Women At Risk

FOR THE RECORD

Written Statement by Annie Geddes, MPA
Program Coordinator, Women At Risk

Before the Committee on Health and the Committee on Women's Issues

RE: Oversight – Breast Cancer Screening in New York City

June 26, 2007

Thank you for holding this hearing to discuss breast cancer screening in New York City. Women At Risk appreciates the interest the Speaker and the City Council have taken in the issue. Founded in 1991, our mission is to enhance the lives of women at high risk for and with breast cancer through research, education and support. Throughout our history, our programs have helped meet women's needs for early detection and access to screening.

Breast cancer screening is essential to the lives of all women, especially those at high risk for developing the disease, since early detection is the key to survival. Medicine has evolved to where the vast majority of women diagnosed with breast cancer can be treated easily and successfully, however, the earlier the disease is found, the better one's prognosis.

Racial and ethnic differences persist in the rates of breast cancer incidence and mortality, due in large part to access to health care and the availability of breast cancer screening. In a city with a vast network of available resources to provide women with free screening, care and support, these disparities must be addressed and resolved.

Women At Risk was founded on the premise that knowledge is power. By knowing one's risk of getting breast cancer, one can find active ways to reduce it and monitor one's health. Our

High Risk Program enrolls women at high risk for developing breast cancer and provides them with educational materials and surveillance, which increases the rates of early detection and successful outcomes. Women may also receive genetic counseling, which also helps women make life-saving decisions.

Women At Risk also funds and coordinates two free cancer screening days each year for uninsured women over the age of 40 in upper Manhattan. Women are able to receive breast, cervical and colorectal screenings at no charge during these events, and each program typically serves approximately 150 women.

To address the cultural and language barriers that prevent some women from receiving the health care they need, Women At Risk has a Spanish-speaking community outreach coordinator and a patient navigator. The organization produces a Spanish-language newsletter that is distributed throughout the city, which stresses the need for screening and awareness, as well as provides tips for breast health and places where women can be screened.

Women At Risk's comprehensive program of research, education, community outreach, and support is a model that leaders in New York City can look to for ways to prevent more women from dying of breast cancer. With all of our resources and technology, there is no valid reason for why women are not being screened or treated for this disease. We can and must do more, and we look forward to working with you on this issue.

FOR THE RECORD

Susan Stetzer
141 E. 3rd Street, 11 F
New York, New York 10009

I am a breast cancer survivor---over 10 years. My cancer was diagnosed early from a routine mammogram. I am alive today because of a yearly routine mammogram. If you have to have breast cancer—you should do it the way I did-stage 1-excellent insurance, best hospital.

A few years after I was diagnosed, I signed up for free mammograms at work. I was turned down because I checked off that I had been previously diagnosed—the grant was for diagnostic purposes—and I had already been diagnosed, so I was not eligible. It was not a big deal because I had insurance.

Not too long after that I was self employed doing political campaign work—no insurance. Woman who have had breast cancer are statistically more likely to be diagnosed with breast cancer again. But, I ran into the same problem—I was not eligible for free programs because they were funded for diagnostic purposes—not for people who had been previously diagnosed—even if they had been cancer free for years. I ended up not having a mammogram for over a year until I was no longer self employed.

I now get a mammogram every 13-14 months. I make my appointment when I at the hospital. I ask for an appointment for 8:00 so that I will not be stuck in backup and have to wait for a long time. These early appointment are booked over a year out. I don't understand why these appointments don't run from 6:00 am to 10:00 pm—many women would like to get them before or after work. I understand that the wait for mammograms is unique to NYC.

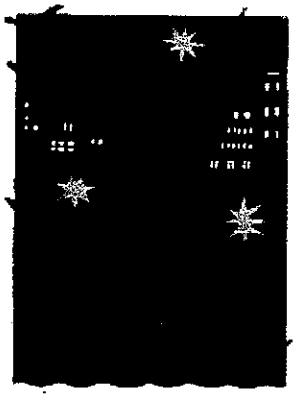
One more thing I would like to mention—free mammograms without treatment attached is not fair. When you are diagnosed with cancer—you are stunned. You walk and talk, but you can not do business as usual. Giving a woman a diagnosis and walking away is cruel. Forcing her to deal with any kind of bureaucracy at this point is wrong. Any mammogram must have a next step for treatment attached to it in the same manner as a person with insurance who sits down with her doctor to discuss treatment—not insurance or how to pay to stay alive.

A word about Community Board 3, Manhattan, where I am District Manager. The Board just wrote a support letter for LatinaSHARE for breast cancer survivorship in our community. SHARE has a long history and proven track record in helping women face the challenges of breast cancer. They were the biggest factor in keeping me sane during my illness. Our district is very diverse and the need for breast cancer awareness that targets our different communities, cultures, and languages is very evident.

SusanStet@aol.com

Oversight – Breast Cancer Screening in New York City

Committee on Health/Women's Issues Hearing
Tuesday, June 26, 2007



The Breast Examination Center of Harlem (BECH)

Since its founding in 1979, the Breast Examination Center of Harlem (BECH) -- an outreach program of Memorial Sloan-Kettering Cancer Center -- has screened more than 195,000 women for breast cancer. BECH has an established reputation in the Harlem community for free, high-quality care offered by its professional staff. BECH is also a Partnership of the NYSDOH Cancer Service Program

Services

- **Breast-Cancer Screening**

  One of our specially trained nurse practitioners will give you a physical examination. She will feel your breasts and underarms for lumps or anything else unusual. Every woman should see a health-care professional for this kind of exam every year.

- **Mammograms**

  We offer mammography, a procedure which uses x-rays to produce a picture of the breast. Mammography is the most widely used method for detecting breast cancer.

- **Pelvic Examinations and Pap smears**

  During the pelvic examination, a nurse practitioner will gently press on your abdomen to feel the organs in your pelvis (uterus, vagina, ovaries, fallopian tubes, bladder, and rectum) for anything unusual about their size or shape. During this exam, she will also take a few cells from your cervix to check for cancer or other conditions, such as sexually transmitted diseases. This test is called a Pap smear.

- **Counseling**

  If the nurse finds a lump or anything else unusual in your breasts or if the results of your Pap smear are not normal, one of our counselors will give you advice about other tests or procedures we may recommend. The counselor will carefully explain the test or procedure to you; she will also advise you about getting a second opinion before choosing treatment. She will encourage you to ask questions and to tell her about any concerns you may have. And she will give you some written material that will help explain these recommendations to you and your family.

  Some tests or procedures -- such as removal of lumps -- are not done at BECH, but we can help you make arrangements for them. If you need one of these tests, your

counselor will explain the test to you, give you advice, and discuss any of your questions or concerns. She will also give you information about where you can get these tests -- at Harlem Hospital Center, Memorial Sloan-Kettering, or another institution. If you wish, she will make the appointment for you.

- **Patient Follow-up**

  If all of your test results at BECH are normal, you will be advised to **return to us in a year** for routine cancer screening. If you are at **high risk** for developing cancer -- because other women in your family have had breast cancer, for instance or if we've recommended **more tests** -- we will set up an appointment for you to come back to us **sooner for a follow-up visit.**

- **Outreach and Education**

  During your visit to our center, we will show you how to do simple, at-home exams of your breasts every month. We also take our educational programs on breast, cervical and colorectal cancer to many places in the community. Video presentations, workshops, and seminars on these and other women's health issues have been held throughout New York in churches, senior-citizen centers, schools, businesses, street fairs, even detention centers. If you are interested in having us come to your church or other group, please call our health educator at 212-531-8000.

The Breast Examination Center of Harlem houses 25 full-time staff, comprised of the Program Director, a health educator, mammography technologists, patient navigators, session assistants, plus other administrative support staff.

The professional staff is under the leadership of Dr. Harold P. Freeman, Medical Director of BECH, and includes breast surgeons and nurse practitioners. Members of Memorial Sloan-Kettering's Department of Radiology interpret the mammography studies; Memorial Sloan-Kettering pathologists interpret the Pap studies.

In a community where health care is often associated with crowded waiting rooms and impersonal treatment, BECH has become known for its warmth and efficiency. This comfortable, supportive Center also includes a supervised area for young children.

http://www.mskcc.org/mskcc/html/8506.cfm

The New York State Department of Health Cancer Services Program

The Cancer Services Program oversees the delivery of comprehensive breast, cervical and colorectal cancer screening services and prostate cancer education to underserved populations in New York through contractual agreements with local community-based organizations. In addition the program provides public and health care provider education regarding cancer prevention and early detection, maintains a quality improvement program to ensure the quality of clinical services provided through the program and provides funds for community-based cancer support services for persons with cancer and their families.

Breast and Cervical Cancer Detection and Education Program

New York's statewide network of 54 community-based breast and cervical cancer screening projects, called Cancer Services Program Partnerships , are providing low-income, uninsured or under-insured women with annual comprehensive screening examinations and follow-up services. Each year, 60,000 women are screened through the program.

The priority population for this program is women ages 40 and older who are at or below 250 percent of the federal poverty guideline and who have no health insurance or whose

insurance does not cover screening or diagnostic services. Of special concern are ethnic and racial minority groups and women who are medically undeserved because they live in isolated communities.

Since the inception of federal funding in 1994, more than 2,000 cases of breast cancer, 37 cases of cervical cancer and nearly 1,200 precancerous cervical lesions have been detected in women screened through the program. Approximately 59 percent of the cases of breast cancer detected through the program were diagnosed at an early stage when treatment is highly successful.

In 2001, the Health Department added a case management component to the Partnership Program to assist the approximately 6,000 women who require diagnostic follow-up after their initial screening exams. The program helps women navigate the health care system, obtain transportation, childcare or translation services, and overcome other personal barriers that may prevent appropriate follow-up testing and care.

Colorectal Cancer

The State Department of Health operates a unique program using local initiatives throughout the State to increase the availability of colorectal and prostate cancer education and routine colorectal screening to underserved and uninsured populations age 50 and older.

The program increases the prevention and early detection of colorectal cancer, helping to reduce mortality. The program also raises public awareness about colorectal cancer prevention.

Currently, 30 community-based partnerships involving 43 counties provide colorectal cancer screening and education about prostate health, prostate cancer and issues related to screening and treatment.

These programs coordinate with local Cancer Services Program Partnerships to become the foundation of an integrated approach to providing cancer education, screening and early detection services for priority populations.

Cancer Services Programs in New York City

BCC - indicates that eligible women are able to receive clinical breast exams, mammograms and Pap tests.
CRC - indicates that eligible men and women are able to receive colorectal cancer screening and prostate cancer education.
When calling, please identify any need for handicapped accessible accommodations such as an adjustable exam table.

Bronx

BCC

Bronx Healthy Women Partnership
American Cancer Society
2330 Eastchester Rd., 3rd Floor
Bronx, NY 10469
Kathleen O' Hanlon
Phone:(718)547-5064 Ext: 214
Fax:(718)547-5947

Brooklyn

BCC

Brooklyn Breast Health Partnership
American Cancer Society
31 Washington Street
Brooklyn, NY 11201
Gloria Ayide
phone:(718)237-7851 Ext:9133
Fax:(718)852-9422

Healthy Women Partnership at Kings Co. Hosp
Kings Co. Hospital Ctr. BHP, OPD Adm
1st Fl., U Bldg., 451 Clarkson Ave.
Brooklyn, NY 11203
Veronica Braithwaite
Phone:(718)245-3267 Ext:
Fax:(718)245-3736

CRC

Bedford stuyvesant Family Health
1413 Fulton Street
Brooklyn, NY 11216
Jorge Bedon
phone:(718)636-4500 Ext: 115
Fax:(718)636-2998

Manhattan

BCC

Columbia University Breast Cancer Screening Partnership
Avon Foundation Breast Imaging Ctr.
1130 st. Nicholas Ave.
New York, NY 10032
Karen Schmitt
Phone:(212)851-4516 Ext:
Fax:(212)851-4530

Breast Examination Center of Harlem (BECH)
Harlem State Office Bldg.
163 W. 125th st., 4th Floor
New York, NY 10027
Diana Godfrey
Phone:(212)531-8022 ext:
Fax:(212)749-1375

Manhattan Breast Health Partnership
American Cancer Society
19 W.56th Street, 3rd floor
New York, NY 10019
Eddy Manzo
Phone:(212)237-3910 Ext:
Fax:(212)237-3855

CRC

Columbia University Colorectal Prostate Initiative Program
722 W. 168th Street
7th Floor,Room 723
New York, NY 10032
Grace Hillyer
Phone:(212)342-1658 Ext:
Fax:(212)305-9413

Staten Island

BCC

Healthy Women's Partnership, Richmond Co.
American Cancer Society
173 Old Town Road
Staten Island, NY 10305
Karthryn R. Wilday
Phone:(718)987-8872 Ext:
Fax:(718)351-0351

Queens

BCC

Queens Healthy Living Partnership
American Cancer Society
97-77 Queens Blvd, suite 1110
Rego Park, NY 11374
Terrance Neeley
Phone:(718)263-2225 Ext:19
Fax:(718)261-0758

Queens Healthy Living Partnership
American Cancer Society
97-77 Queens Blvd, suite 1110
Rego Park, NY 11374
Carol Weber
Phone:(718)263-2225 Ext:37
Fax:(718)261-0758

CRC

Queens Healthy Living Partnership(QCPI)
American Cancer Society
97-77 Queens Blvd, suite 1110
Rego Park, NY 11374
Carol Weber
Phone:(718)263-2225 Ext:37
Fax:(718)261-0758

http://www.health.state.ny.us/nysdoh/cancer/center/cancer_services.htm

Decline in Mammography Screening

The decline in mammography screening through out the country has been well documented by several leading organizations. In the Central Harlem community, the BECH Partnership has noted that this decline in screening is related to several factors. 1. People are not as fearful about breast cancer due the multiple treatment modalities that are currently available. 2. Women are too busy and often forget their appointments. 3. Many women are still afraid of mammography screening due family experiences with cancer. 4. Some women complain about severe pain and discomfort experienced during the screening and refuse to return. 5. Difficulty in negotiating coverage or identifying facilities that will take their insurance. 6. Co-morbidity prohibits women from keeping scheduled appointments.

BECH has always used methods to increase mammography screening in the community. We have sent annual reminders to our patients, call patients prior to their appointments to confirm, and send up to three letters to those who do not keep their appointments. We provide extensive community outreach and education to churches and senior centers to reinforce the importance of mammography screening on an annual basis.

RECOMMENDATIONS:

We suggest the following:

1. Extensive education and outreach to increase awareness for women through mass media public service announcements. The targeted population should not just include women eligible for screening but also employers, family members, and friends.

2. Public officials and community leaders continue to lead by example.

Diana Godfrey
BECH Program Director

Testimony of Clare B. Bradley, MD, MPH
Senior Vice President/Chief Medical Officer, IPRO
Chair, Mammography Strike Force,
American Cancer Society of New York and New Jersey

Public Hearing – Breast Cancer Screening in New York City
Committees on Health and Women's Issues
Tuesday, June 26, 2007 • City Hall, NYC

Chairwoman Sears, Chairman Rivera and members of the Women's Issues and Health Committees, thank you for the opportunity to testify. My name is Dr. Clare Bradley, I am the Senior Vice President and Chief Medical Officer for IPRO, the Quality Improvement Organization for New York State. IPRO is a not for profit organization whose mission is to assess and improve the quality of health care services. I also draw on my professional experience as the former Commissioner of the Suffolk County Department of Health Services in New York. I am board certified in Internal Medicine and an Associate Professor in the Department of Preventive Medicine in the School of Medicine at the State University of New York, Stony Brook.

Today my remarks are on behalf of the American Cancer Society's Mammography Strike Force, where I serve as the Chairperson. The American Cancer Society formed the Mammography Strike Force to investigate the decline in mammography rates we have seen over the past several years, and to identify opportunities to reverse the downward trend.

We are very pleased that you are holding this important hearing, and we are committed to working together on possible interventions to combat this potentially devastating trend.

As you know, the American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

The American Cancer Society recommends that women age 40 and older have a screening mammogram every year and should continue to do so for as long as they are in good health. Mammograms save lives—they are still the gold standard for early detection of breast cancer. In fact, widespread use of mammograms has lead to a reduction in deaths from breast cancer. In the United States, since 1991, breast cancer mortality has declined by 22%.

Screening Rates Declining

Unfortunately, we've been observing a steady downward trend in mammography rates in New York since 2000. According to Behavioral Risk Factor Surveillance System (BRFSS) data, in New York State, the percent of women over 40 reporting having a mammogram within the past year fell from 67.7% in 2000 to 58.5 % in 2004.

This decline was comparable among women with and without health insurance, though uninsured women are far less likely to get annual mammograms.

This trend is evident nationwide. A recent study by Dr. Nancy Breen from the National Cancer Institute confirms that screening mammography rates to detect breast cancer fell by as much as four percent nationwide between 2000 and 2005.

Alarmingly, Dr. Breen found that some of the sharpest declines were seen among women who previously reported high screening rates: women between 50 and 64 years old; and women in higher socioeconomic levels. Breen and colleagues note that there are a number of possible explanations for this decline in mammography screening rates, but that there are insufficient data at this time to confidently identify any one or multiple causes for the recent drop in rates.

One possible cause is a decline in the availability of mammography nationwide. This study reports that other possible explanations for the decline in screening rates include loss of health insurance, or an increase in deductibles and co-pays, doubts about the value of mammography caused by media coverage of academic debates over efficacy and effectiveness, and perhaps a general decline in the presence of health promotion messages reminding women about the importance of regular breast cancer screening.

If the decline continues, it is reasonable to anticipate that it will be followed by an increase in breast cancer mortality.

Encouraging new data

There is some encouraging news in New York State. According to very recent data from the 2006 BRFSS, annual screening rates seem to have gone up (to 64.7%,) but to be clear, this is only one data point in time. We will need to see the next round of BRFSS data as well as other data sources on these rates to determine if there truly has been a reversal in the trend. I'd like to point out that even this new data indicates that about 1/3 of all women and more than one half of uninsured women are not getting lifesaving annual mammograms. We cannot ignore these warning signs.

Recommendations

Again, there does not appear to be any single reason for the decline in screening mammography rates. It is most likely that several factors are influencing the trend. The American Cancer Society's strike force has been investigating some of them, including, mammography capacity, professional workforce capacity, access, referrals – and public attitudes, beliefs, and behavior.

The strike force has nearly finalized a list of recommendations, soon to be publicly released, which available evidence suggests could increase mammography screening rates. I will highlight and personalize those that are the most relevant for the City Council.

First, we should engage in collaborations to promote healthcare system practices and policies proven to be effective in reducing barriers to mammography. Access-enhancing interventions, such as; facilitated and flexible appointments/scheduling (including evenings and weekends), free mammograms and follow up, transportation assistance (vouchers, coupons, metrocards), dependent care, support in navigating healthcare systems and culturally and linguistically appropriate patient services should be part of the range of practices implemented.

For instance, where appropriate, some of these interventions could be implemented in the new primary care facilities that were just funded in the FY08 budget. Additionally, the City and the Council could inspire and incentivize the insurance community in New York City to work to increase mammography-screening rates.

For example you could collaborate with health plans and other payers to promote a quality improvement program or collaborative, which we are happy to help create, and provide tools and strategies that can increase screening rates among providers.

Further, it is possible that physicians, who play a key role in referring women to mammography, have been influenced by coverage of debates about the value of mammography. We could work together to educate Primary Care and Ob-Gyn providers in the City about breast cancer screening guidelines, the decline in screening rates and the subsequent likely increase in breast cancer mortality. This should include promoting the use of office practices proven to be effective in improving screening rates. For example, ensuring clinicians are making recommendations and referrals for mammography is perhaps the most impactful way to improve screening rates, as well as follow up by instituting an office reminder system for clinicians and patients.

Internally, the City and the Council could promote annual mammograms for women ages 40 and older within it's own workforce, and institute its own reminder system. The American Cancer Society can also offer our national web-based mammography reminder system as a resource.

The City, in collaboration with other prominent breast cancer organizations and other public and private partners, could develop an advertising campaign to promote annual mammograms for women ages 40 and older. Under Speaker Quinn's leadership, the Council has already embarked on the Take Care Women campaign, and is currently partnering with Macy's on an advertising campaign to increase awareness about the importance of yearly mammography screening. We truly applaud this work; this is precisely the partnering that will raise consciousness about the issue and help turn the trend around. The American Cancer Society is happy to collaborate in this work and can help to bring new partners into this initiative.

Another concern is workforce capacity. The number of new physicians and technologists choosing mammography as a specialty has declined nationwide, making it increasingly difficult for screening facilities to expand capacity or maintain capacity. Studies suggest that there are increasing professional and economic

disincentives to choosing breast imaging as a career. One possible local solution the Council could consider is establishing funded fellowships to encourage new physicians and technologists to choose mammography as their specialty. The workforce committee of our Strike Force has drafted a proposal for a program like this.

On the legislative advocacy front, the City could join in advocating for increased federal and state funding for mammography screening programs for the uninsured in New York. Women without health insurance have lower screening rates than their counterparts. Lack of insurance is the number one barrier to getting screened, greater than income, ethnicity and education. In NY, women without insurance can get free or low cost screenings in every borough through New York State's Breast and Cervical Cancer screening program. The American Cancer Society offers this screening in all 5 boroughs of New York City through this successful program. Unfortunately there is not enough funding currently to screen all uninsured women.

Conclusion

I want to thank you for your time today, and again applaud you for highlighting this critical issue. The American Cancer Society appreciates having partners like you in the fight against cancer. We value and welcome any opportunity to collaborate in these efforts. I am happy to answer any questions you may have.

TESTIMONY

JUNE 26, 2006

My name is Judith Manelis and I am the Program Director of SHARE: Self-Help for Women with Breast or Ovarian Cancer and a 16 year Breast Cancer Survivor.

SHARE applauds the collaboration between the City and Macy's to increase public awareness about breast cancer screening through the combined efforts of government and the corporate sector. We appreciate the opportunity to testify in order to bring SHARE's perspective to the development of this campaign.

SHARE is a 31-year-old, not-for-profit organization that provides peer support, information and resources to women and men affected by breast or ovarian cancer. Our goal is to empower those affected to make informed decisions about diagnostic procedures, treatment and post-treatment issues. We also provide women with access to the most current scientific information about breast cancer through our educational programs, support groups and hotlines.

When speaking with women who participate in our programs and receive our services, we find that while some women have been diagnosed through a screening mammogram, others were diagnosed by examination and their screening mammograms detected nothing. In my own case, this was true. My mammograms showed nothing; yet, I was diagnosed with breast cancer.

It is important therefore to call attention to some issues regarding screening mammograms that need to be considered as the Council and Macy's create a public awareness campaign.

SHARE believes that women must be aware of the results of evidence-based scientific studies before making any decision regarding screening ,diagnostic procedures, treatment and post treatment issues. . Informed decision-making for patients and best practices by health providers must be grounded on evidence- based medicine. With these thoughts in mind, we would like to make the following comments.

First it is important to understand that screening mammography is different from diagnostic mammography. Diagnostic mammograms are taken when a woman presents with symptoms. Screening mammograms are taken to detect breast cancer before symptoms appear.

The goal of screening has always been to decrease mortality. However, it is imperative to state here that breast cancer screening is not achieved just with a mammogram. It must include a clinical breast exam by a health provider who is proficient in this procedure. So when we speak about screening, we must always include having a clinical breast exam as well.

It is also important that women know that screening mammograms, even with a clinical examination, do not prevent breast cancer.

In the last several years, studies on screening mammography have raised questions about their effectiveness in reducing mortality in general, and for young women in particular. Mammograms for young women with dense breasts are not as effective. Studies have also raised questions about the risks of mammography including false positives that lead to unnecessary biopsies versus the benefits to be obtained.

One way to address these controversies in a public awareness campaign, as we continue to explore the science, is to send the message that women and their health providers need to have a conversation about the advantages and disadvantages of their having a screening mammogram. so women can make a more informed decision about what to do. The public needs to know that these issues exist and have not yet been resolved. Our health providers need to be informed in order to develop best practices that reflect the current state of scientific evidence. While this is more labor intensive than simply telling women across the board to have a screening mammogram, or conveying the simple but inaccurate message that "mammography saves lives", it may more literally be creating true public awareness about screening mammography.

What are the problems to this approach? Women need to have a health provider (which may not necessarily be a physician); health providers need to be knowledgeable about the science and able to spend time with the woman to discuss her risks and

benefits; we would need to change the sound bites in any public awareness campaign to a message that was a bit grayer than black and white but one that would be more respectful of the public; we may need to keep the public more informed about the changing science and have them feel more comfortable with the fact that it does change and practices change with it.

Ultimately, we need to develop better tools to detect breast cancer at its earliest stages and reduce mortality from this disease.

And, in some ways most important of all, is that when women are diagnosed with breast cancer, we need to make certain that treatment is available to them. Screening without access to treatment is irresponsible and we must make certain that we act responsibly because our lives are at stake. Thank you.

THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

Testimony

of

Lynn Silver, M.D., MPH
Assistant Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health and Committee on Women's Issues

on

Breast Cancer Screening

June 26, 2007

Council Chambers, City Hall
New York City

Good morning Chairpersons Rivera, Sears, and members of the Committees on Health and Women's Issues. I am Dr. Lynn Silver, Assistant Commissioner for Chronic Disease Prevention and Control at the New York City Department of Health and Mental Hygiene (DOHMH). On behalf of Commissioner Frieden, I would like to thank you for the opportunity to discuss breast cancer screening in New York City.

Breast cancer kills more than 1,200 NYC women each year, and more non-smoking women than any other cancer. The average breast cancer incidence rate for 2000-2004 dropped to 112 per 100,000 women from 126 in the prior five-year period. While statistically significant, we remain concerned that this decline may be a result of the decrease in mammograms and the rates may start increasing as existing cancers are detected at later stages.

Breast cancer is one of several common cancers for which screening and early detection will save lives. Indeed, getting New Yorkers screened for cancer, including breast cancer, is one of the Department's Take Care New York (TCNY) priorities, and we work closely with our TCNY partners to highlight the importance of routine mammography. The departmental guidelines encourage women 40 and older to get a mammogram every one to two years.

We appreciate the Council's interest and commitment to cancer prevention and care, and applaud Speaker Quinn's recent efforts to promote breast cancer screening. DOHMH is also pleased to assist Speaker Quinn in her initiative to place mammogram screening information in women's dressing rooms. Additionally, Council funds have been used to support cancer survivors and expand the use of colonoscopy to screen under and uninsured New Yorkers for colorectal cancer. These have been critical to the Department's efforts to increase rates of screening for colon cancer and other cancer prevention activities.

The Department shares the Council's concern regarding the recent drop in mammography rates. After many years of increasing mammography rates, national screening rates leveled off in 2000, and in 2005 there was a decrease in the number of women receiving mammograms, both nationally and in New York City. The Department's Community Health Survey (CHS) has been invaluable for detecting this drop and pinpointing which populations are most at risk for not getting screened. CHS is an annual telephone survey of 10,000 New Yorkers modeled after a similar survey administered nationally by the Centers for Disease Control and Prevention. This survey provides policymakers, community based organizations, academic institutions, and the general public with a unique tool to monitor the health and mental health of its population. CHS data is easily accessible using the Epi Query function on the DOHMH website.

The 2005 Community Health Survey highlighted the drop in mammography since 2002 in the number of women aged 40 and over who reported having a mammogram within the past two years. This means that 105,000 fewer women were screened for breast cancer. Disadvantaged women in New York City are still the least likely to be screened. In 2005, women who were younger, uninsured and without a primary care provider were

less likely than other women to have received a mammogram; 55 percent of uninsured women reported recent mammograms, compared to 74 percent of insured women. Other groups that experienced significant drops in mammography rates included older women (aged 65 and older), women who are white, women who are U.S. born, women living in Manhattan, and women who have a college education – groups not traditionally represented by decreasing health indicator rates.

Several hypotheses exist to explain the decline in mammography rates. These include:

- Uncertainty regarding the value of screening as a result of changing screening guidelines, for example the age at which a woman should receive her first mammogram;
- Misperceptions about the risk of breast cancer mortality;
- Higher co-payments for office visits; and
- Decreased provider capacity for mammography, possibly related to low reimbursement by insurers, rising malpractice litigation against radiologists who read mammograms, and fewer radiologists choosing to specialize in breast imaging.

In 2006, the Department's Cancer Prevention and Control Program secured funding from the New York Community Trust to study the reasons behind the rate drop in New York City and to help us better understand existing barriers to mammograms. Our research utilizes focus groups comprised of women who have not had a mammogram to explore systemic and individual factors that are viewed as barriers to screening. We are also engaging primary care providers, OB-GYN physicians and radiologists to explore provider-related factors affecting mammogram rates, including those mentioned previously. In order to understand other, more systemic factors in the decline, such as reimbursement rates, we will also be interviewing individuals including representatives from medical societies, managers of radiology fellowship programs, and commercial and public health plans. Finally, we are surveying a sample of sites that perform mammography to capture the current snapshot of mammogram appointment waiting time. Research outcomes will help guide the Cancer Prevention Program in shaping and implementing interventions that can effectively address the barriers identified.

In addition to research, DOHMH is involved in a variety of other efforts that encourage breast cancer screening. As my colleagues from the Primary Care Information Project testified in January, the Administration, with support from the Council, has committed to increasing the use of health information technology in primary care. An electronic medical record specifically for primary care is being designed with a focus on prevention, including cancer screening. The electronic medical record includes detailed prompts for key cancer screening tests, including mammography, and provider reminder systems to help ensure appropriate referrals. We anticipate the first wave of practices will begin using this technology later this year and our overall goal is to reach at least 1,000 providers in high volume Medicaid practices.

Our public health detailing program has also distributed preventive care guidelines and office tools to primary care providers citywide. These materials have general information about cancer screening and prevention, and help to increase referrals for mammography. We have received positive feedback and many reorder requests for these materials.

With the support of the Council, the Cancer Prevention Program has also been working with the American-Italian Cancer Foundation's mammography program, which has provided over 3,000 mammograms since July 1, 2006.

Other key ongoing breast screening initiatives include eight New York State Healthy Women's Partnership initiatives located throughout the five boroughs. These initiatives cover the cost of screening and treatment for under and uninsured women. We would also like to recognize the important work of the Health and Hospital Corporation, which has increased the number of women screened by more than twelve percent since 2005. These efforts identified nine percent more early-stage cancers, the stage where there is a better prognosis for successful treatment.

Thank you, again, for the opportunity to testify on this important issue. We appreciate the Council's interest in the challenge of increasing mammography rates, and we look forward to working with you as we develop additional programs to fight breast cancer in New York City. I am pleased to answer any questions you may have at this time.

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New York
WOMEN'S
Agenda
"A Voice for Women"

FOR THE RECORD

City Hall Hearing: **The Take Care Women Campaign** June 26, 2007
Joan D. Firestone, Vice President NYWA, Co-Chair Government Affairs

The New York Women's Agenda (NYWA) applauds the efforts of City Council Speaker, Christine Quinn, and her Council colleagues; Helen Sears, Chair of the Committee on Women's Issues; Deputy Mayor Patricia Harris; Anne Sutherland Fuchs, Chair of the NYC Commission on Women's Issues, Macy's New York, and all of the collaborating Women's Health and Research organizations in their efforts to combat the dramatic decline in the number of women receiving breast cancer screenings.

NYWA, under the leadership of Sandra Eberhard, President, is pleased to join in the effort with a campaign to our organizational membership and their individual members, communicating the essential nature of early screening for breast cancer, identifying available free resources for mammogram testing and underscoring. the urgency of early detection to stem the potential risk of more women dying from breast cancer because of advanced disease diagnoses.

NYWA is a coalition of women professionals and community activists who support the diversity and interests of New York women through collaboration, advocacy and education. NYWA's members represent the diversity of the city and include community groups, religious, ethnic and political groups; professional organizations; and issue based groups. Through NYWA, these groups unite to work on issues of common interest and to advocate for public policy. We can guarantee the interest and active participation of NYWA membership in this most vital, **The Take Care Women Campaign.**

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100 Organizations | 100,000 Women | One Voice

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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NEW YORK CITY COUNCIL

COMMITTEE ON HEALTH AND

COMMITTEE ON WOMEN'S ISSUES

OVERSIGHT HEARING:

BREAST CANCER SCREENING

BENJAMIN MOJICA, MD, MPH

SENIOR ASSISTANT VICE PRESIDENT

DEPUTY CHIEF MEDICAL OFFICER

JUNE 26, 2007

Good afternoon Chairpersons Rivera and Sears and members of the Committees on Health and Women's Issues, I am Dr. Benjamin Mojica, Senior Assistant Vice President and Deputy Chief Medical Officer for the New York City Health and Hospitals Corporation (HHC). Thank you for the opportunity to discuss HHC's efforts to screen patients for breast cancer. I would also like to commend the Council for its ongoing leadership in raising awareness on important health issues at today's hearing and at hearings earlier this year on cervical cancer screening in March and on overcoming language barriers in healthcare settings in April.

Cancer is one of the ten most common causes of death, and breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. In 2005, 13,366 New Yorkers died from cancer (nearly one-quarter of all deaths). Of these, 1,263 died of breast cancer, 1,254 of whom are women. The chance that breast cancer will be responsible for a woman's death is about 1 in 33 (3%).

In New York City, approximately 5,000 women are diagnosed with breast cancer every year. In 2005, a total of 642 women were diagnosed with breast cancer at HHC facilities. Nationwide, 178,480 new cases of

invasive breast cancer and an additional 62,030 carcinoma in situ will be diagnosed in 2007. Men also get breast cancer, but it is very rare. It is estimated that one in eight women will develop breast cancer sometime during her life.

The prevention of breast cancer continues to be challenging as the specific causes for breast cancer remain elusive. Furthermore, except for smoking, obesity, and lack of exercise, most of the risk factors associated with breast cancer cannot be easily controlled or prevented. The risk factors include:

- age (more common among women aged 50 and over);
- race (more common among Caucasian women, although mortality is higher among African-American women);
- family history of breast cancer (more common among those who have close blood relatives with breast cancer);
- early onset of menstruation (more common among women who had onset of menstruation at age 12);
- no children or late onset of pregnancy (more common among women who have no children or had first pregnancy over the age of 30); and

- did not breastfeed (women who breastfed for longer duration seems to have lesser risk for breast cancer).

Thus, HHC continues to extensively promote the early detection and treatment of breast cancer through screening and aggressive management of diagnosed breast cancer as the primary tool for reducing the burden of disease.

Access to Breast Cancer Screening

HHC's clinicians screen for breast cancer through providing clinical breast examinations and mammograms for women aged 40 years and older regardless of ability to pay. Last year, HHC's hospitals and diagnostic and treatment centers provided more than 80,000 mammograms, an increase of 12.5% over the previous year. As a result, we are diagnosing significantly more cancers at an earlier stage - we found nine percent more early-stage cancer than the previous year - when treatment is more effective and prognosis much more hopeful. Selected HHC facilities use state-of-the-art digital mammography systems that produce digital breast images through computerization rather than traditional X-ray film, substantially increasing

image resolution and reducing delays in generating results. I would like to thank members of the Council for providing funding for some of these digital mammography systems.

HHC closely monitors the availability of mammogram services and utilization of such services in women who are most at risk of breast cancer. We believe that we can only achieve optimum quality of care through rigorous self monitoring and by resolving issues that may impede the proper delivery of health care services to the population we serve. Of the 80,000 mammograms provided last year, many of these were for women who did not have health insurance or the ability to pay for such procedures. Any woman who does not have a primary care provider, or "medical home", can go to an HHC facility, register to become a patient and receive her annual mammography and any other services she needs. Many of our facilities have extended hours on nights and weekends to accommodate those patients who are unable to access services in the morning or afternoon.

HHC is committed to ensuring that a woman's lack of insurance coverage does not pose a barrier to accessing mammograms and needed care. HHC staff help patients obtain public health insurance for which they

are eligible. We also offer services at little or no cost through the HHC Options fee-scale program. Some women who receive health care services from HHC may be eligible to enroll in New York State's Healthy Women's Partnership Program. This program is administered by the New York State Department of Health in partnership with community based organizations across the state. The program provides breast and cervical cancer screenings at no cost to the woman. The priority population for screening through the Healthy Women's Partnership Program are women ages 40 and older whose incomes are at or below 250% of the federal poverty level and who have no health insurance or whose health insurance does not cover screening or diagnostic services.

Public Education, Outreach and Enhanced Patient Literacy

As my colleagues from the New York City Department of Health and Mental Hygiene have reported, a recent survey they conducted showed a decline in the number of women aged 40 years and older who have had a mammogram in the last 2 years from 77% in 2002 to 73% in 2005. This decline represents nearly 105,000 women in this age group who have not had a mammogram in the last 2 years.

While we are not aware of the exact reasons for such a decline, we expect that some women may not be aware of the importance of, and the need to have a mammogram. HHC conducts extensive public awareness and outreach efforts concerning breast cancer screenings throughout the year, but especially during the months of May when we sponsor our Mother's Day Mammogram and October with our Take Care New York Campaigns.

The Mother's Day Mammogram Campaign is designed primarily to reach underserved women. The campaign stresses the importance of having a mammogram, an important and potentially life saving procedure. This multimedia effort has featured both radio and newspaper advertisements with wide circulations in minority and new immigrant communities. Brochures are provided in multiple languages to community based organizations, many of whom serve non-English speaking communities. We also link them to a primary care provider if they need one. Our partnership with community based organizations occur throughout the five (5) boroughs. Because we do not provide adult primary care services on Staten Island, we have in the past made resources available to Staten Island based providers. We are pleased to report that beginning late summer/early fall we will

engage in a partnership with the Women's Outreach Network in which we will provide $300,000 in start-up costs to support a second mammography van that will ensure increased access to breast cancer screening for Staten Island women.

In addition to conducting public awareness campaigns, we recognize the importance of patient-provider relationship and encourage our providers to promote breast cancer screening to their patients. The provider's advice to the patient on the need for a mammogram is invaluable. We also recognize how important it is for our providers to keep up-to-date on evidence based practices so that they can provide the highest quality care and advice to their patients. We conduct periodic educational programs for our providers on breast cancer screening, and the effective management of breast cancer.

HHC fully intends to continue our efforts to screen for breast cancer and to expand upon these activities this year. This concludes my written testimony. I now look forward to answering any questions you may have.