



The Florida Breast Cancer Early Detection and Treatment Referral Program Report

(Florida Breast and Cervical Cancer Early Detection Program)

2020

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Background

The state of Florida is home to more than 21 million diverse, multi-cultural, and multi-lingual people in which cancer is a personal issue for many. In fact, Florida ranks second in the nation in newly diagnosed cancer cases and mirrors national trends for the top cancer sites. In 2018, there were more than 132,000 new cancers diagnosed and reported to the statewide cancer registry, the Florida Cancer Data System (FCDS). Advancing age is the top risk factor for the development of cancer. Overall, 61.8 percent of newly diagnosed cancers and 74.2 percent of cancer deaths occur in persons age 65 and older.¹ This age group accounts for approximately 20.8 percent of Florida's total population. However, cancer occurrence in Florida differs not only by age, but also by sex, race, geography, and stage of disease at diagnosis depending on the cancer site(s).

Cancer was the second leading cause of death, with over 45,000 deaths in Florida in 2019.² Of the leading causes of death in Florida, cancer ranks second in terms of years of potential life lost, following unintentional injury.² Moreover, cancer constitutes an enormous economic burden on Floridians, with approximately \$7.9 billion annually in hospital charges.¹ During 2018, approximately 7.9 percent of all hospitalizations that occurred among women of all ages, listed breast and/or cervical cancer as the primary cause.¹ Additionally, during 2019 breast and cervical cancers accounted for approximately \$259 million in hospital charges.¹

Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990; Public Law 101-354, which directed the Centers for Disease Control and Prevention (CDC) to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Currently, all 50 states, the District of Columbia, six United States territories, and 13 American Indian/Alaska Native tribes or tribal organizations are funded to provide breast and cervical cancer screenings.

The Florida Breast Cancer Early Detection and Treatment Referral Program, also known as the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), was authorized by the Florida Legislature, and signed into law on May 23, 2001. As required by section 381.932, Florida Statutes, the State Surgeon General must submit an annual report to the appropriate substantive committees of the Legislature that includes a description of the rate of breast cancer morbidity (incidence) and mortality in the state and the extent to which women participate in breast cancer screenings from the Behavioral Risk Factor Surveillance System (BRFSS).

Since the inception of the FBCCEDP, vital screening, diagnostic and treatment services have been provided to Florida women. From October 1, 1994 to June 30, 2020, there have been 456,159 breast screenings and diagnostic services provided to 160,485 Florida women, in which 4,457 breast cancers have been found. More women in Florida have received educational outreach on the importance of screening and early detection to reduce breast cancer morbidity and mortality.

Over the ten-year period from 2009 to 2018, breast cancer incidence rates have increased by 6.3 percent while mortality rates have decreased by 13.2 percent in Florida. The reduction in mortality rates is partly due to ongoing progress in both screening and improved treatment. Despite the decline in breast cancer mortality, breast cancer has remained the most diagnosed cancer and the second leading cause of cancer deaths among women.

Introduction

Problem Statement

Currently in Florida, there are over 2.1 million women between the ages of 50-64, of which 646,956 (29.5 percent) are at or below 200 percent of the Federal Poverty Level (FPL).³ Those same-aged women who are at or below 200 percent of the FPL and have no insurance comprise 25.1 percent of Florida's at-need population. In 2020, the FBCCEDP reached 7.4 percent of those at-need women for breast and cervical cancer screenings despite barriers experienced by this population. The barriers include transportation access and difficulty scheduling doctor appointments during non-work hours. The FBCCEDP is currently working to reduce these barriers and support evidence-based interventions to increase breast and cervical cancer screenings to a targeted number of at-need women.

Purpose of the Report

This report includes data on the scope of breast cancer in Florida and how the FBCCEDP is addressing breast cancer prevention for the population; how partners are coordinating preventive efforts; recent successes; and recommended actions to improve breast cancer prevention efforts in the state.

The report discusses evidence-based recommendations to reduce the number of new cases of breast cancer and to improve screening education and awareness. Data for the report were compiled from multiple sources, including state-based telephone surveys, vital statistics, and cancer registry data. These data provide a comprehensive picture of the breast cancer burden within specific populations. More detailed information about each of the data sources is available in Appendix A.

Population-Based Breast Cancer Burden in Florida

Breast Cancer Risk Factors

Factors that are modifiable such as physical activity, maintaining a healthy weight and minimizing alcohol consumption can reduce a woman's risk of breast cancer.⁴ The American Cancer Society recommends maintaining a healthy weight throughout life by balancing food intake with physical activity and avoiding excessive weight gain, and recommends 45 to 60 minutes of physical activity or exercise, five or more days a week to reduce the risk of breast cancer. Breastfeeding a baby and having a first child before the age of 30 also decreases a woman's risk of developing breast cancer.⁴

Factors that can increase a woman's risk for breast cancer include the following: estrogen and progesterone hormone therapy (among postmenopausal women), Type 2 diabetes, dense breast, and a family history of breast cancer.⁴ Women should discuss the risks and benefits of hormone replacement therapy, including the possible impact on cancer risk, with their health care provider before starting therapy or if they have been on hormones for an extended period.

Breast Cancer Incidence

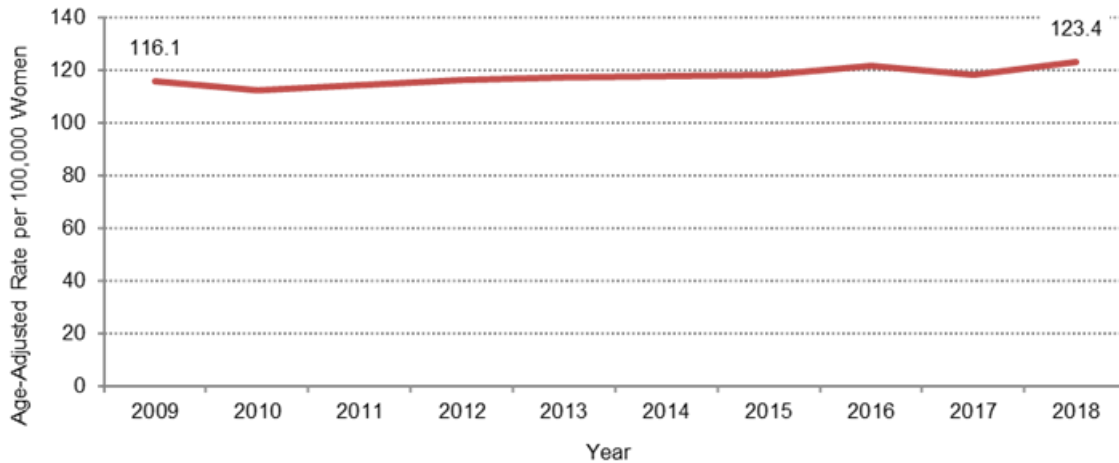
Breast cancer, as with most cancers, is classified based on its extent of spread in the body. Mammography is the single most effective method of early detection since it can identify cancer several years before physical symptoms develop.⁴ However, women should know their breasts and report changes of size, symmetry, or skin appearance to their doctor.⁴

Breast cancer is the most common cancer among women, excluding basal and squamous skin cancer in the United States. Additionally, a small number of men also develop breast cancer. Breast cancer is the second most common cause of cancer death in women, second only to

lung cancer. Treatment is most successful when breast cancer is discovered early in the localized stage.⁴ Breast cancer is predominantly a disease affecting women. In 2018, there were 17,923 new cases of breast cancer among women, with nearly one-third (32%) diagnosed at an advanced stage.¹ In 2018, 2,997 women in Florida died of breast cancer.²

Figure 1 represents the statewide breast cancer incidence rates from 2009 through 2018. The Florida age-adjusted breast cancer incidence rate was 116.1 per 100,000 women in 2009 and 123.4 per 100,000 women in 2018, an increase of 6.3 percent.

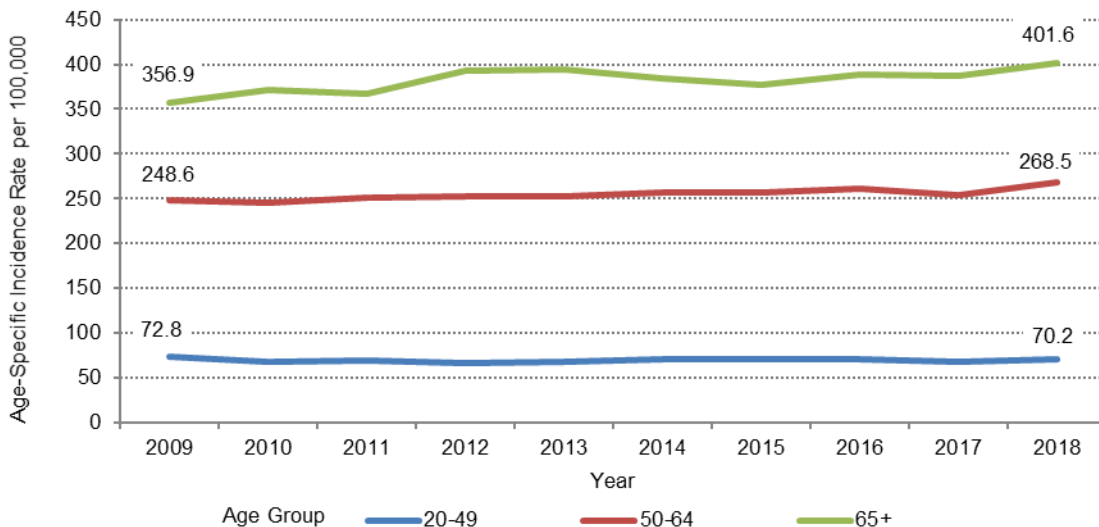
Figure 1. Age-Adjusted Breast Cancer Incidence Rate per 100,000 Women, Florida, 2009-2018



Source: Florida Department of Health, Florida Cancer Data System

Figure 2 depicts age-specific incidence rates for Florida women. In 2018, the age-specific breast cancer incidence rate was 70.2 per 100,000 for the 20-49 age group; 268.5 per 100,000 for the 50-64 age group; and 401.6 per 100,000 for the 65 and older age group. Since 2009, there has been a significant increase in the age-specific breast cancer incidence rate among women aged 50-64 and 65 and over.

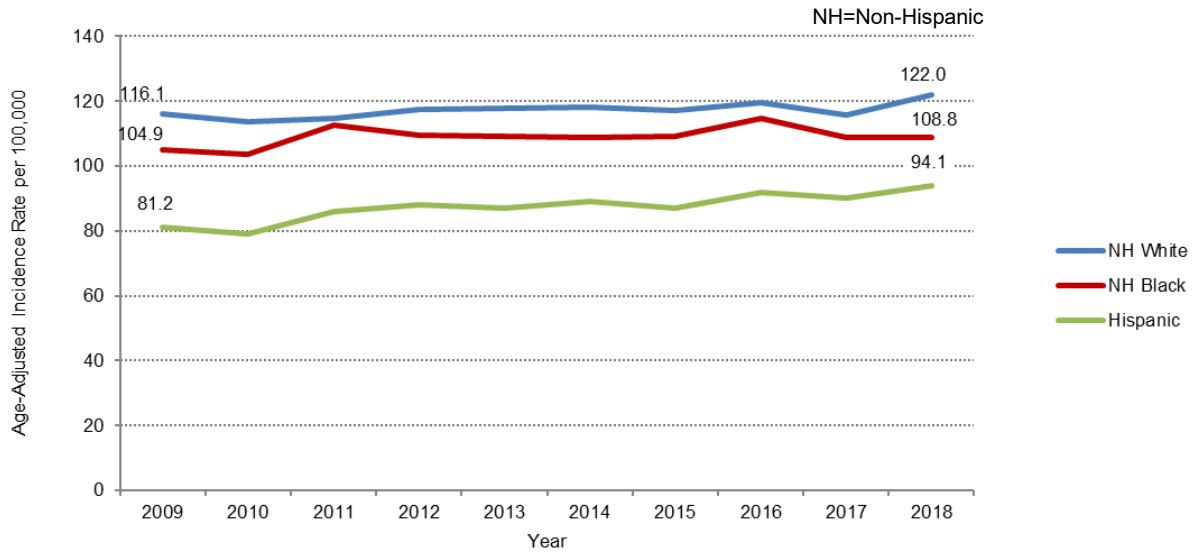
Figure 2. Age-Specific Breast Cancer Incidence Rate per 100,000 Women by Age Group Florida, 2009-2018



Source: Florida Department of Health, Florida Cancer Data System

Figure 3 depicts age-adjusted incidence rates for women by race and ethnicity. In 2018, the age-adjusted breast cancer incidence rate was 122.0 per 100,000 among non-Hispanic White women; 108.8 per 100,000 among non-Hispanic Black women; and 94.1 per 100,000 among Hispanic women. The highest incidence rate was observed among non-Hispanic Whites. The data indicates a significant increase for all races and ethnicities during this 10-year period.

Figure 3. Age-Adjusted Breast Cancer Incidence Rate per 100,000 Women by Race/Ethnicity, Florida, 2009-2018

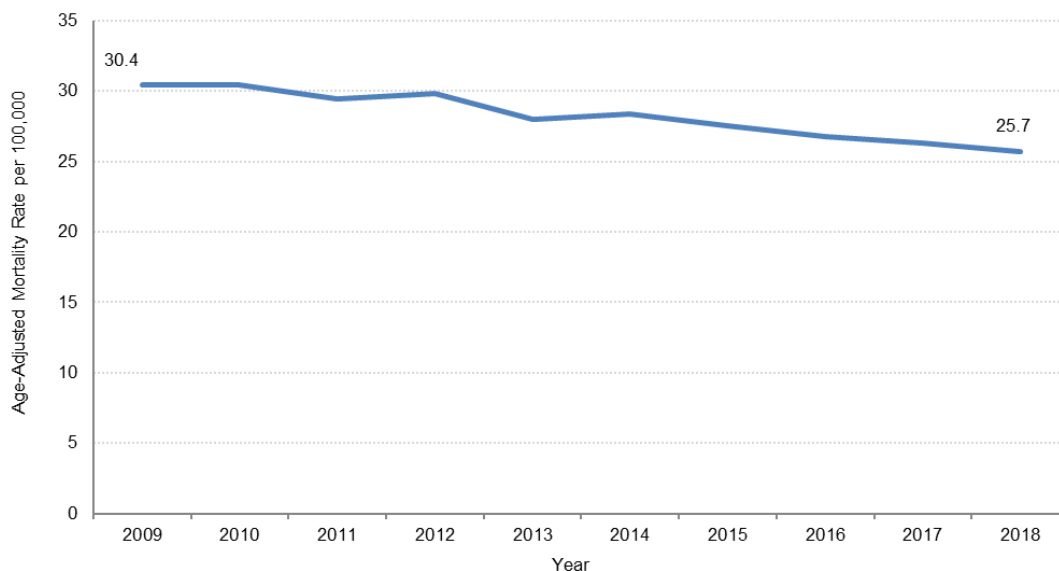


Source: Florida Department of Health, Florida Cancer Data System

Breast Cancer Mortality

Figure 4 illustrates the statewide age-adjusted breast cancer mortality rates per 100,000 women from 2009 through 2018. The age-adjusted breast cancer mortality rate has slightly declined from 30.4 per 100,000 women in 2009 to 25.7 per 100,000 women in 2018.

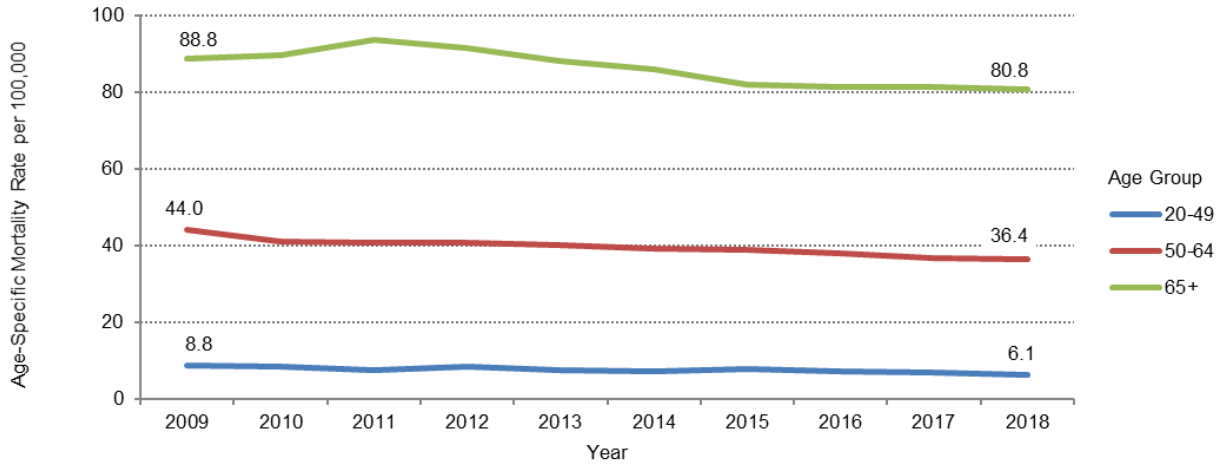
Figure 4. Age-Adjusted Breast Cancer Mortality Rate per 100,000 Women, Florida, 2009-2018



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 5 depicts the age-specific breast cancer mortality rate per 100,000 women. In 2018, the rate was 6.1 per 100,000 for the 20-49 age group; 36.4 for the 50-64 age group; and 80.8 for the 65 and older age group. From 2009 to 2018, mortality rates decreased among women of all age groups.

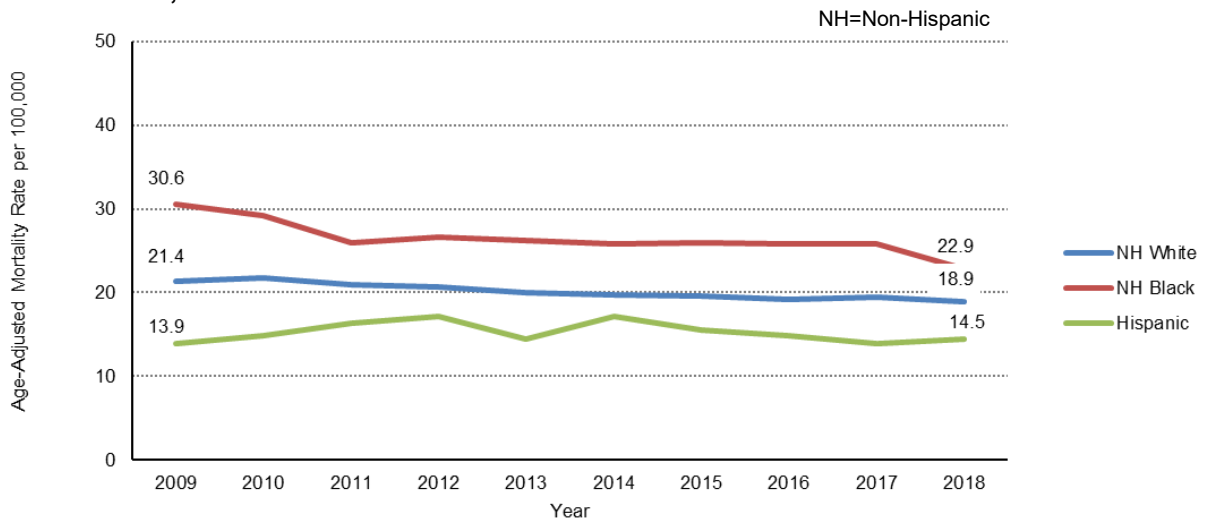
Figure 5. Age-Specific Breast Cancer Mortality Rate per 100,000 Women by Age Group, Florida, 2009-2018



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 6 depicts the age-adjusted breast cancer mortality rate per 100,000 women by race/ethnicity. In 2018, the rate was 22.9 among non-Hispanic Blacks, 18.9 among non-Hispanic Whites, and 14.5 among Hispanics. Since 2014, the rate has remained relatively stable among all racial groups. However, there has been a decrease for non-Hispanic Whites and Blacks over the 10-year period, and a slight increase for Hispanic women. The rates among non-Hispanic Black women decreased by 25.2 percent, rates among non-Hispanic White women decreased by 11.7 percent, and rates among Hispanic women increased by 4.3 percent.

Figure 6. Age-Adjusted Breast Cancer Mortality Rates per 100,000 Women by Race/Ethnicity, Florida, 2009-2018



Source: Florida Department of Health, Bureau of Vital Statistics

Disparities in Breast Cancer in Florida

Disparities by race and ethnicity continue. Overall, Hispanic women have lower rates of occurrence and mortality for breast cancer than non-Hispanic Black and non-Hispanic White women. Non-Hispanic Black women have a lower incidence of breast cancer compared to non-Hispanic White women, yet they die from breast cancer at a higher rate. There are individual, medical, and system level factors that contribute to disparities in breast cancer treatment. Many significant barriers that women receiving breast cancer treatment face are system level problems, specifically care coordination (including patient navigation and follow-up care) and scheduling.⁶

Breast Cancer Screening

In 2016, the United States Preventive Services Task Force (USPSTF) recommended biennial mammography screening among women aged 50 to 74 years.⁶ Primary prevention of breast cancer includes adhering to recommendations related to modifiable risk factors. Mammography is the single most effective method of early detection since it can identify cancer several years before physical symptoms develop. Nevertheless, women should know size, symmetry, and skin appearance of their breasts and report any changes to their doctor.



Table 1. Percentage of Women Age 50-74 Who Had a Mammogram in the Past Two Years, Florida, 2019

	Breast Cancer Screening (%)
	Mammogram
Overall	78.4
Race/Ethnicity	
Non-Hispanic White	77.5
Non-Hispanic Black	85.0
Hispanic	81.8

Source: Florida Behavioral Risk Factor Surveillance System

Evidence-based Interventions to Increase Breast and Cervical Cancer Screening

While screening rates were improving in 2020, increasing the proportion of women who received a breast cancer screening within sub-populations based on the current guidelines remained challenging.⁶ Therefore, the FBCCEDP implemented strategies to reduce barriers for women needing breast cancer screenings. During Fiscal Year (FY) July 1, 2019 through June 30, 2020, FBCCEDP's 17 regions received state and federal funding to increase breast and cervical cancer screenings for program-eligible women. Additionally, funding was provided to increase awareness of the importance of breast and cervical cancer screenings statewide. Various evidence-based interventions, such as client reminders, provider reminders, provider assessment and feedback, and ways to reduce structural barriers were used to reach women who were enrolled in the program or referred to other screening alternatives. Provider education, creation of new partnerships and working with health systems to increase population-based screening rates were implemented.

Florida Breast Cancer Early Detection and Treatment Referral Program Overview

Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990; Public Law 101-354, which directed the CDC to create the NBCCEDP. The Florida Breast Cancer Early Detection and Treatment Referral Program was authorized by the Florida Legislature on July 1, 2001. From this, the FBCCEDP was created at the Florida Department of Health.

The FBCCEDP, also known as the “Mary Brogan Program,” provides services for breast and cervical cancer screening, some follow-up diagnostic services for abnormal screenings and referral to the Department of Children and Families for determination of eligibility for treatment for Medicaid-eligible women. Assistance in locating treatment options is provided to women not eligible for Medicaid. Major goals of the FBCCEDP include:

- Increasing breast and cervical cancer screening rates.
- Promoting evidence-based breast and cervical cancer screening.
- Reducing breast and cervical cancer health disparities.
- Leveraging available resources through partnerships.

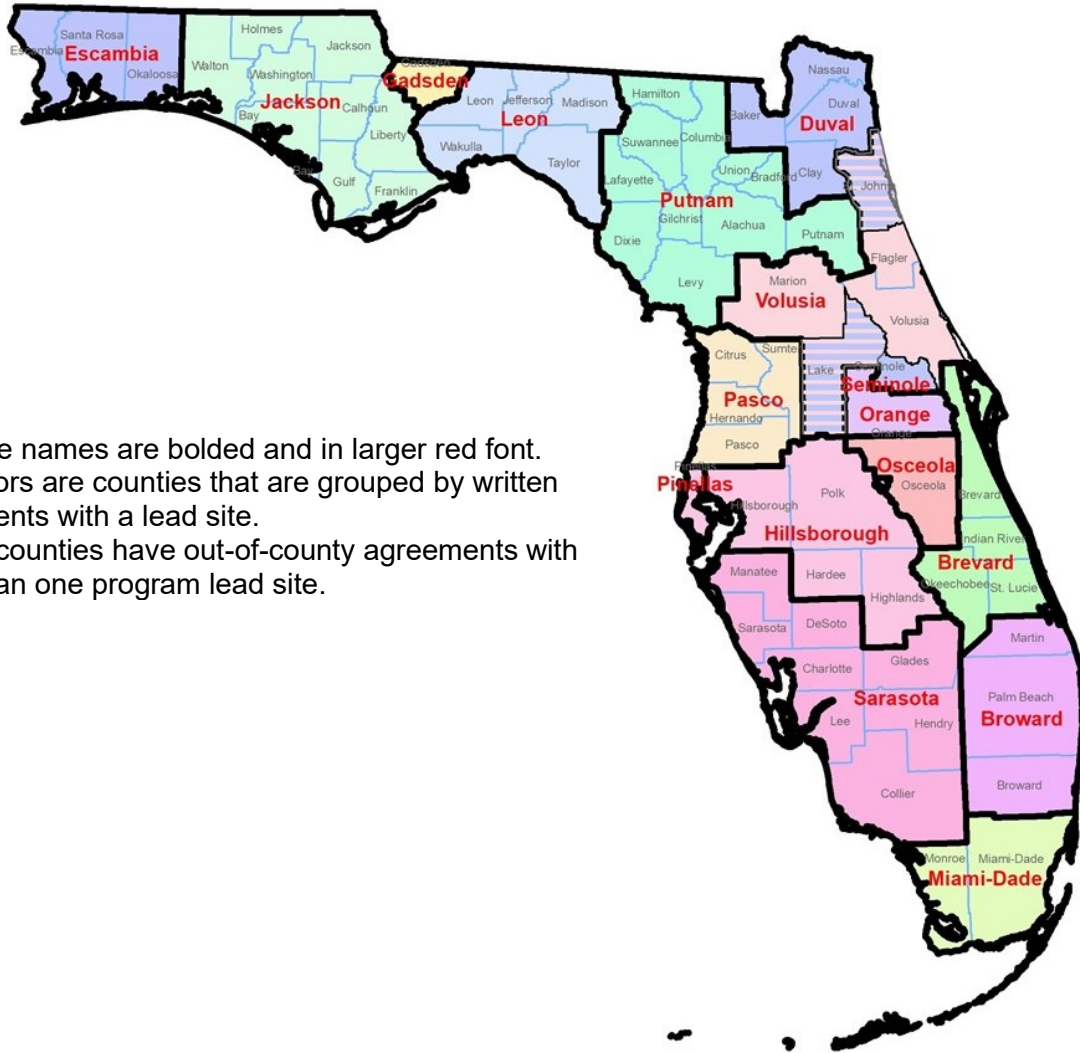
The eligibility requirements for women to be screened by the FBCCEDP include all the following:

- Florida resident
- Aged 50-64
- At or below 200 percent of the Federal Poverty Level (FPL)
- Underinsured or uninsured

Women below age 50 who are symptomatic or have a family history of breast cancer, meet the eligibility requirements for poverty level, or are underinsured or uninsured may also be screened by the program.

During FY 2019-2020 the FBCCEDP operated through 17 regional sites. These regional sites, housed at county health departments, were established to allow women to obtain access to the FBCCEDP from all 67 counties. Figure 8 displays the lead county locations during 2020, which are: Brevard, Broward, Duval, Escambia, Gadsden, Hillsborough, Jackson, Leon, Miami-Dade, Orange, Osceola, Pasco, Pinellas, Putnam, Sarasota, Seminole, and Volusia counties.

Figure 8. FBCCEDP Regions



- Lead site names are bolded and in larger red font.
- Like colors are counties that are grouped by written agreements with a lead site.
- Striped counties have out-of-county agreements with more than one program lead site.

Florida Breast and Cervical Cancer Early Detection Program Services

The FBCCEDP promotes referrals through a variety of ways including collaborations with churches, participating in community events, and developing partnerships with health care providers. These collaborations have been an asset to reach at-need women who are unaware of the program and the services provided. Additionally, the program's collaboration with county health departments, federally qualified health centers and physician offices increases awareness for women who lack access to breast and cervical cancer screenings. This results in an increase of the number of referrals to FBCCEDP.

The FBCCEDP educates the public through outreach efforts using program information sheets, public speaking events, media, banners displayed at providers' offices to promote breast and cervical cancer screenings, and direct-mail postcards sent to Florida residents in underserved counties. Also, the program collaborates with internal and external programs to educate women on the importance of breast and cervical cancer screenings. Through these efforts, the program reaches high-risk women who lack insurance and experience barriers to health care.

The program collaborates with Medicaid to provide treatment and referral for those who have been diagnosed with breast or cervical cancer. If a woman is not approved for Medicaid, the FBCCEDP coordinator refers the patient to a physician or an agency that can provide treatment within the patient's county of residence.

The Cancer Screening and Tracking System (CaST) is a database developed by CDC which contains data from the FBCCEDP patient reporting form. These data are used for in-house reports and sent to CDC biannually for assessment. CDC conducts an in-depth analysis of the data, which includes eleven core indicators the Florida program should meet.

Strategies and Partnerships

Opportunities to recruit women to the program are conducted through outreach in churches, community groups, and local partnerships with health organizations. The goal is to increase breast and cervical cancer screenings among the disparate racial/ethnic population groups. Efforts in every Florida county are ongoing to ensure all women are aware of the services and have access to the FBCCEDP as well as similar screening and treatment programs, such as American Cancer Society or Susan G. Komen, for women who are not eligible to participate in the FBCCEDP.

Strategies for breast and cervical cancer screenings are the following:

- Increase breast cancer screenings for women over age 50.
- Increase outreach efforts to high-risk populations to educate women on breast and cervical cancer screening options and refer them for appropriate screening.
- Increase access for women to quality, accredited mammography facilities with reasonable waiting time for obtaining service.
- Educate on signs and symptoms and promote breast self-awareness.
- Increase awareness of inflammatory breast cancer for health care providers and women.

Table 2 illustrates FBCCEDP's extensive collaborative network, including public and private sector partners. These collaborations draw strengths from each program to increase access to care for low income and underserved women. Each collaboration contributes to the effectiveness of the FBCCEDP operation.

Table 2. Internal and External FBCCEDP Partners

Internal Partners	External Partners
Bureau of Chronic Disease Prevention	American Cancer Society
Bureau of Clinic Management and Informatics	Department of Children and Families-Medicaid Eligibility
Bureau of Community Health Assessment	Department of Transportation-Disadvantaged Transportation Program
Bureau of Family Health Services	Florida Association of Community Health Centers
Division of Disease Control and Health Protection	Florida Cancer Control and Research Advisory Council
Florida Comprehensive Cancer Control Program	Florida Community Health Worker Coalition
Office of Communications	Florida Rural Health Association
Office of Minority Health and Health Equity	South East American Indian Council
Office of Rural Health	Susan G. Komen
Public Health Research Unit	University of Central Florida-Health ARCH (Advancing Resources to Change Healthcare)

Table 3 depicts the total amount of breast cancer screening and diagnostic services provided by the FBCCEDP during FYs 2017-18, 2018-19, and 2019-20. The table shows that over 22,000 breast services were provided during FY 2019-20. During FY 2019-20, close to 12,000 women received mammography screenings and, among the women screened, 1.9 percent were diagnosed with breast cancer.

Table 3. Florida Breast and Cervical Cancer Early Detection Program, Breast Services Provided and Cancers Identified, FYs 2017-20

	FY 2017-18	FY 2018-19	FY 2019-20
Total number of screening and diagnostic services provided	28,423	26,039	22,369
Number of unique clients receiving services	15,698	14,817	13,022
Number of cancers detected	282	324	232

Source: Florida Department of Health, Bureau of Tobacco Free Florida, Florida Breast and Cervical Cancer Early Detection Program

FBCCEDP and Coronavirus (COVID-19)

At the beginning of the COVID-19 pandemic, screenings of all types conducted at health care facilities, including cancer, were paused to prioritize the needs and reduce the risk of spreading COVID-19. As a result, there was a sharp decline in the number of cancer screenings.⁷ Nationally, CDC reported that there was an 87 percent decline in number of breast cancer screenings during April 2020 compared with the previous 5-year averages for that month.⁸ The FBCCEDP also experienced a decline of 71.2 percent in breast cancer screenings from the same period.

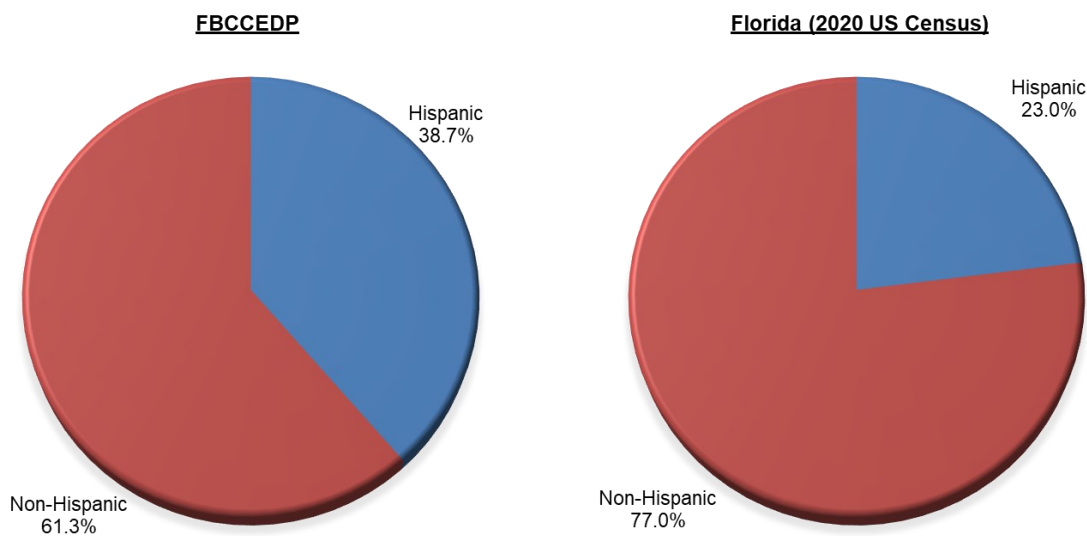
In June 2021, the FBCCEDP local regions, health care facilities and partners resumed provision of breast and cervical cancer screenings in accordance with the CDC recommendations for safety to minimize risk of COVID-19 transmission. Regional program staff continued to contact FBCCEDP clients to encourage them to keep or reschedule their screening appointments and share the safety measures in place with them.

FBCCEDP Racial/Ethnic Cancer Screening Disparities

Racial/ethnic cancer disparities exist among women in Florida and there is a need to improve breast cancer health outcomes. Early detection statewide services were implemented which will affect the incidence, prevalence, and mortality among at-need women in the state.

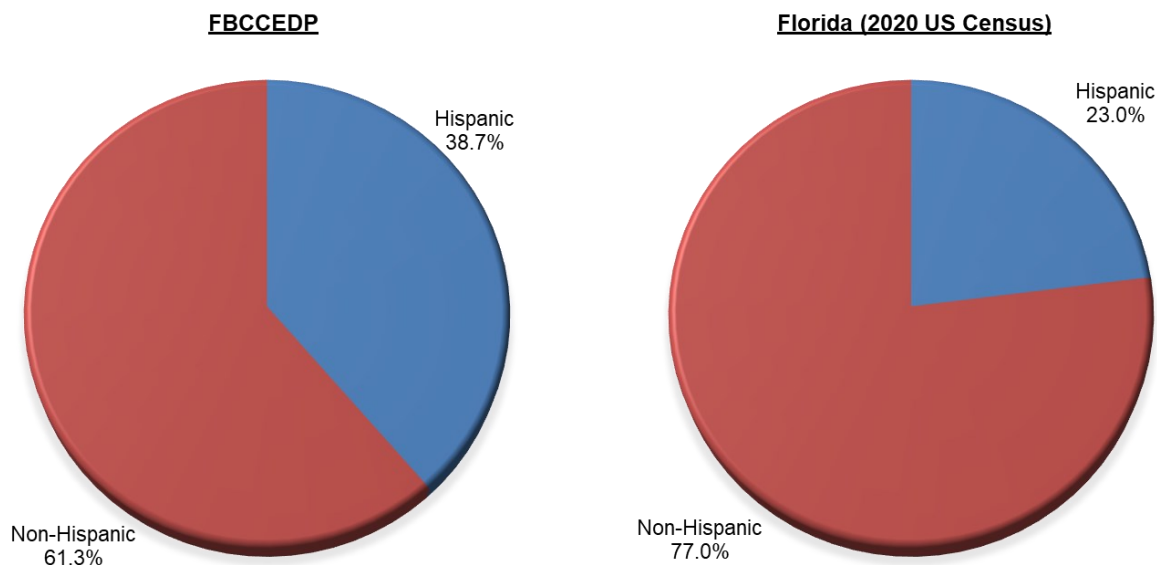
Currently, racial/ethnic disparities exist among women screened by FBCCEDP. Figures 9 and 10 depict the comparisons of women aged 50-64 screened for breast cancer by race and ethnicity respectively by the FBCCEDP as compared to the 2020 United States (US) Census Bureau population of women for the same age group. Current FBCCEDP screening rates for Asian, White, and non-Hispanic communities do not align with Florida’s 2020 US Census Bureau population of women. Evidence-based interventions will aid to increase the screenings for these populations.⁹

Figure 9. Percentage of Women Screened for Breast Cancer by Race, FBCCEDP as Compared to 2020 US Census Bureau Florida Population for Women Aged 50-64, FY 2019-20



Sources: 2020 United States Census Bureau for women aged 50-64
Florida Breast and Cervical Cancer Early Detection Program

Figure 10. Percentage of Women Screened for Breast Cancer by Ethnicity, FBCCEDP as Compared to 2020 US Census Bureau Florida Population for Women Aged 50-64, FY 2019-20



Sources: 2020 United States Census Bureau for women aged 50-64
Florida Breast and Cervical Cancer Early Detection Program

FBCCEDP Success Story

The FBCCEDP in the Osceola Region has seen a significant increase in the population of Osceola County during the 2020-2021 program year. This increase includes potential clients needing to be screened for breast and cervical cancer. Despite the impact of COVID-19 on the provision of program services, the providers and the community achieved positive outcomes with four women diagnosed with the BRCA 1 or 2 (BRCA 1 or BRCA2) receiving services and 350 women completed screenings. The Osceola Region faced challenges in balancing work schedules during the pandemic to meet the annual goal of 350 screenings. There were 30 women who had to be rescheduled for the next program year. The regional staff successfully followed their weekly and monthly planned activities that included completing follow-up calls, scheduling appointments, conducting provider visits and education, completing administrative tasks, and prioritizing other program activities.

Partnering health systems recommended re-scheduling screenings for late summer due to COVID-related impacts on staffing capacity. Program service delivery partner, Advent Health, has been a tremendous help in accommodating patients by scheduling patient mammograms in a timely manner. In addition, community-based organizations, as well as other health system clinics contributed to the screening success by navigating patients and promptly sending referral scripts for mammogram screenings. Patient care and follow-up to FBCCEDP women in the Osceola Region was the top priority. Every patient diagnosed with breast or cervical cancer received a follow up call and a “Get Well” card with a handmade crocheted beanie or shawl from the Osceola Region FBCCEDP.

A client contacted the Osceola Region FBCCEDP when she started having concerns that she may have breast cancer. She immediately completed the program’s enrollment application and

scheduled a clinical breast exam appointment at the Osceola County Health Department. The following week she was scheduled for a breast biopsy and was later diagnosed with cancer. In a statement of gratitude, she said to FBCCEDP staff, “If it wasn’t for the sense of urgency from DOH and Advent Health, I would not have found out that I had cancer. Thank you so, so much.” The client’s Medicaid application was approved, and she had her first continued care appointment scheduled during the same month. She is receiving treatment and is on her way to recovery. The Osceola Region places clients in their hearts and “under their wings.”

Despite the disruption of the COVID-19 pandemic, the Osceola Region FBCCEDP was able to successfully exceed their annual screening goal of 350 women served and to provide intervention screening services early to four women with early-stage breast cancer diagnoses. The Osceola Region staff is honored to connect with and educate women on the importance of annual mammogram screenings.

Florida Breast and Cervical Cancer Early Detection Program Evaluation University of West Florida Usha Kundu, MD College of Health (UWF UKCOH), Key Informant Interview Summary Report of FBCCEDP

The UWF UKCOH is the contracted provider of evaluation services for the FBCCEDP. One of the deliverables was to conduct key informant interviews with the regional coordinators to perform program evaluation. Six regions were interviewed via telephone during business hours and general themes emerged.

The evaluation findings from the regional staff interviews included implementing evidence-based interventions (EBIs) that facilitated the success of meeting the needs of the target population amid the COVID-19 pandemic. The EBIs include patient and provider reminders and reducing structural barriers, such as access to screening services. The regional FBCCEDP staff continued communication with providers to maintain their provider network and health systems relationships. This allowed them to overcome challenges and demonstrate their commitment and success to FBCCEDP.

UWF UKCOH, Cost Effectiveness Analysis, 2020

The UWF UKCOH developed a model of cost-effectiveness for the FBCCEDP as a whole and for each of the 17 active FBCCEDP regions during FY 2019-20, using CDC grant-required minimal data elements and other relevant data, such as the Florida Behavioral Risk Factor Surveillance Systems (BRFSS). From this, another model was developed in conjunction with relevant analyses of the program to determine the cost-effectiveness. It was found that every \$1 spent on breast cancer procedures (screening and diagnostic) resulted in \$1.95 in cost savings.

UWF UKCOH Evaluation Conclusions

Over the ten-year period from 2009 to 2018, breast cancer incidence has increased by 6.3 percent while mortality rates have decreased by 15.5 percent in Florida.¹⁰ The reduction in mortality rates is partly due to ongoing progress in both screening and improved treatment. Despite the decline in breast cancer mortality, breast cancer has remained the most diagnosed cancer and the second leading cause of cancer deaths among women.

During FY 2019-20, 17 active FBCCEDP regions received state and federal funding to increase breast and cervical cancer screenings for program-eligible women. Additionally, funding was provided to increase awareness of the importance of breast and cervical cancer screenings statewide.

The FBCCEDP is a vital resource for women who remain uninsured. In FY 2019-20, the \$1.8 million legislative appropriation of general revenue and the \$6 million from the CDC grant allocation were spent on mammograms, Pap tests, diagnostics, biopsies, administrative fees, and evidence-based interventions to increase screening rates and to reduce the burden of cancer in Florida. Increased access to screening, as a result of efforts to raise awareness and address structural barriers, helps diagnose cancer at the earliest, most treatable stage. Program screening numbers have varied due to changes in the recommended screening intervals, the transition of primary care health services from county health departments to external providers, and a change in provider base.

During FY 2019-20, the FBCCEDP maximized the funding for services as well as increasing population-based and health systems change strategies. To increase screening rates across the state using a population-based approach, the FBCCEDP will continue to partner with the American Cancer Society, federally qualified health centers, cancer coalitions, community-based organizations, and other groups to create a sustainable collaboration to explore ways that women in disparate populations can be reached and served. One of the primary objectives of the partnerships is to increase and improve communication strategies that will encourage women to receive regular screenings and health exams. The FBCCEDP short and long-term goals are focused on increasing community awareness and creating synergy for active participation among partners to reduce cancer mortality rates. This includes those partners or providers who are in rural areas of Florida where there are high rates of late-stage breast cancer. Looking forward, the FBCCEDP will move toward expanded population-based and health systems change strategies through evidence-based interventions, which will increase opportunities to serve more women and make a larger impact in Florida.

Appendix A. Data Sources and Methods

Data Sources

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone-based (land lines and mobile phones) survey that uses a random-digit dial sampling methodology to collect state data from respondents 18 years of age and older concerning their health and health behaviors. The BRFSS has been conducted annually in Florida since 1986 and gathers detailed information about chronic health conditions, health-related risk behaviors, and the prevalence of preventive health care practices among Florida adults. The BRFSS data included in this report have been weighted to be representative of the state population. Weighting is a procedure that adjusts for the chance of being selected to participate in the survey and for discrepancies between those who complete the survey and the overall population of Florida.

Florida Cancer Data System

The Florida Cancer Data System (FCDS) provided data for this report on cancer incidence. Hospitals, pathology laboratories, ambulatory surgical centers, radiation therapy facilities, and physicians' offices are required to report new cancer cases to the FCDS per section 385.202, Florida Statutes. Insurance claims data is also used to capture new cases. Incidence rates are based on cancers diagnosed in Florida residents during the respective reporting year. The data do not include cancers diagnosed before a person became a Florida resident. Many cancer cases among Florida residents diagnosed in other states are captured in the FCDS database through sharing of cancer incidence data among states, according to the North American Association of Central Cancer Registries (NAACCR) Procedure Guidelines (page two, Series I, Data Exchange). Cases are tallied according to the year of initial diagnosis. People with multiple primary cancers contribute multiple records to the database.

Vital Statistics

The mortality data in this report are derived from the Florida Department of Health, Bureau of Vital Statistics and includes cases with breast or cervical cancer listed as the underlying cause of death on the death certificate. Mortality counts and rates were pulled from FloridaHealthCHARTS (www.FLHealthCHARTS.com).

Cancer Screening and Tracking System (CaST)

The CDC's cancer data entry software, Cancer Screening and Tracking System (CaST) is used to collect data on the women eligible for FBCCEDP. It contains demographic, screening, and diagnostic treatment information, as well as where and when cancer treatment was performed. Data were extracted for the race and ethnicity charts.

Methods

Race and ethnicity are presented as a combined measure in this report. In most cases, race and ethnicity were captured as two separate measures. Race and ethnicity measures were combined to create the following groups when possible: non-Hispanic White, non-Hispanic Black, and Hispanic. Any individual coded as Hispanic was considered Hispanic, regardless of race.

Appendix B. FBCCEDP Patient Report Form



Florida Breast and Cervical Cancer
Early Detection Program

Enrollee into FBCCEDP

Patient Reporting Form (PRF)

Lead Region: _____

Date Enrolled: _____

RC Initials: _____

RC Date Reviewed: _____

GENERAL INFORMATION

1. Basic Demographics

Full Name: _____
Last First Middle Initial

Date of Birth: ___/___/___ ID: _____ Telephone: _____

Mailing Address: _____ Email Address: _____

City _____ County _____ Zip Code _____

Hispanic? Yes No Race: (✓ all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown

Primary Language: _____

2. Personal Health Information

Height (inches): _____ Weight (pounds): _____

Has medical personnel ever told the client she was: (✓ all that apply)

<input type="checkbox"/> Pre-diabetic	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Diabetic	<input type="checkbox"/> High blood cholesterol

Referred to Services: Yes No

Tobacco Use (including vaping, e-cigarettes or similar products):
Daily Some Days Not at all Declined to answer

Referred to Quitline: Yes No, not referred Declined referral

3. Screening, Undocumented and How Learned of Program

Screening Status: Initial Rescreen Short-term Follow-up

Undocumented: Yes No

How did client learn about the program?

<input type="checkbox"/> ACS	<input type="checkbox"/> Billboards	<input type="checkbox"/> Brochures
<input type="checkbox"/> Bus wraps/bench/placards	<input type="checkbox"/> CHD	<input type="checkbox"/> Community
<input type="checkbox"/> Educational Session	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> FQHC Name:
<input type="checkbox"/> In-reach	<input type="checkbox"/> Internet	<input type="checkbox"/> Medical Office
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Outreach	<input type="checkbox"/> Postcard
<input type="checkbox"/> Radio	<input type="checkbox"/> Social Media	<input type="checkbox"/> Television
Other: _____		

Name: _____ DOB: ___/___/___ Lead Region: _____

BREAST

4. Breast Risk Information and History (Yes/No answers should be chosen if risk assessed and determined by provider)

High Risk for Breast Cancer: Yes No Not Assessed/Unknown Symptoms: Yes No

Has client ever had: breast cancer? Yes No a previous mammogram? Yes No Date of previous mammogram:
 ___/___/___

5. Clinical Breast Exam

CBE Result: Not performed Normal/Benign Abnormality Suspicious for Cancer

CBE Provider #: _____
 CBE Screening Date: ___/___/___
 CBE Paid by FBCCEDP: Yes No

Additional Breast Procedures for CBE
 Additional procedures needed or planned
 Additional procedures not needed or planned

6. Mammogram

Mam Provider #: _____
 Mam Screening Date: ___/___/___
 Mam Paid by FBCCEDP: Yes No

Indication for Mammogram

- Screening
- Diagnostic
- Non-program mammogram.
 Referred in for diagnostic evaluation
 Breast Diagnostic Referral Date: ___/___/___
- No mammogram
- No breast service
- Unknown

Mammogram Result

- Negative (BI-RADS 1)
 - Benign Finding (BI-RADS 2)
 - Probably Benign/STFU suggested (BI-RADS 3)
 - Unsatisfactory
 - Result Pending
 - Result unknown, presumed abnormal, mam from non-funded source
- Suspicious Abnormality (BI-RADS 4)
 Highly Suggestive of Malignancy (BI-RADS 5)
 Need evaluation or film comparison (BI-RADS 0)
- Additional Procedures for Mammogram**
 Additional procedures needed or planned
 Additional procedures not needed or planned
 Need or plan for additional procedures not yet determined.

Next mammogram date: ___/___/___

7. Screening MRI (high-risk only)

MRI Pre-Authorization Date: _____
 Central Office Nurse: _____

Screening MRI Provider#: _____
 Screening MRI Date: ___/___/___
 Screening MRI Paid by FBCCEDP: Yes No

Screening MRI Result

- Negative (BI-RADS 1)
 - Benign Finding (BI-RADS 2)
 - Probably Benign indicated (BI-RADS 3)
 - Unsatisfactory
 - Result Pending
 - Not done
- Suspicious (BI-RADS 4)
 Highly Suggestive of Malignancy (BI-RADS 5)
 Known Malignancy (BI-RADS 6)
 Need Additional Imaging Evaluation (BI-RADS 0)
- Additional Procedures for Screening MRI**
 Additional procedures needed or planned
 Additional procedures not needed or planned
 Need or plan for additional procedures not yet determined.

Name: _____ DOB: ____/____/____ Lead Region: _____

8. Additional Breast Procedures

<u>Breast Imaging Procedures</u>	<u>Date</u>	<u>Paid</u>		<u>Provider Number</u>
		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/> Additional Mammographic Views	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Ultrasound	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Film Comparison	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

MRI Pre-Authorization Date: _____	Central Office Nurse: _____
<input type="checkbox"/> Magnetic Resonance Imaging	<input type="checkbox"/> _____

Check if additional page 3, Section 7. Additional Breast Procedures, is needed to document more than one imaging procedure:

Final Imaging Outcome

- Negative (BI-RADS 1)
- Benign Finding (BI-RADS 2)
- Probably Benign/STFU suggested (BI-RADS 3)
- Suspicious abnormality (BI-RADS 4)
- Highly suspicious of malignancy (BI-RADS 5)
- Known Malignancy (BI-RADS 6)
- Results pending

Final Imaging Date: _____

<u>Breast Diagnostic Procedures</u>	<u>Date</u>	<u>Paid</u>		<u>Provider Number</u>
		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/> Repeat Breast Exam/ <input type="checkbox"/> Surgical Consultation	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Repeat Breast Exam/ <input type="checkbox"/> Surgical Consultation	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Biopsy	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Repeat Biopsy (comment required)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fine Needle/Cyst Aspiration	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name: _____ DOB: ____/____/____ Lead Region: _____

9. Breast Final Diagnosis

Status of Breast Final Diagnosis

- Work-up complete
- Work-up pending

<input type="checkbox"/> Lost to follow-up - not otherwise specified	<input type="checkbox"/> Refused - not otherwise specified
<input type="checkbox"/> Lost to follow-up - deceased	<input type="checkbox"/> Refused - ineligible due to income or insurance
<input type="checkbox"/> Lost to follow-up - moved	

If status of final diagnosis is lost to follow-up or refused, complete comments section below.

Final Breast Diagnosis

- Breast Cancer Not Diagnosed
- Carcinoma In Situ, Other
- Invasive Breast Cancer
- Lobular Carcinoma In Situ (LCIS) (Stage 0)
- Ductal Carcinoma In Situ (DCIS) (Stage 0)
- Atypical Ductal Hyperplasia (ADH)

Left **Right**

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Final Diagnosis Date: _____

Diagnosis Facility: _____
(include Provider Number)

10. Breast Cancer Treatment Status

- Treatment started
- Treatment pending

<input type="checkbox"/> Lost to follow-up - not otherwise specified	<input type="checkbox"/> Refused - not otherwise specified
<input type="checkbox"/> Lost to follow-up - deceased	<input type="checkbox"/> Refused - ineligible due to income or insurance
<input type="checkbox"/> Lost to follow-up - moved	

If status of breast cancer treatment is lost to follow-up or refused, complete comments section below.

Treatment Start Date: _____

Treatment Facility: _____

Comments

CENTRAL OFFICE USE ONLY – MEDICAID FOR BREAST CANCER		COMMENTS:	
REFERRED TO MEDICAID FOR TREATMENT?	Yes <input type="checkbox"/> No <input type="checkbox"/>		MEDICAID REFERRAL DATE: _____
PATIENT ENROLLED?	Yes <input type="checkbox"/> No <input type="checkbox"/>		MEDICAID APPROVAL DATE: _____

Name: _____ DOB: ____/____/____ Lead Region: _____

CERVICAL

11. Cervical Cancer Risk Information and History (Yes/No answers should be chosen if risk assessed and determined by provider)

Risk for Cervical Cancer: Yes No Not Assessed/Unknown Previous Dx'd Cervical Cancer? Yes No

Previous Pap Test? Yes No Unknown Date of Previous Pap? _____

12. Pap

Indication for Pap

- Screening
- Surveillance
- Non-program Pap. Referred in for diagnostic evaluation
Cervical Diagnostic Referral Date: ____/____/____
- No Pap
- No cervical service
- Pap after primary HPV+
- Unknown

Pap Provider #: _____

Pap Screening Date: ____/____/____

Pap Paid by FBCCEDP: Yes No

Specimen Type: Conventional Smear Liquid Based

Specimen Adequacy: Satisfactory Unsatisfactory

Pap Result

- Negative for intraepithelial lesion or malignancy
- Infection/Inflammation/Reactive Changes
- Atypical squamous cells of undetermined significance (ASC-US)
- Low Grade SIL (including HPV changes)
- Other _____
- Unsatisfactory
- Result Pending

- Atypical squamous cells cannot exclude HSIL (ASC-H)
- High Grade SIL
- Squamous Cell Carcinoma
- Atypical Glandular Cells
- Adenocarcinoma In Situ (AIS)
- Adenocarcinoma
- Result Unknown, presumed abnormal, Pap test from non-program funded source

Diagnostic Work-up Planned for Cervical Dysplasia or Cancer:

- Diagnostic work-up planned on basis of abnormal Pap test or pelvic exam
- Diagnostic work-up not planned
- Diagnostic work-up planned not yet determined

Next Pap date: ____/____/____

13. HPV

Indication for HPV

- Co-Test/Screening
- Reflex (follow-up test after screening Pap)
- Test not done
- Unknown

HPV Provider #: _____

HPV Screening Date: ____/____/____

HPV Paid by FBCCEDP: Yes No

HPV Result

- Positive with genotyping not done/Unknown
- Negative
- Positive with positive genotyping (types 16 or 18)
- Positive with negative genotyping (positive HPV, but not types 16 or 18)
- Unknown

Name: _____ DOB: ____/____/____ Lead Region: _____

14. CERVICAL DIAGNOSTIC PROCEDURES

Cervical Diagnostic Procedures	Date	Paid		Provider Number
		Yes	No	
<input type="checkbox"/> Colposcopy without biopsy	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Colposcopy with biopsy and/or ECC	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other cervical procedures performed	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Please specify: _____				
<input type="checkbox"/> ECC alone	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

LEEP or Cold Knife Cone	_____	Central Office Nurse:	_____
Pre-Authorization Date:	_____	Yes	No
<input type="checkbox"/> Diagnostic Cold Knife Cone (CKC)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diagnostic LEEP	_____	<input type="checkbox"/>	<input type="checkbox"/>

15. CERVICAL FINAL DIAGNOSIS

Status of Cervical Final Diagnosis

- Work-up complete
- Work-up pending

- | | |
|--|--|
| <input type="checkbox"/> Lost to follow-up - not otherwise specified | <input type="checkbox"/> Refused - not otherwise specified |
| <input type="checkbox"/> Lost to follow-up - deceased | <input type="checkbox"/> Refused - ineligible due to income or insurance |
| <input type="checkbox"/> Lost to follow-up - moved | |

If status of final diagnosis is lost to follow-up or refused, complete comments section below.

Final Cervical Diagnosis

- Normal/Benign reaction/inflammation
- HPV/Condylomata/Atypia
- CIN 1/mild dysplasia (biopsy diagnosis)
- CIN 2/moderate dysplasia (biopsy diagnosis)
- CIN 3/severe dysplasia/Carcinoma in situ (Stage 0) or Adenocarcinoma in situ of the cervix (AIS) (biopsy diagnosis)
- Invasive cervical carcinoma (biopsy diagnosis)
- Other cancer diagnosis (only if patient has no cervix due to cervical cancer): _____
- Low grade SIL (biopsy diagnosis)
- High grade SIL (biopsy diagnosis)

Final Diagnosis Date: _____ Diagnosis Facility: _____
(include Provider Number)

16. Cervical Cancer Treatment Status

- Treatment started
- Treatment pending

- | | |
|--|--|
| <input type="checkbox"/> Lost to follow-up - not otherwise specified | <input type="checkbox"/> Refused - not otherwise specified |
| <input type="checkbox"/> Lost to follow-up - deceased | <input type="checkbox"/> Refused - ineligible due to income or insurance |
| <input type="checkbox"/> Lost to follow-up - moved | |

If status of final diagnosis is lost to follow-up or refused, complete comments below.

Treatment Start Date: _____ Treatment Facility: _____

Comments

CENTRAL OFFICE USE ONLY – MEDICAID FOR CERVICAL CANCER		COMMENTS:	
REFERRED TO MEDICAID FOR TREATMENT?	Yes No		MEDICAID REFERRAL DATE: _____
PATIENT ENROLLED?	Yes No		MEDICAID APPROVAL DATE: _____

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- ³ United States Census. Surveys and Programs. *Small Area Health Insurance Estimates Program*, <https://www.census.gov/data-tools/demo/sahie/#/>. Accessed in December 2020.
- ⁴ American Cancer Society Cancer Screenings. *Breast Cancer Facts and Figures 2019-2020*. 2019. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>
- ⁵ Centers for Disease Control and Prevention. *Removing Barriers to Care*. <https://www.cdc.gov/cancer/nbccedp/success/removing-barriers.htm>. Accessed on November 16, 2021.
- ⁶United States Preventive Services Task Force, *Final Recommendation Statement: Breast Cancer: Screening*. November 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1>
- ⁷ American Cancer Society. *Cancer Screening During the COVID-19 Pandemic*. <https://www.cancer.org/healthy/find-cancer-early/cancer-screening-during-covid-19-pandemic.html>. Accessed on November 17, 2021.
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- ⁹Florida Office of Economic & Demographic Research, <http://edr.state.fl.us/content/population-demographics/index.cfm>. Accessed in December 2020.
- ¹⁰ Florida Cancer Data System, Florida Department of Health. Accessed on December 2020.