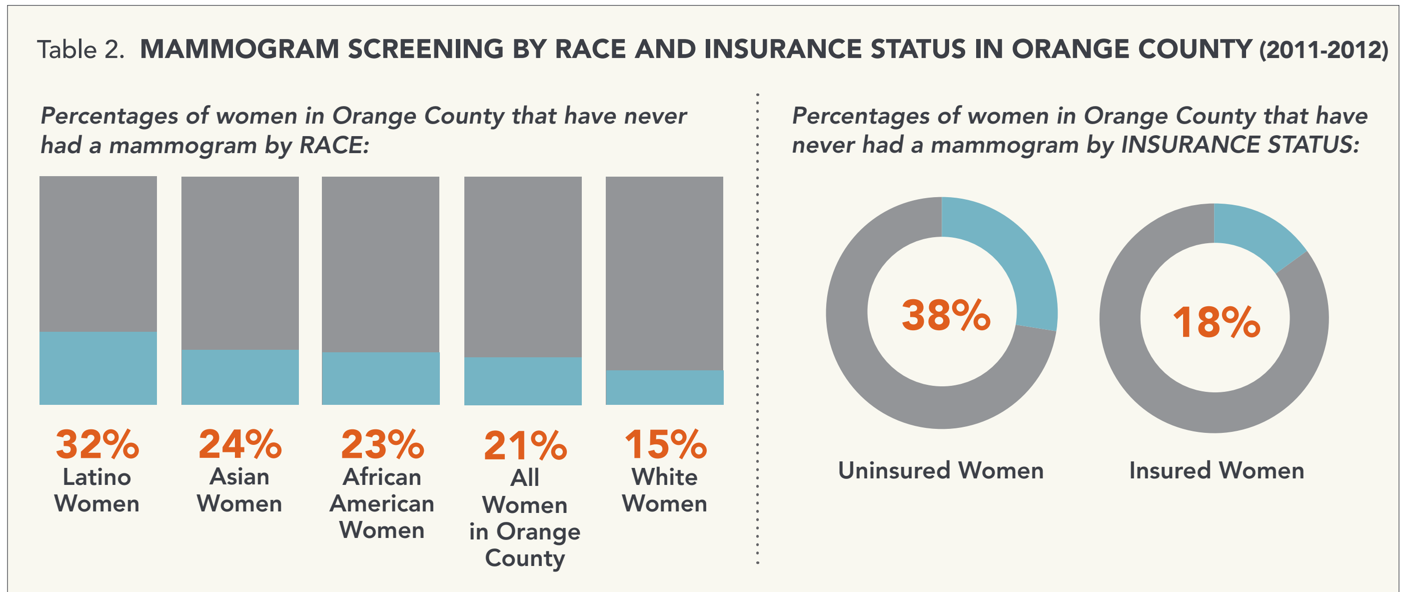
Breast cancer remains the most common cause of cancer in Orange County, with 2,155 expected new cases to be diagnosed in 2014.[11] According to a 2008 report prepared by Komen OC in collaboration with UC Irvine, incidence of late-stage diagnosis of breast cancer has not decreased over the past 15 years. Indeed, incidence of late-stage breast cancer has increased among African Americans, Asians, and Pacific Islanders, while remaining constant among Hispanics and non-Hispanic whites. Furthermore, uninsured women were 76% more likely to be diagnosed with late stage breast cancer compared to insured women.[12]

BREAST CANCER MORTALITY IN ORANGE COUNTY

In Orange County, while breast cancer deaths have decreased from 1991-2004, it remains the second leading cause of cancer death for women with 325 expected deaths in 2014.[13] Five-year breast cancer mortality was 50% higher among African Americans, due primarily to lower income, education and lack of social support.[14] Uninsured women of all races/ethnicities were at increased risk of breast cancer mortality within five years of diagnosis compared to insured women.[15]

BREAST CANCER SCREENING DISPARITIES IN ORANGE COUNTY

According to the 2011-2012 California Health Interview Survey, significant gaps in mammogram screening exist by race and insurance status, as illustrated below:



SOURCE: California Health Interview Survey (2011-2012)

BREAST CANCER AMONG WOMEN UNDER 40 IN ORANGE COUNTY

According to a 2009 report by Komen OC, the annual numbers of new breast cancer cases have decreased for women of all age groups except young women (defined as women under 40), with White and African American young women more likely to be diagnosed with breast cancer at early ages.[16]

In Orange County, breast cancer is the leading cause of cancer death among women age 20-39 years, and women under 35 years have a 5-year breast cancer death rate that is more than 2.5 times higher compared to women age 40-49 years old. Younger African American, Vietnamese, and un- or under-insured women are at increased risk of death.[17] These findings correspond with studies that have found African Americans under the age of 35 are twice as likely to get breast cancer,[18,19] and three times as likely to die from it, compared to White women of the same age.[20] In Orange County, younger women are more likely than those over 40 to be diagnosed with breast cancers that are larger, hormone receptor negative, at later stages (e.g., involve spread to lymph nodes) -- all signs of poor prognosis and survival.

COVERAGE OPTIONS FOR BREAST HEALTH CARE

As set forth below, women have to navigate a dizzying array of coverage options when seeking breast health care. Eligibility varies depending on insurance, income level, age, and immigration status.

Table 3. **BREAST CANCER COVERAGE MATRIX – CURRENT AS OF 10/14**
(Note: eligibility criteria subject to change)

PATIENT CHARACTERISTICS	PUBLIC COVERAGE FOR SCREENINGS		PUBLIC COVERAGE FOR DIAGNOSTICS	PUBLIC COVERAGE FOR TREATMENT	LENGTH OF COVERED TREATMENT
Low-Income & Uninsured	Clinical Breast Exam	Screening Mammogram	(Diagnostic Mammogram, Ultrasound, MRI, Biopsy)	(Chemo, Radiation, etc.)	
UNDER 40					
Documented	Family Planning, Access, Care & Treatment (Family PACT) (up to 200%) or Title X (up to 250%)	Not Available	Not Available	Breast & Cervical Cancer Treatment Program (BCCTP) with confirmed diagnosis	Duration of treatment
Undocumented	Family PACT (up to 200%) or Title X (up to 250%)	Not Available	Not Available	BCCTP with confirmed diagnosis	18 Months
Documented AND Low-Income (below 138% FPL)*	Family PACT (up to 200%) or Title X (up to 250%)	Expanded MediCal via CalOptima (formerly known as MSI)	Expanded MediCal via CalOptima (formerly known as MSI)	BCCTP with confirmed diagnosis	Duration of treatment
40 AND OVER					
Documented	Family PACT (up to 200%), Every Woman Counts (up to 200%) or Title X (up to 250%)	California Breast & Cervical Cancer Early Detection Program (CA BCEDP): Every Woman Counts	CA BCEDP: Every Woman Counts	BCCTP with confirmed diagnosis	Duration of treatment
Undocumented	Family PACT (up to 200%), Every Woman Counts (up to 200%) or Title X (up to 250%)	CA BCEDP: Every Woman Counts	CA BCEDP: Every Woman Counts	BCCTP with confirmed diagnosis	18 Months
Documented AND Low-Income (below 138% FPL)*	Family PACT (up to 200%) or Title X (up to 250%)	Expanded MediCal via CalOptima (formerly known as MSI)	Expanded MediCal via CalOptima (formerly known as MSI)	BCCTP with confirmed diagnosis	18 Months

SOURCES: Family PACT, Title X, Every Woman Counts, BCCTP

* Expanded MediCal

COVERAGE OPTIONS FOR BREAST HEALTH CARE (cont.)

EARLY DETECTION – COVERAGE AND GAPS

Coverage of CBEs is widely available for women of reproductive age. The Affordable Care Act (ACA) requires private, nongrandfathered insurance plans to cover annual well-woman exams, which usually include CBEs, with no cost sharing to the patient.[21] The ACA also covers breast cancer genetic test counseling (BRCA) for women at higher risk, with no cost sharing to the patient.[22]

MediCal also covers CBEs, and low-income, uninsured women can receive a low or no-cost CBE during a family planning visit under the California Family Planning, Access, Care, and Treatment (Family PACT) program or the federal Title X program, or for women over the age of 40, under California's Breast and Cervical Cancer Early Detection Program, Every Woman Counts (EWC).

California Family Planning, Access, Care and Treatment (Family PACT) provides access to family planning services (including CBEs) for California residents whose family incomes are at or under 200% of the federal poverty line without any source of health care coverage for family planning.[23]

Title X of the Public Health Services Act (Title X) is a federal program that provides access to family planning services (including CBEs) for California residents whose family incomes are at or under 250% of the federal poverty line.[24]

California's Breast and Cervical Cancer Early Detection Program, Every Woman Counts (EWC) provides access to breast and cervical cancer screening services (including CBEs and mammograms) for California residents age 40 and older whose family incomes are at or under 200% of the federal poverty line.[25]

Coverage of screening mammograms depends on age, income level, and insured status. The ACA requires private, non-grandfathered plans to cover screening mammograms with no cost-sharing to the patient for women age 40 and over.[26] Similarly, MediCal also covers screening mammograms for women age 40 and over, and uninsured women over 40 can receive a low or no-cost screening mammogram under EWC. In contrast, there is no public coverage of screening mammograms for women under age 40 who are at high risk for breast cancer. Family PACT used to cover screening mammograms, but this coverage ended effective January 1, 2014.[27] At best, low-cost screening mammograms may be available with a provider referral. Also, in Orange County, a private organization called Inner Images, Inc. provides limited access to screening mammograms for high-risk young women age 30 years or older with no symptoms.[28]

DIAGNOSTICS – COVERAGE AND GAPS

Coverage of diagnostic services also depends on age and insured status. Private insurance plans cover diagnostic services but the scope varies from plan to plan. EWC provides no-cost diagnostic services for uninsured women age 40 and over, and whose income is no more than 250% of the federal poverty line.

In contrast, **there is no publicly funded coverage for diagnostic services for women under 40.** Although there are community clinics that provide care and share the burden of costs, there is no county-run hospital or clinic in Orange County that provides breast health diagnostic procedures for low-income/indigent patients. There is, however, some private assistance available. The Komen Orange County Fund for Breast Health Care (Komen Fund) awards grants specifically for diagnostic breast health care services to local clinical providers for those who are at or below 300% of the federal poverty line, Orange County residents, and do not qualify for other programs.[29] Thus, women under 40 who receive a CBE through Family PACT or other public sources, and are found to have an abnormal CBE that requires a follow-up mammogram and/or ultrasound; the follow-up service will be considered a "diagnostic" (rather than screening) and can be covered by the Komen Fund. In addition, Inner Images, Inc. provides limited access to mammograms for high-risk young women age 30 years and older with no symptoms.[30] Unfortunately, both Inner Images and the Komen Fund are limited and cannot carry the burden alone.

TREATMENT – COVERAGE AND GAPS

Privately insured women generally have coverage for breast cancer treatment but the scope of coverage varies from plan to plan.

Breast Cancer treatment costs can be covered for low-income individuals of any age who have a definitive diagnosis of breast cancer through the Breast and Cervical Cancer Treatment Program (BCCTP). BCCTP is funded by both federal and state governments, managed by the state's MediCal office, and administered through CalOptima in Orange County. BCCTP covers treatment for U.S. citizens and documented immigrants for the duration of their cancer treatment (so long as all other BCCTP eligibility criteria are met), and for undocumented immigrants, the California state-funded BCCTP covers treatment for up to 18 months.

California Breast & Cervical Cancer Treatment Program (BCCTP) provides access to breast and cervical cancer treatment for California residents with a confirmed breast cancer diagnosis and whose family incomes are at or under 200% of the federal poverty line.[31]

Thus, there are several important gaps for low-income, uninsured women seeking breast health care in Orange County:

1. Women under 40 are ineligible for publicly-covered screening mammograms, even if they are high risk, and women under 40 are ineligible for publicly-covered diagnostic services, even if they have a breast abnormality. This means that even though women under 40 are eligible for treatment under BCCTP, they are too young to qualify for the publicly-covered program that would provide the diagnosis needed for BCCTP treatment to begin.

2. Undocumented patients are only eligible for 18 months of treatment under BCCTP, which may not be enough time for them to complete their treatment, especially if they do not know how to navigate the healthcare system, lack the language skills necessary to secure appropriate and quality care, or lack transportation.

RECOMMENDATIONS

The Orange County Women's Health Project therefore advocates for early detection and diagnostic services for medically underserved women and women under 40. Based on the above, the OCWHP BCC Task Force makes the following recommendations.

RECOMMENDATION 1

Promote regular early detection for breast cancer among medically underserved women in Orange County

Sample Activities/Strategies:

- Educate providers about screening disparities among women of different races/ethnicities and medically underserved women in Orange County, culturally appropriate resources available in Orange County, and low and no-cost screening programs.
- Increase culturally appropriate outreach and education to patients about the importance of screening, new screening benefits under the Affordable Care Act, and low and no-cost screening programs in Orange County.
- Preserve funding for safety net programs that deliver no or low-cost screening and diagnostic services to medically underserved populations, such as Family PACT (clinical breast exams for women of childbearing age) and Every Woman Counts (screening and diagnostic mammograms for women 40 and over).

RECOMMENDATION 2

Address the gap in diagnostic services for low-income or uninsured women under 40 in Orange County

Sample Activities/Strategies:

- Educate providers about screening and diagnostic disparities for low-income or uninsured women under 40 who have a breast abnormality.
- Engage in collaborative planning to equitably share the cost burden, and determine how to provide and sustain diagnostic services for low-income or uninsured women under 40 who need breast diagnostic services.
- Expand safety net programs (such as EWC) to include low-cost diagnostic services for women under 40 who have a breast health issue.

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