



New York State
Department of Health
Cancer Services Program

**Breast, Cervical, and Colorectal Cancer
Detection and Education Program**

Report for April 1, 2020, to March 31, 2022

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Additional and related information is provided by the New York State Department of Health (NYSDOH) at: <http://www.health.ny.gov/cancerservicesprogram>

For additional information about this report, contact the New York State Department of Health Cancer Services Program at:

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To find the Cancer Services Program in your area, call 1-866-442-CANCER (2262).

EXECUTIVE SUMMARY

The New York State Department of Health Cancer Services Program provides no cost breast, cervical, and colorectal cancer screening and follow up diagnostic services for persons without insurance or those who have insurance, but the cost of screening is still too high. The program promotes awareness about, and access to, cancer screening for all New Yorkers. This work is done by a network of contractors that conduct public education and targeted outreach to enroll eligible New Yorkers into the program for services. The contractors cover every county and borough across New York State and enter into agreements with healthcare providers and clinical laboratories in their service areas to provide persons enrolled in the program with breast, cervical, and colorectal cancer screening, and diagnostic services. Cancer Services Program contractors also offer education about, and make referrals to, the New York State of Health, the State's health plan marketplace.

This report, required by Section 2408 of New York State Public Health Law, provides information about breast, cervical, and colorectal cancer screenings and diagnostic services provided to clients for the period from April 1, 2020, through March 31, 2022, including cancers diagnosed and treatment access facilitated.

Each year in New York State, over 16,688 women are newly diagnosed with breast cancer and about 2,486 die from the disease.¹ Cervical cancer is diagnosed in about 808 women and about 233 women die from the disease each year in New York State.¹ There are approximately 8,792 new cases of colorectal cancer every year and approximately 2,888 deaths annually.¹ An increase in timely, age-appropriate screening could prevent many of these deaths by detecting cancer early when it may be most treatable.

Mammograms (an X-ray of the breast) for breast cancer screening, Papanicolaou tests with or without the human papilloma virus test for cervical cancer screening, and stool-based testing and direct visualization exams such as a colonoscopy for colorectal cancer, are all highly effective cancer screening tools. These cancer screening tools are not used enough among some population groups, with a disproportionate burden of deaths occurring from breast, cervical, and colorectal cancer among persons who are without insurance, geographically and culturally isolated, older, medically underserved or racial, ethnic, and cultural minorities.² The goal of the Cancer Services Program is to improve access to and increase use of cancer screening services for New Yorkers in underserved populations and improve the quality of care they receive.

From April 1, 2020, through March 31, 2022, 33,769 eligible adults were screened for breast, cervical, or colorectal cancer by a network of over 5,000 providers, facilities, and laboratories, that participate with the program. In total, 33,171 mammograms, 27,029 clinical breast exams, 9,448 Papanicolaou tests, 8,679 high-risk human papillomavirus tests, 8,477 Fecal Immunochemical Test or Fecal Occult Blood Test kits (stool-based colorectal cancer screening

¹ New York State Cancer Registry, 2021. *Cancer Incidence and Mortality for New York State, 2014-2018*. <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm>

² National Cancer Institute, 2020. *National Cancer Institute Cancer Fact Sheets: Cancer Health Disparities*. <http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities>

tests), and 317 screening colonoscopies were provided by the program. Over the course of this same 24-month period, the program identified a total of 832 people with cancer or precancerous conditions: 267 individuals with breast cancer, four (4) with cervical cancer, 148 with precancerous cervical dysplasia, 19 with colorectal cancer, and 394 with precancerous colorectal polyps. A total of 246 people in need of cancer treatment were found eligible for and newly enrolled in the Medicaid Cancer Treatment Program: 203 for breast cancer treatment, 20 for cervical cancer treatment, 19 for colorectal cancer treatment, and four (4) for prostate cancer treatment. Note, some individuals newly enrolled in the Medicaid Cancer Treatment Program may have been diagnosed prior to the 24-month period reflected in this report. People in need of cancer treatment who were determined not to be eligible for the Medicaid Cancer Treatment Program were navigated to other assistance programs for treatment including Emergency Medicaid.

The number of clients served, and services provided since program inception has fluctuated largely due to changes in program eligibility criteria, national screening recommendations, and the provision of expanded health insurance eligibility through the Patient Protection and Affordable Care Act and Medicaid expansion. This report however newly demonstrates the acute and continuing impact of the Corona Virus Disease of 2019 pandemic on the provision of cancer screening services and timeliness of diagnostic follow-up through the Cancer Services Program. In the State, peak positivity during the first wave of Corona Virus Disease of 2019 infections was observed between March and June of 2020, overlapping the beginning of this reporting period. All non-essential surgeries and non-urgent procedures were suspended by New York State Executive Order effective March 23, 2020, with suspensions lifted at different times for New York State regions starting mid-July 2020. Professional societies, including the American Society of Clinical Oncology, recommended that cancer screening procedures requiring in-person examination be postponed. The monthly average number of clients served by the Cancer Services Program between March and June of 2020 fell 63.1% from the same months in 2018 and 2019, down 90.9% in April of 2020. By July of 2021, client volume rebounded to 27.9%, and the year closed with a December volume down 9.1% from that in December of the prior two years.

Though facility closures were largely temporary, many other factors persisted as major challenges to providing preventive and diagnostic healthcare during the years covered in this report. Staffing shortages continued to be a major issue for hospitals across the State and in New York City³ and reluctance around visiting hospitals and other medical facilities for nonemergency procedures remains a serious public health challenge. Missed screenings could potentially lead to cancers being diagnosed at a more advanced stage and ultimately to more people dying from cancer. Nationally, an estimated 3.8 million breast cancer screenings that normally would have taken place in the United States in 2020 didn't happen⁴. Efforts are being made to close the Corona Virus Disease of 2019 -induced screening gap by helping cancer facilities implement a broad range of strategies to bring their screening rates back up to their pre-pandemic levels.

3 <https://www.osc.state.ny.us/files/reports/osdc/pdf/report-2-2024.pdf>

4 Chen RC, Haynes K, Du S, Barron J, Katz AJ. Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic. *JAMA Oncol.* 2021 Jun 1.

The New York State Cancer Services Program provides critical, potentially life-saving cancer screening and diagnostic services to persons at greatest risk to address disparities and achieve health equity for all. This includes populations who are most adversely impacted by the social determinants of health, the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. These populations are less likely to be engaged with the health care system and thus often the hardest to reach for preventive healthcare services. While the Cancer Services Program has seen declining enrollment at around a rate of 6% yearly since the passage of the Patient Protection and Affordable Care Act, the percent of those eligible for the program that received services has been largely increasing since 2014. This percentage, generally referred to as the “reach” of the program, is calculated yearly using National Census (Small Area Health Insurance Estimates) data on the total number of people who may be eligible for the program in New York State (based on age, sex, income, and health insurance status). The resultant estimates are useful for monitoring trends but are conservative because they do not factor in population screening history, only program eligibility. Population-based estimates of screening behavior reported through the New York State Behavioral Risk Factor Surveillance System suggest that over half of low-income and uninsured individuals are up to date with screening in any given year. Adjusting for screening history on that basis, the Cancer Services Program likely served around 30% of those eligible and in-need during the 2020-2022 program years, a remarkable achievement for a public health program designed to serve those that are hardest to reach.

PROGRAM DESCRIPTION

OVERVIEW

The New York State Department of Health oversees the delivery of comprehensive breast, cervical, and colorectal cancer screening and follow up diagnostic services to eligible persons without insurance, or those who have insurance but the cost of screening is still too high, in New York State through local screening program contractors, referred to as the Cancer Services Program contractors. Cancer Services Program contractors conduct outreach, public education, data management, case management, and quality assurance activities, and develop relationships with regional providers (e.g., hospitals, clinics, laboratories) who offer eligible clients screening and diagnostic services.

Cancer Services Program contractors and their partners also help individuals diagnosed with breast, cervical, or colorectal cancer to quickly obtain their cancer treatment through the New York State Medicaid Cancer Treatment Program, if they are eligible. Following national population-based screening guidelines, the Cancer Services Program contractors do not offer prostate cancer screening services. However, those screened or diagnosed with prostate cancer in New York State by participating program providers are eligible for treatment coverage through the New York State Medicaid Cancer Treatment Program. Persons eligible for the New York State Medicaid Cancer Treatment Program receive full Medicaid coverage during their cancer treatment.

Cancer Services Program contractors educate clients about the New York State of Health, working with local in-person assistors and navigators to help enroll them in public health insurance programs or qualified health plans. As a result, many persons obtained health insurance, reducing the number of people reached by the program.

The Cancer Services Program is supported with combined annual funding of approximately \$17 million from the New York State Budget and from the federal Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program. State funding supports contractor operating costs and reimbursement to providers for the breast, cervical, and colorectal cancer screening and diagnostic services offered to program clients. The Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program funding supports reimbursement to providers for breast and cervical cancer screening and diagnostic services.

ELIGIBILITY CRITERIA

The Cancer Services Program is a population-based, average-risk screening program, which bases its recommendations on evidence-based guidelines published by national organizations including the Centers for Disease Control and Prevention and the United States Preventive Services Task Force. Cancer screening guidelines are reviewed routinely by national organizations and updated based on research. As guidelines change, program eligibility criteria are updated accordingly and are reflected in reports for those time periods.

The eligible population for breast and cervical cancer screening through the program includes persons who do not have health insurance or who have health insurance but the costs of screening are still too high (defined as those financially unable to meet their co-payments or deductibles or whose insurance does not provide coverage for breast, and/or cervical cancer screenings), and who have household incomes at or below 250 % of the federal poverty level. Those ages 40 years and older are eligible for clinical breast exams, mammograms, Papanicolaou tests and high-risk human papilloma virus tests and any associated diagnostic testing.

Persons ages 18 to 39 years who are deemed at high-risk for, or who have clinically significant findings for, breast cancer are eligible for program services. Many factors determine risk for breast cancer, including, but not limited to, a personal or family history of breast, ovarian, or other cancers; the age at which a family member was diagnosed with a particular cancer; or a personal history of chest irradiation for treatment of lymphoma during adolescence or young adulthood.

The Cancer Services Program offers fecal tests (Fecal Immunochemical Tests or Fecal Occult Blood Tests) as the method for screening adults ages 50 and older who are at average risk for colorectal cancer and who have not received a test during the previous 10 months⁵. Both Fecal Immunochemical Tests and high-sensitivity Fecal Occult Blood Tests check for the presence of occult, or hidden, blood in the stool and are done by the client at home. Adults at increased or high-risk of colorectal cancer should not receive a Fecal Immunochemical Test or Fecal Occult Blood Test kit and may be eligible for a Cancer Services Program-funded screening colonoscopy after undergoing clinical assessment. Individuals are considered at high-risk when they have either a family history of familial adenomatous polyposis, family history of hereditary non-polyposis colon cancer, a personal history of inflammatory bowel disease, a personal history of chronic ulcerative colitis, or a personal history of Crohn's disease. Individuals are also considered increased risk if they have a personal history of a single small (<1 centimeter) pre-cancerous polyp, personal history of large (1 centimeter+), multiple, or pre-cancerous polyp(s) with dysplasia or villous changes, a personal history of colorectal cancer, or a family history of colorectal cancer or pre-cancerous polyps in one first degree relative before the age of 60 or two or more first degree relatives at any age. Adults ages 50 to 64 who are symptomatic for colorectal cancer may be eligible for a diagnostic colonoscopy; these symptoms must be assessed by a New York State-licensed health care provider to aid in the determination of program eligibility. Program-eligible individuals presenting with: 1) an abdominal mass, 2) a rectal (not pelvic) mass, 3) prolonged rectal bleeding with bowel change, 4) persistent rectal bleeding, or 5) non-specific symptoms strongly suggesting colorectal cancer, are also ineligible for Fecal Immunochemical or Fecal Occult Blood -based testing and instead are referred for diagnostic colonoscopy.

⁵ Age eligibility for colorectal cancer screening in the Cancer Services Program changed on 1/10/2022 to align with recommendations of the United States Preventive Services Task Force. Eligibility expanded to allow for average risk individuals ages 45 and older to be screened by Fecal Occult Blood Test/Fecal Immunochemical Test kit and for symptomatic individuals ages 45 and older to receive a colonoscopy.

PRIORITY POPULATIONS

Cancer Services Program contractors focus their activities on priority populations – subgroups of the program-eligible population who are affected by breast, cervical or colorectal cancer more so than others, or who are medically unserved or underserved and lack adequate health care options. Individuals who are medically unserved or underserved include, but are not limited to, those who experience more difficulty receiving services due to their sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, income status, cultural beliefs, or ability to read or write. Poorer health outcomes and health inequities within these populations are often a result of social determinants of health which are the nonmedical factors in the environments where people live, work, play, and age that impact health outcomes. A person's race, sexual orientation, gender identity, or other factors do not increase their risk for poor health outcomes, rather racism and discrimination work on several levels to contribute to these cancer health disparities.

The Cancer Services Program provides screening mammograms to persons ages 40 years and older but identifies those ages 50 years and older as the priority population due to the increased risk of breast cancer with increasing age. Another priority for the program is to provide Papanicolaou tests to those who are rarely screened (screened more than five years ago) or who have never been screened for cervical cancer.

While program eligibility for colorectal cancer screening during this reporting period includes adults ages 50 and older, the Cancer Services Program priority population is those between the ages of 50-64 years. A focus on this population is supported by the Centers for Disease Control and Prevention and recognizes that the risk of colorectal cancer increases with increasing age.

CASE MANAGEMENT

Case management has been an important part of the program, since 1998 when the federal law for the Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program was reauthorized to include this component. Clients who have abnormal screening results are provided with case management services to ensure that they receive timely diagnosis, appropriate follow-up care, and access to needed treatment.

Case management increases client adherence to screening, diagnostic and treatment services, and ensures clients receive support to obtain needed services. The Cancer Services Program requires a direct, personal level of support be available to assist clients to address difficulties that might delay or prevent their care. Barriers to care may include transportation, child or elder care, language and cultural barriers, fear and misunderstanding of clinical recommendations, and issues related to the emotional burden of cancer.

QUALITY ASSURANCE

In 1998, the New York State Department of Health began monitoring clinical performance and outcomes among providers offering clinical services through the Cancer Services Program to ensure receipt of quality clinical services. These quality assurance efforts have since become a model recognized by the Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program; many other states have adopted similar quality assurance activities.

The New York State Department of Health Quality Assurance team reviews data reported monthly and works with Cancer Services Program contractors and providers to determine reasons for any unusual data patterns. The findings may require a more extensive review, including review of medical records, and may result in the development of a corrective action plan. The quality improvement activities developed as part of these corrective action plans potentially reach beyond those enrolled in the program; improvements in technique or processes benefit all clients - those without insurance enrolled in the program and those with insurance - served by these providers. The quality assurance activities result in improved quality of clinical care and help raise awareness of program goals, increase program participation by the providers and facilities, and improve access for clients.

SCREENINGS, DIAGNOSTICS, AND OUTCOMES

TRENDS SINCE PROGRAM INCEPTION

CLIENTS SERVED AND SERVICES PROVIDED

Since its start in 1994, the Cancer Services Program has provided more than 1,026,052 mammograms, 1,125,494 clinical breast exams, 540,594 Papanicolaou tests, 75,895 high-risk human papilloma virus tests, 158,012 Fecal Immunochemical Test/Fecal Occult Blood Test kits, and 9,073 screening colonoscopies to persons with low income, with no insurance, who are unable to meet their co-payments or deductibles, or whose insurance does not provide coverage for these cancer screenings. Over 675,000 distinct people have utilized these potentially life-saving services. Detailed information on enrollment and service numbers since the program's inception can be found in previous annual reports posted available at <https://www.health.ny.gov/statistics/cancer/>.

The number of clients screened for breast, cervical, and/or colorectal cancer through the Cancer Services Program has varied through the years. The Patient Protection and Affordable Care Act and Medicaid expansion greatly reduced the number of persons without insurance in New York State and changes in eligibility criteria over time have also had an impact. While enrollment declined, the ability of the CSP to serve those eligible, as measured by the percentage of the eligible population who receive services, or "reach", has increased at a rate of 8% annually since 2014. The increase in reach has been pronounced in priority populations served by the program, including Non-Hispanic Black women, who bear disproportionate burden of cancer-related disease.

CANCERS DETECTED

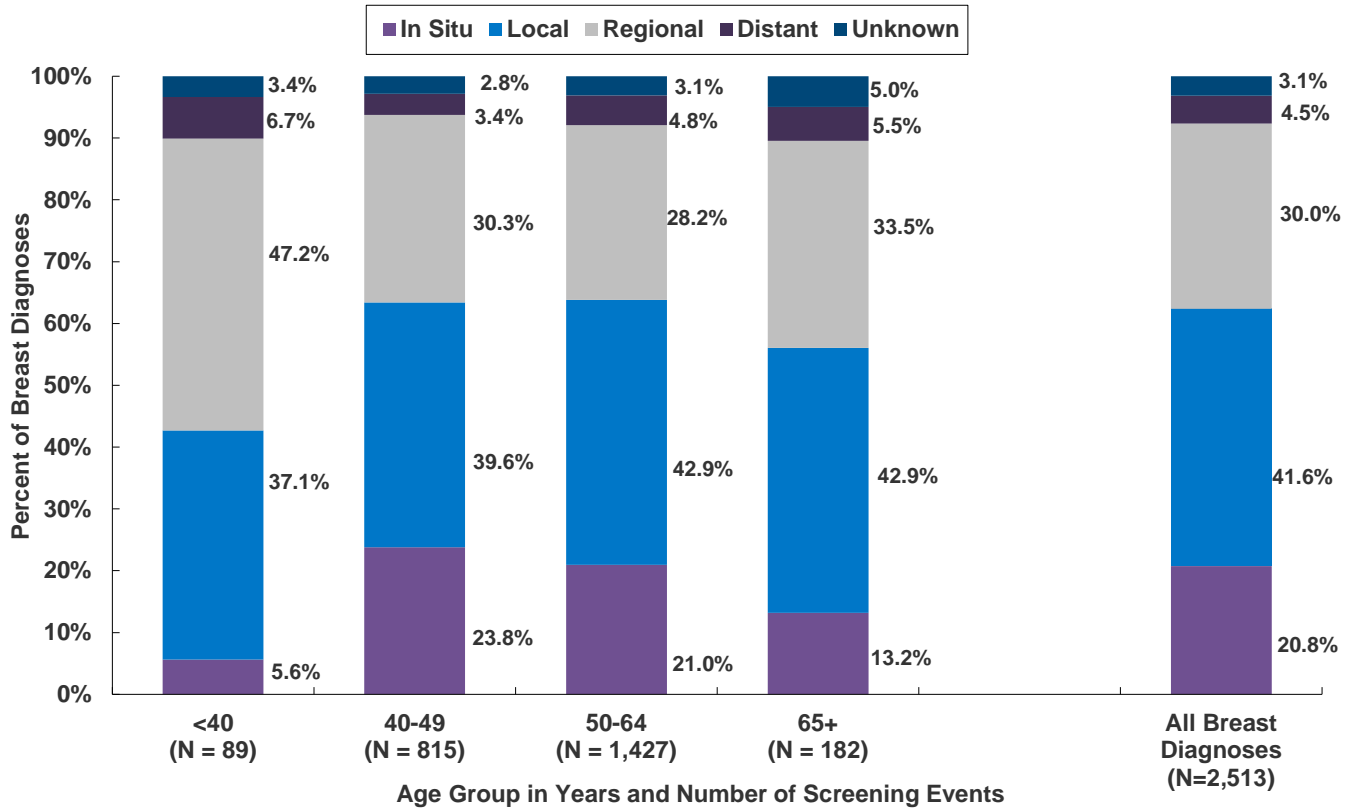
Since the program's inception, a total of 7,842 breast cancer diagnoses were made, yielding an overall detection rate of 7.64 cases per 1,000 persons screened. The detection rate is determined by dividing the total number of cases of breast cancer found among those screened by the total number of people screened during the same time.

Identifying breast cancer at an early stage when it is more treatable, and the survival rate is more favorable, is a primary program goal. Data on the stage at which cancer is detected in clients is a way to monitor the extent to which this goal is being met. Staging of breast cancers diagnosed through the program between April 2009 and December 2022, and the percent of clients with early-stage disease varied by age group are presented in Figure 1.

Overall, the percent of clients diagnosed with breast cancer at a localized stage was 62.4%. The lower percent of early diagnoses in younger people may be related to the CSP eligibility criteria, which allow those under age 40 to have breast cancer screening only if they are symptomatic or considered to be at increased risk for breast cancer.

Figure 1

Stage of Breast Cancer Detected by Age Group
 New York State Cancer Services Program
 April 2009 - December 2022*



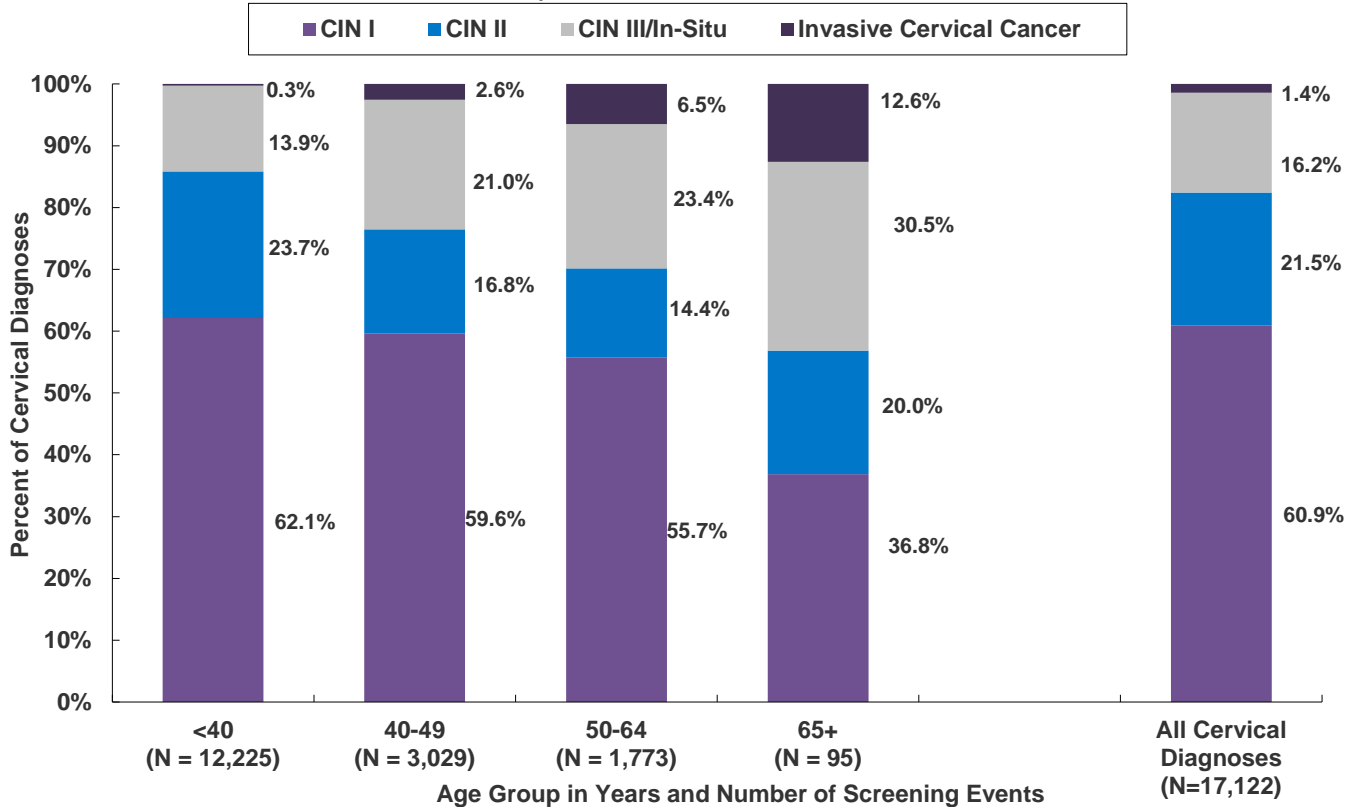
*Timeframe based on when data was first matched to the New York State Cancer Registry for reporting to the Centers for Disease Control and Prevention. An “unknown” diagnosis refers to cases where staging was not performed, or stage information is unavailable for any reason.

A total of 17,122 cervical cancer and dysplasia diagnoses were made between 1994 and 2022, yielding an overall detection rate of 31.7 cases per 1,000 persons screened. The detection rate is determined by dividing the total number of cases of cervical cancer and/or dysplasia diagnoses found among those screened by the total number of people screened during the same time. The percent of clients diagnosed with invasive cervical cancer in the program is very small; less than two percent of abnormal Papanicolaou tests were determined to be invasive cervical cancer between 1994 and 2022 (Figure 2). The higher detection rate of invasive cervical cancer in people ages 65 years and older is consistent with the incidence (the number of new cases) of cervical cancer in the general population, where incidence rates generally increase with age.⁶

⁶ New York State Cancer Registry, 2021. *Cervical Cancer Incidence and Mortality by Age group, New York State, 2014-2018.*

Figure 2

Cervical Cancer and Dysplasia by Age Group
 New York State Cancer Services Program
 April 1994 - March 2022



CIN = Cervical Intraepithelial Neoplasia

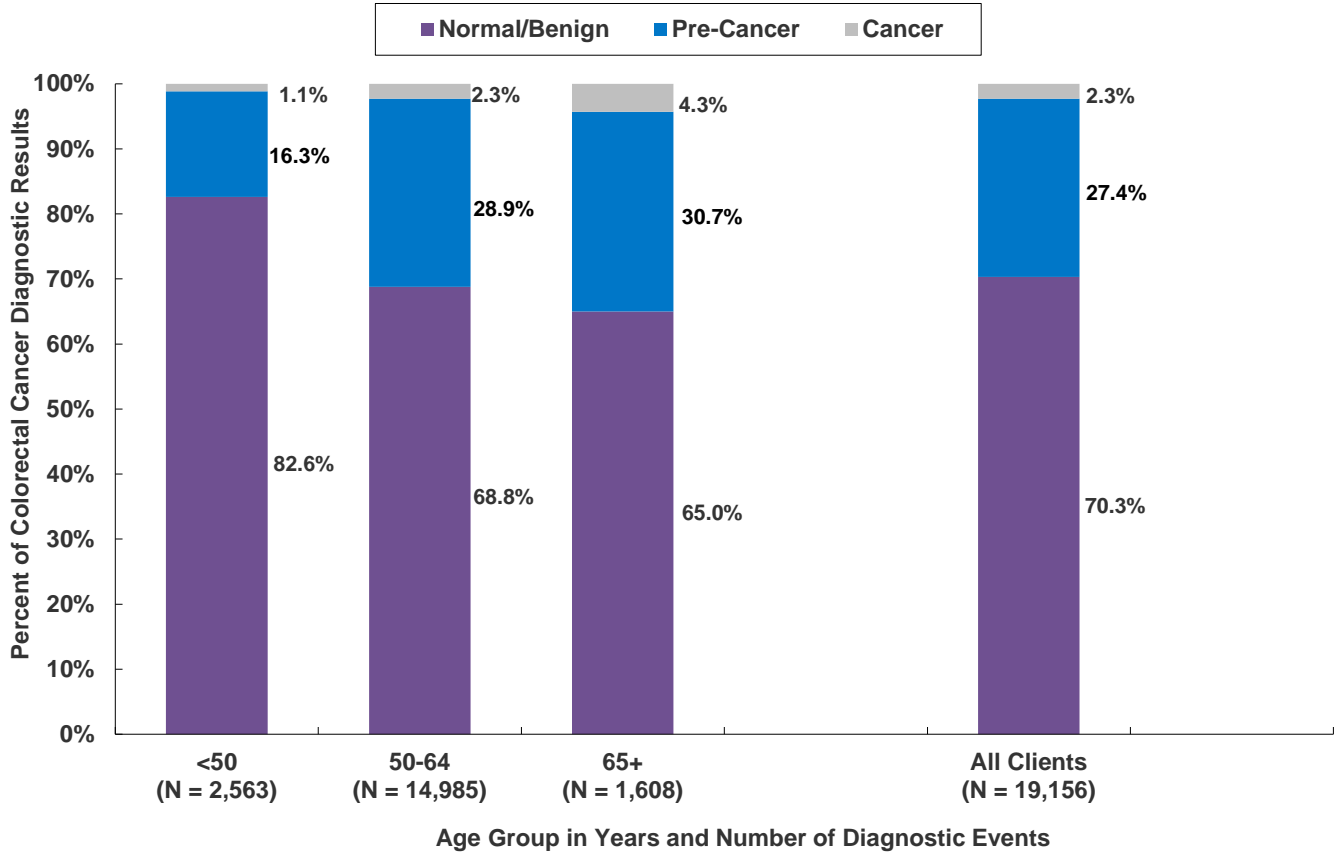
The Cancer Services Program provided more than 167,000 colorectal cancer screening services to eligible persons since program coverage for colorectal cancer services began in 1997. Of these, over 158,000 were Fecal Immunochemical Test/Fecal Occult Blood Test kit developments and nearly 9,100 were screening colonoscopies.

Figure 3 shows the results of diagnostic colonoscopies performed by the program from April 1, 1997, to March 31, 2022. With over 19,000 clients tested, a total of 5,687 colorectal cancer and pre-cancer diagnoses were made. The higher rate of colorectal cancer in individuals ages 65 years and older is consistent with the incidence (or number of new cases) of colorectal cancer in the general population, where incidence rates generally increase with age.⁷

⁷ New York State Cancer Registry, 2021. *Colorectal Cancer Incidence and Mortality by Age group, New York State, 2014-2018.*
<https://www.health.ny.gov/statistics/cancer/registry/table6/tb6colorectalnys.htm>

Figure 3

Colorectal Cancer Diagnostic Test Results by Age Group
New York State Cancer Services Program
April 1997 - March 2022

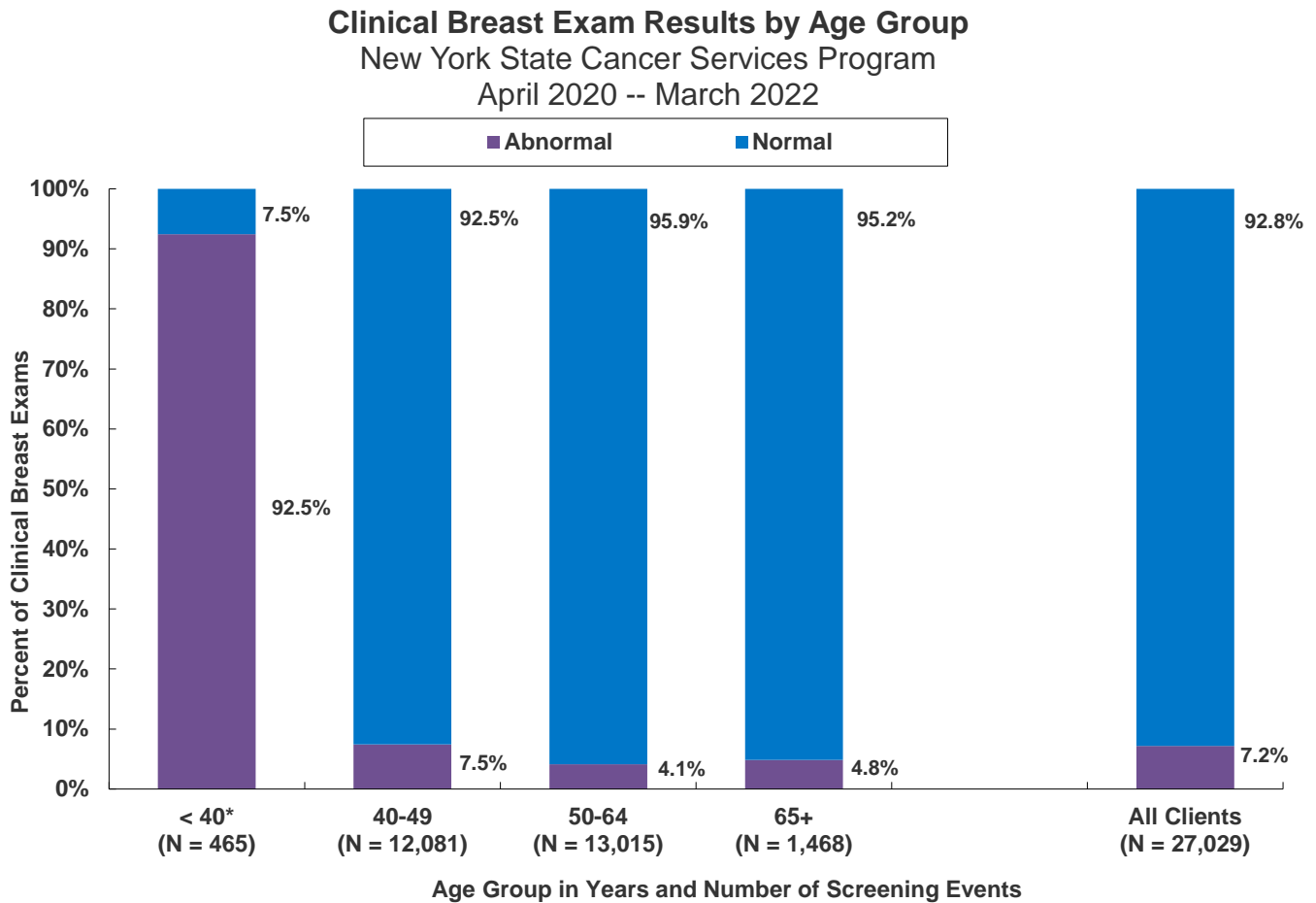


BREAST CANCER

SCREENING SERVICES AND OUTCOMES

Figure 4 depicts age-specific numbers and the percentage of abnormal clinical breast exams from April 1, 2020, to March 31, 2022. An abnormal clinical breast exam result is defined as having a mass or other finding in the breast. Overall, the percentage of abnormal clinical breast exams among all clients screened was 7.2%. Of the 465 people under the age of 40, 92.5% of them had abnormal clinical breast exams. This much higher rate is reflective of program eligibility since 2009 whereby clients ages 18 to 39 years old are only eligible to receive breast cancer screening if they were at increased risk or symptomatic for breast cancer.

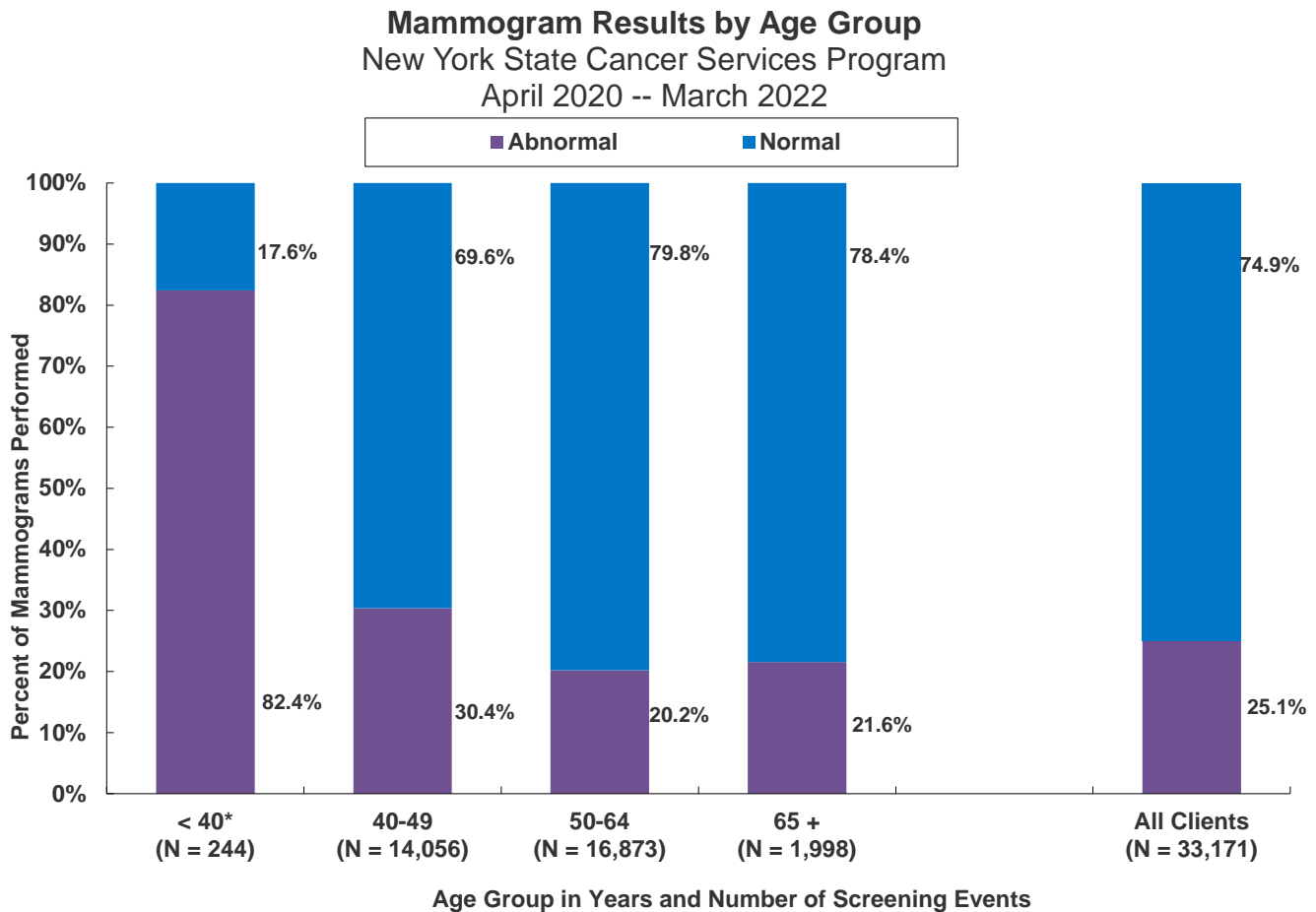
Figure 4



*Clients under 40 are only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

Figure 5 depicts age-specific screening numbers and the percentage of abnormal mammograms during the 24-month period. Abnormal mammograms include those that had results of “assessment incomplete,” “suspicious abnormality,” or “highly suggestive of malignancy.” Overall, the percentage of abnormal mammograms among all clients screened in the program was 25.1%. The percent of abnormal mammograms varied by age and was lowest among the 16,873 clients aged 50 to 64 years at 20.2%. The 244 clients aged less than 40 years had approximately three to four times as many abnormal findings as those in other age groups at 82.4%. As with the clinical breast exam findings, this reflects that people younger than 40 years of age are only eligible to receive a breast cancer screening and/or diagnostic service through the program if they are at increased risk or are symptomatic for breast cancer.

Figure 5



*Clients under 40 are only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

DIAGNOSTIC FOLLOW-UP

Clients with abnormal findings on a clinical breast exam or screening mammogram are referred for diagnostic services through case management. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75% of abnormal breast screenings.

From April 1, 2020, to March 31, 2022, 81.7% of abnormal breast cancer screenings had timely follow-up. Diagnostic ultrasounds were provided to 82.5% of clients and diagnostic mammograms were concurrently used in over 50.0% of those cases.

CANCERS DETECTED

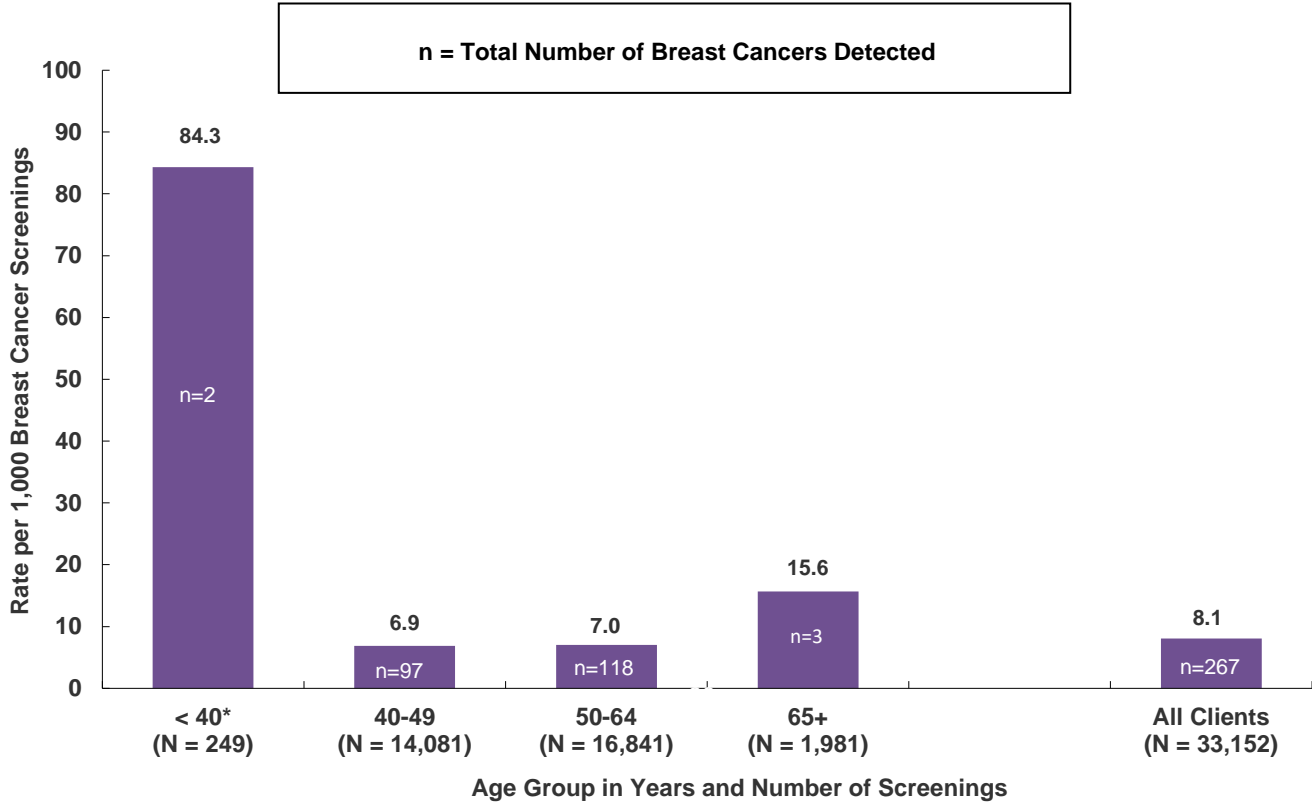
A total of 267 cases of breast cancer, including invasive breast cancer, lobular carcinoma in situ, ductal carcinoma in situ, and all other carcinoma in situ were diagnosed among clients screened through the Cancer Services Program between April 1, 2020, and March 31, 2022. This represents a breast cancer detection rate of 8.1 cases per 1,000 persons screened.

Figure 6 shows how the detection rate for breast cancer varied by age. The relatively high detection rate of breast cancer among clients under age 40 years is explained by the program's eligibility criteria for that age group (described above). For those clients over 40 years of age, rates of detection increased with age, a pattern consistent with what is seen in data on incidence (the number of new cases) of breast cancer among all New Yorkers.⁸

⁸ New York State Cancer Registry, 2021. *Female Breast Cancer Incidence and Mortality by Age Group, New York State, 2014-2018.*
<https://www.health.ny.gov/statistics/cancer/registry/table6/tb6breastnys.htm>

Figure 6

Breast Cancer Detection Rate by Age Group
New York State Cancer Services Program
April 2020 -- March 2022

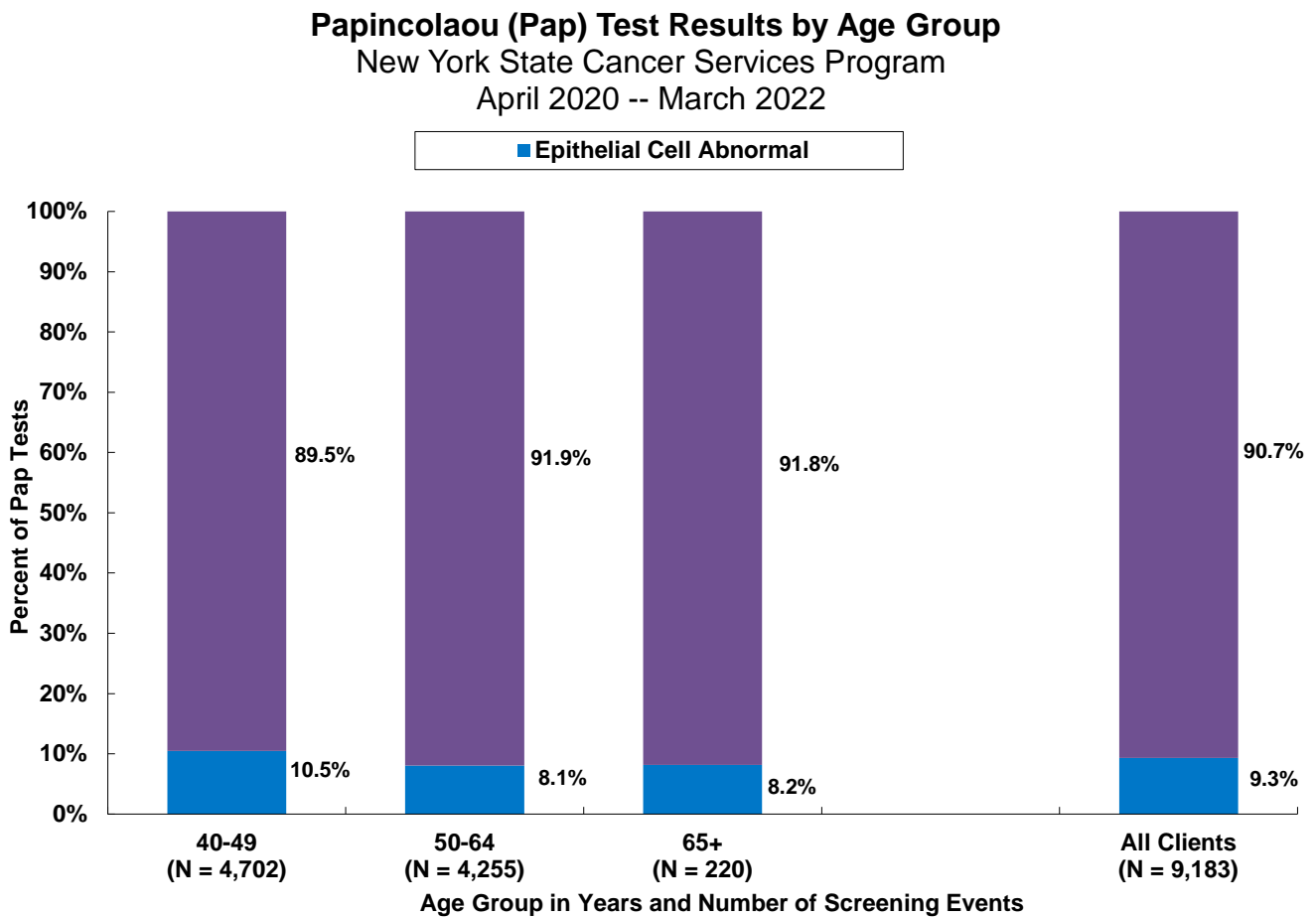


*Clients under 40 only eligible to receive breast cancer screening through the CSP if at increased risk or symptomatic for breast cancer.

SCREENING SERVICES AND OUTCOMES

Figure 7 depicts the number of Papanicolaou tests and percentage of abnormal results from April 2020 through March 2022. Abnormal Papanicolaou test results include any of the following: atypical squamous cells of undetermined significance, low-grade squamous intraepithelial lesions including human papilloma virus changes, high-grade squamous intraepithelial lesions, atypical squamous cells of undetermined significance - cannot exclude high-grade squamous intraepithelial lesions, atypical glandular cells – all subcategories, squamous cell cancer, or other results.

Figure 7



The percentage of abnormal Papanicolaou test results among all clients screened through the Cancer Services Program was 9.3%. Clients ages 40-49 years were slightly more likely to have abnormal findings than those 50 to 64 and 65+ years of age.

For high-risk human papilloma virus tests performed as part of the screening process (screening and surveillance human papilloma virus tests), 11.8% of tests were positive (data not shown). Because human papilloma virus infection is the main risk factor for the development of cervical cancer, the human papilloma virus test results are used to help determine the appropriate diagnostic services, treatment, and re-screening recommendations.

DIAGNOSTIC FOLLOW-UP

Clients with abnormal Papanicolaou tests and/or abnormal high-risk human papilloma virus tests are referred to diagnostic services. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75% of the abnormal cervical cancer screenings provided through the program. Between April 1, 2020, and March 31, 2022, 74.3% of abnormal cervical cancer screenings had timely follow-up.

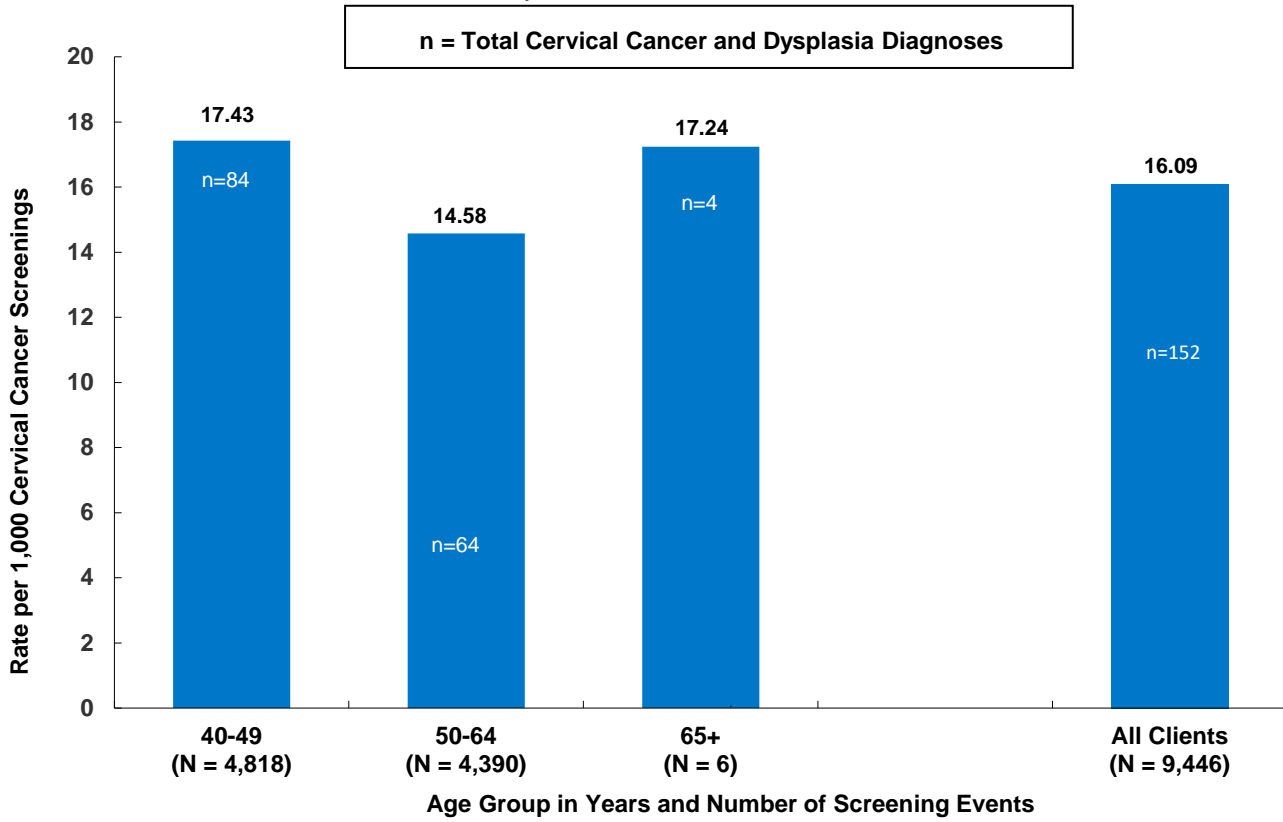
The most common diagnostic procedures provided during the 24-month period of April 1, 2020, to March 31, 2022 were colposcopies with biopsies (72.2% of clients with abnormal cervical cancer screenings).

CANCERS AND DYSPLASIAS DETECTED

Among those screened through the Cancer Services Program from April 1, 2020, to March 31, 2022, four cases of invasive cervical cancer and 148 cases of cervical intraepithelial neoplasia were diagnosed. The overall rate of invasive cervical cancer and dysplasia (defined as cervical intraepithelial neoplasia I or worse [including cervical intraepithelial neoplasia I, cervical intraepithelial neoplasia II, cervical intraepithelial neoplasia III - carcinoma in situ]) was 16.10 cases per 1,000 persons screened. Figure 8 shows how the detection rates of cervical cancer and dysplasia vary by age for cases diagnosed in those two years.

Figure 8

Cervical Cancer and Dysplasia Detection Rate by Age Group
New York State Cancer Services Program
April 2020 -- March 2022



SCREENING SERVICES AND OUTCOMES

From April 1, 2020, to March 31, 2022, 8,457 fecal tests (Fecal Immunochemical Test/Fecal Occult Blood Test kits) were completed, and 322 screening colonoscopies were performed through the Cancer Services Program.

The percentage of abnormal Fecal Immunochemical Test/Fecal Occult Blood Test results among all clients screened through the program was 8.4%. Figure 9 depicts a very slight variation of abnormal Fecal Immunochemical Test/Fecal Occult Blood Test results across age groups. The percentage of abnormal Fecal Immunochemical Test/Fecal Occult Blood Test tests also varied by sex, with 7.4% of tests among women having abnormal findings and 11.0% of tests among men having abnormal findings (data not shown).

Figure 9

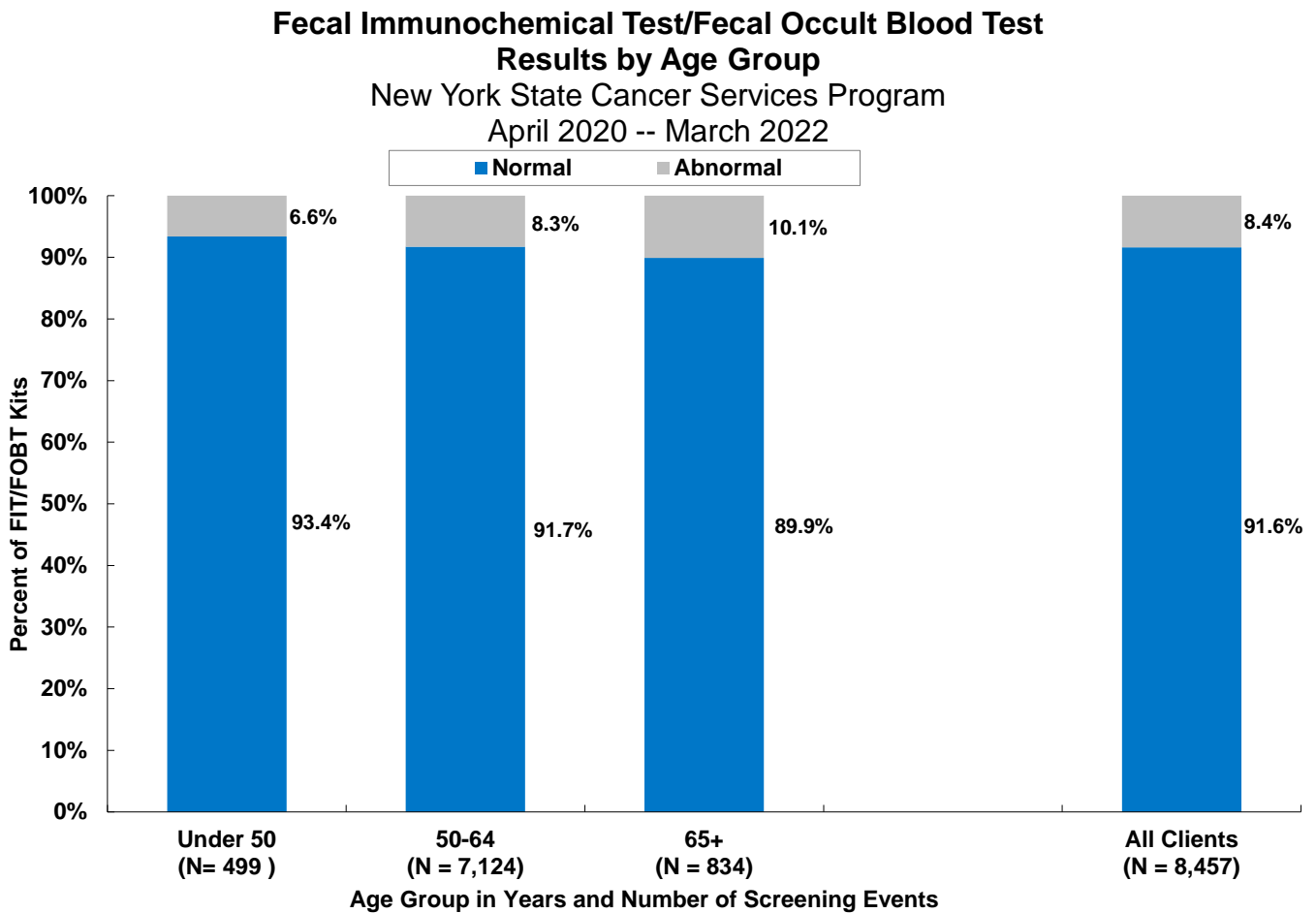
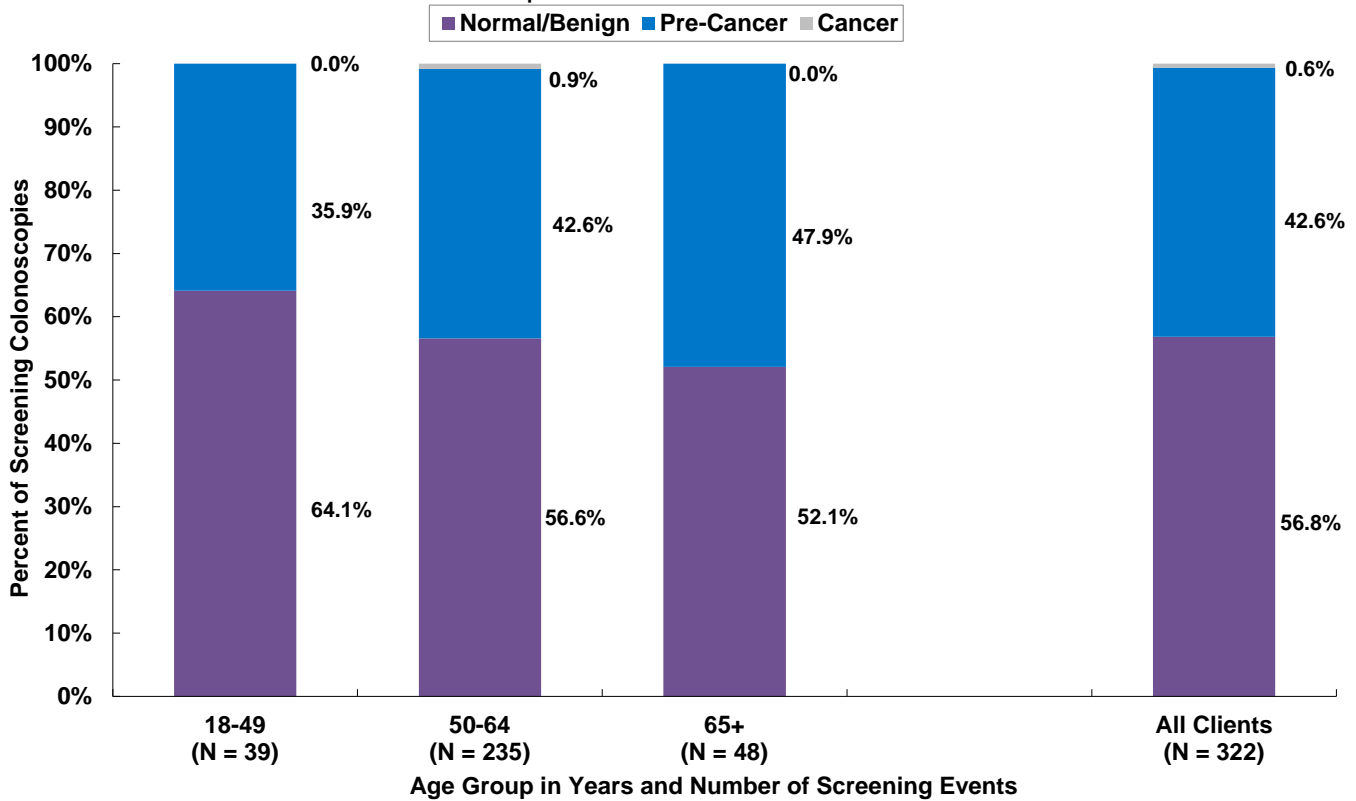


Figure 10 depicts the variation of screening colonoscopy results across age groups for those who were clinically determined to be at increased or high-risk for colorectal cancer.

Figure 10

Screening Colonoscopy Results Among Those At Increased or High Risk for Colorectal Cancer, by Age Group
 New York State Cancer Services Program
 April 2020 -- March 2022



DIAGNOSTIC FOLLOW-UP

Individuals presenting with symptoms and those who are average risk but who have an abnormal finding on their initial Fecal Immunochemical Test/Fecal Occult Blood Test are referred for a diagnostic colonoscopy. The program goal is to provide timely diagnostic follow-up, defined as completion of a diagnostic work-up within 90 days of the initial screening date for at least 75% of Cancer Services Program clients with an abnormal screening result.

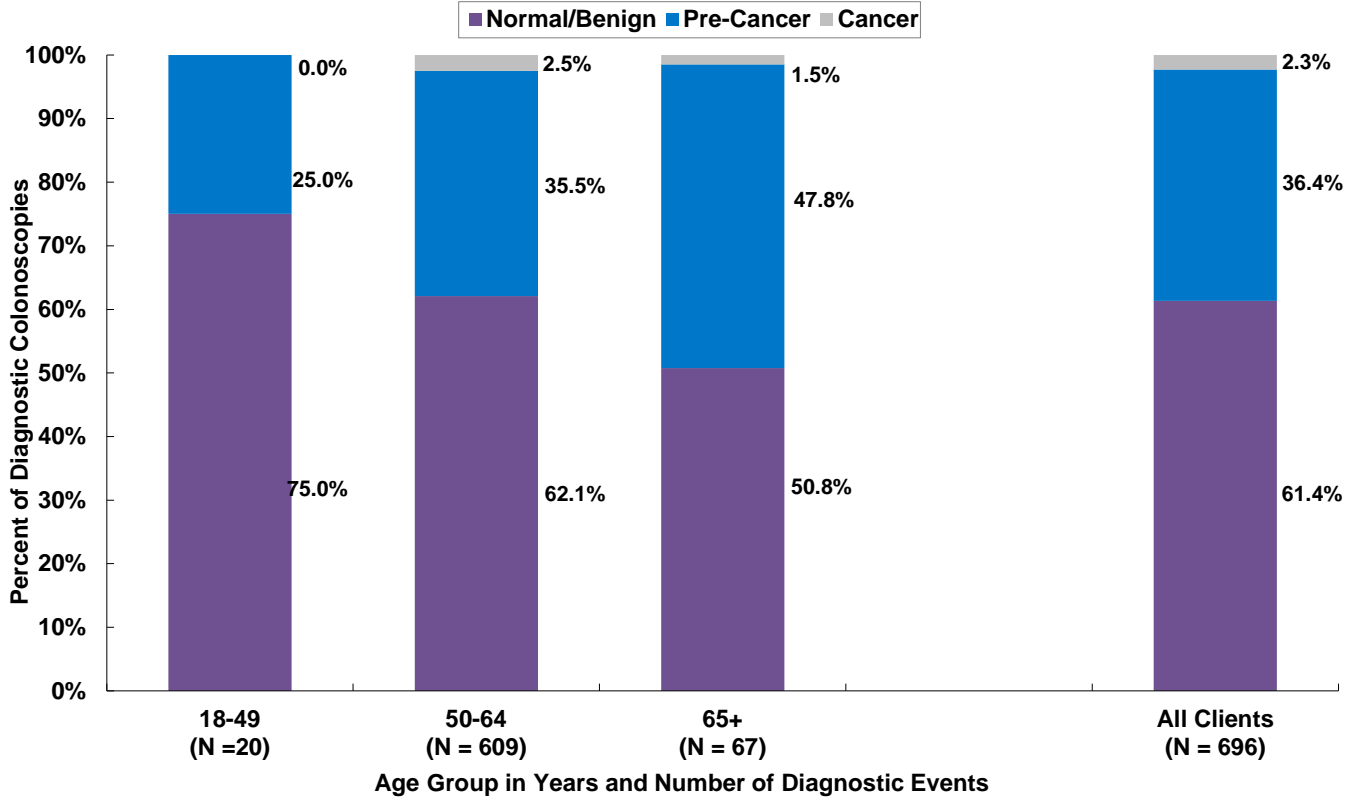
From April 1, 2020, to March 31, 2022, 696 (81.2%) individuals with symptoms of colorectal cancer (n=150) or positive Fecal Immunochemical Test kits (n=707) completed diagnostic work-up. In those two years, 61.2% were completed within 90 days.

The most common diagnostic procedure performed was a diagnostic colonoscopy with biopsy for removal of tumors/polyps (63.7%). Clients who received a diagnostic colonoscopy due to an abnormal Fecal Immunochemical Test/Fecal Occult Blood Test result and those who were symptomatic had similar rates of diagnostic colorectal procedure types and polyp detection.

Figure 11 depicts the variation of diagnostic colonoscopy results by age group among those with abnormal screening results or symptoms of colorectal cancer. In this group, a total of 16 cancers (2.3% of diagnoses) and 253 pre-cancers (36.4%) were diagnosed in the two years from April 1, 2020, to March 31, 2022.

Figure 11

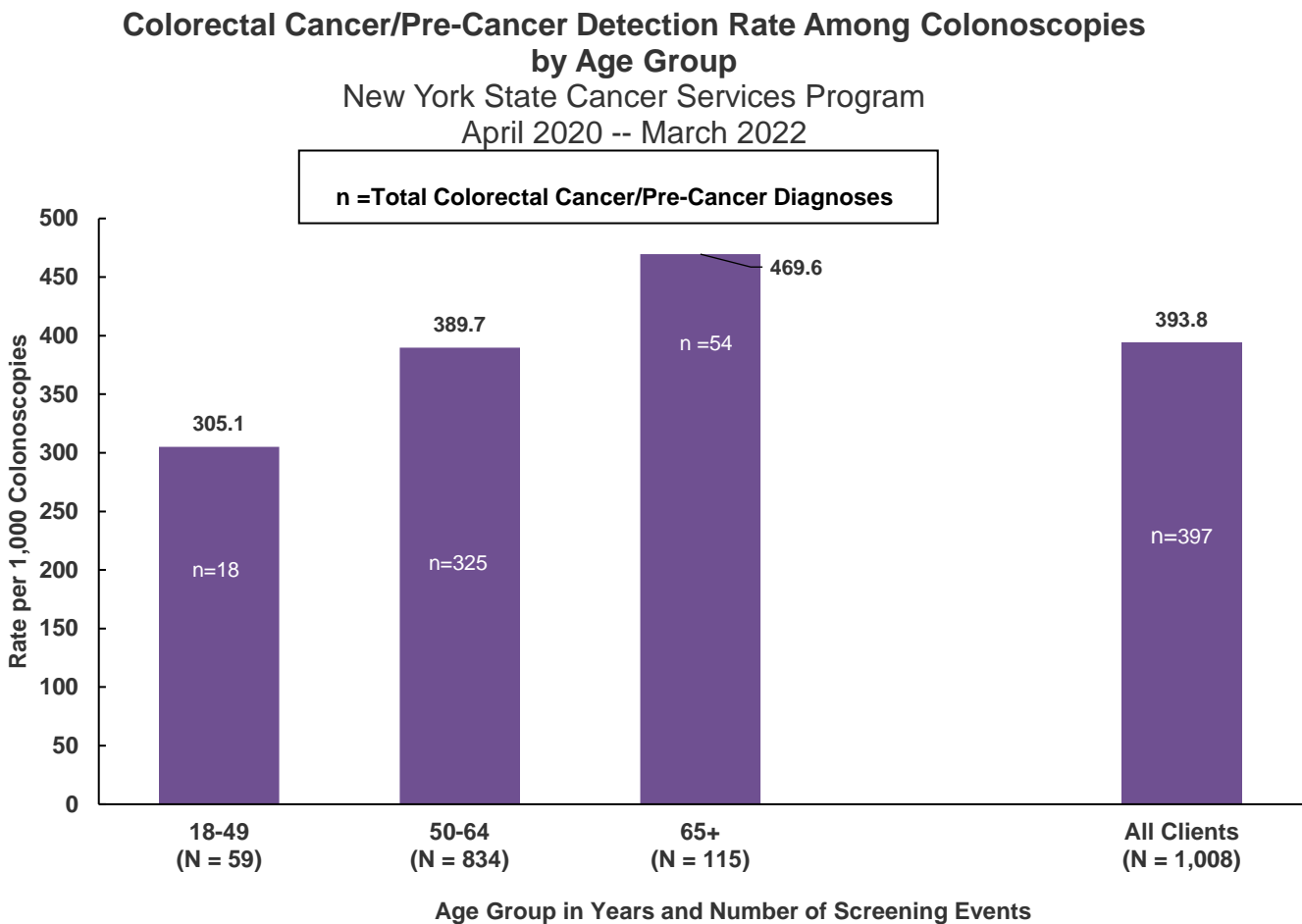
Diagnostic Colonoscopy Results Among Those Symptomatic or With Abnormal FIT/FOBT Kit Results, by Age Group
New York State Cancer Services Program
April 2020 -- March 2022



CANCERS DETECTED

From April 1, 2020, to March 31, 2022, 17 cases of colorectal cancer were diagnosed in the Cancer Services Program (16 with a prior abnormal screening or symptoms of disease, and one high-risk client receiving a screening colonoscopy), representing a cancer detection rate of 18.2 cases per 1,000 clients receiving screening or diagnostic colonoscopy. A total of 380 cases of pre-cancer were diagnosed by colonoscopy, yielding a pre-cancer detection rate of 377.0 cases per 1,000 clients. Figure 12 depicts how cancer/pre-cancer detection varied by age group.

Figure 12



ENROLLMENT IN THE MEDICAID CANCER TREATMENT PROGRAM

The Cancer Services Program actively follows eligible clients diagnosed with cancer or precancerous conditions requiring treatment for enrollment in the New York State Medicaid Cancer Treatment Program, with a program goal of at least 90% of eligible clients enrolled.

From April 1, 2020, to March 31, 2022, 96.0% (246) of eligible clients diagnosed through the program were enrolled. That included 203 for breast cancer, 20 for precancerous cervical dysplasia, 19 for colorectal cancer, and four (4) for prostate cancer treatment, respectively. People in need of cancer treatment who were determined not to be eligible for the Medicaid Cancer Treatment Program were navigated to other assistance programs for treatment including Emergency Medicaid.

In addition to new enrollees in the Medicaid Cancer Treatment Program, eligible clients in need of continued cancer treatment are also recertified for additional years of coverage. Due to the pandemic, from April 1, 2020, to March 31, 2022, all clients due to be recertified for the Medicaid Cancer Treatment Program were automatically approved by the Office of Health Insurance Programs, without the requirement to submit documentation of continued active cancer treatment.

CONCLUSION

The New York State Cancer Services Program provides vital access to health care for individuals who may otherwise not receive recommended cancer screenings and diagnostic services. Through receipt of these critical cancer preventive services, individuals are empowered with access to care and knowledge of their health status. Further, the Cancer Services Program addresses health inequities and disparities through the provision of services to persons who are underserved, have lower incomes, and represent racially and ethnically diverse populations. While the program serves many New Yorkers, there are still many eligible who could benefit from the cancer screenings and services it provides. These individuals include those most adversely impacted by the social determinants of health and those less likely to be engaged with the health care system. The New York State Cancer Services Program provides services to individuals at greatest risk across the State in an effort to address disparities and achieve health equity for all.