

# SOUTH CAROLINA BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM BEST CHANCE NETWORK

## *The National Perspective*

- From the 1940s until the 1980s, breast cancer incidence rates in the U.S. increased by a little over one percent each year. In the 1980s, incidence rose greatly (likely due to increased mammography screening), and then leveled off during the 1990s. The incidence of breast cancer declined in the early 2000s. Since 2005, the incidence of breast cancer has remained stable.
- Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline largely is the result of many women getting regular Pap tests which can find cervical precancer before it turns into cancer.
- Women at highest risk for cancer deaths are those never or rarely screened.

## *The South Carolina Perspective*

- 48% of all breast cancers in S.C. occur among women 45-64 years of age.
- S.C. women with cervical cancer diagnosed before any invasion or spread have greater than an 80% chance of survival for 5 years, again emphasizing the need for early detection and treatment.
- Racial disparities for breast and cervical cancer exist. In S.C., white women are diagnosed more frequently at an earlier stage (local) of breast cancer, while African-American women are diagnosed more frequently at a regional or distant stage.
- S.C. has the 6<sup>th</sup> highest rate of uninsured women in the U.S.
- SC ranks 26<sup>th</sup> in the nation for breast cancer mortality.
- SC ranks 4<sup>th</sup> in the nation for cervical cancer mortality.

## *Goal*

To reduce deaths from breast and cervical cancer by funding comprehensive screening services.

## *The Solution*

Since 1991, Congress has continued to appropriate funds for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). South Carolina Department of Health and Environmental Control (SCDHEC) has received funding annually from the Centers for Disease Control and Prevention for women's cancer screening and follow-up services. In S.C., the screening program is known as the **Best Chance Network (BCN)**. In 1995, SCDHEC entered into a unique public/private partnership with the American Cancer Society (ACS), South-Atlantic Division. SCDHEC maintains oversight of BCN, while ACS is responsible for service coordination with BCN providers, professional development, and patient outreach and recruitment.

For information on providers in your area call the American Cancer Society at 1-800-ACS-2345 and ask about the Best Chance Network.

## *BCN Eligibility Guidelines*

Women between the ages of 40-64 who are uninsured and are 200% below poverty (\$22,980 for a family size of one and add an additional \$8,040 for each family member).

## *Comprehensive Services Include*

- |  |                            |
|--|----------------------------|
| o <i>Breast &amp; Cervical Screening</i> | o <i>Data Tracking</i>     |
| o <i>Diagnosis and Treatment</i>         | o <i>Surveillance</i>      |
| o <i>Public Education</i>                | o <i>Quality Assurance</i> |
| o <i>Professional Education</i>          | o <i>Case Management</i>   |

## *How Are Screening, Follow up and Treatment Services Provided?*

The Best Chance Network is a system of public and private partnerships. More than 200 health care providers including federally funded primary care centers affiliated with the S.C. Primary Health Care Association, private medical/surgical practices, free medical clinics, laboratories, hospitals and radiology facilities provide screening and follow up services. Other partners include: the South Carolina Cancer Alliance, the National Cancer Institute, Cancer Information Services and Medicaid. ACS outreach workers, volunteers and local task force members help refer women to screening sites. SC DHEC Office of Nursing and Palmetto Health Baptist provides continuing education awards for RNs and MDs.

## *BCN Data Highlights*

### Screening Numbers 1991-June 2013

Screenings		% Abnormal
Women Screened:	96,131	
Mammograms Performed:	150,922	11%
Clinical Breast Exams:	189,501	3%
Pap Tests:	153,369	6% (AS-CUS & higher)

### Number of Abnormal Results 1991-June 2013

Breast Abnormalities		Cervical Abnormalities	
Assessment Incomplete	14,284	AS-CUS	5,636
Probably Benign	7,174	High Grade SIL	909
Suspicious Abnormality	2,142	Squamous Cell Cancer	53
Highly Suggestive of Malignancy	500	AGUS	24

### Cancer Detection Rates 1991-June 2013

Breast Cancer: 9.4 per 1,000 Mammograms  
Cervical Cancer/Pre-cancer CIN 2 or higher: 9.6 per 1,000 Pap tests

### Percentage of Cancer by Stage at Diagnosis 1991-June 2013

	Early Stages	Advanced Stages
Breast	70%	30%
Cervical	88%	12%

