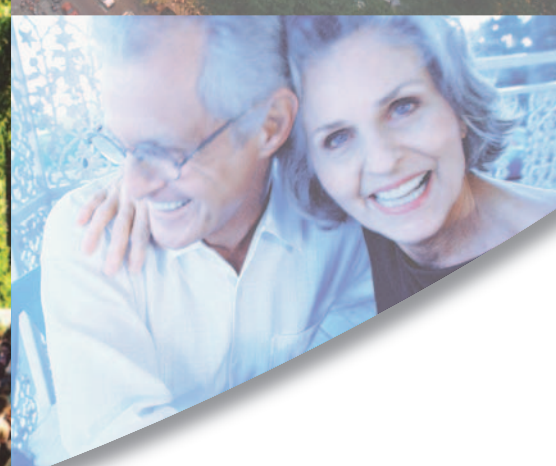


# Section II: Connecticut Cancer Plan 2009 – 2013

## B. The Continuum of Cancer Control

### 2. Early Detection

*The Power of Unity.*



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## 2. EARLY DETECTION

Cancers that are detected in the initial stages are often curable, and early detection can reduce the time and severity of treatment, improve quality of life, and significantly improve survival. The purpose of conducting screening is to find a cancer as early as possible, maximizing treatment options and affording an individual the opportunity to live longer disease-free. In some cases, screening can prevent cancer from occurring, for example when precancerous polyps are detected and removed during colonoscopy procedures used to screen for colorectal cancer.

In developing new approaches for the **Connecticut Cancer Plan 2009-2013**, the Early Detection Committee reviewed data and considered evidence-based screening tests and screening recommendations. Possible harms must be considered against any potential benefit of screening for cancer. Although most cancer screening tests are noninvasive or minimally invasive, some involve small risks of serious complications that may be

immediate (e.g., perforation with colonoscopy) or delayed (e.g., potential carcinogenesis from radiation). For those cancers that do not yet have recommended screenings, such as lung and prostate cancers, the evidence is

insufficient to recommend for or against screening, even for individuals at high risk. For some cancers, such as ovarian cancer, the risk of potential harm has been found to outweigh the potential benefit, leading

### Why this goal is important...

Connecticut has one of the highest incidence rates of invasive cancers in the United States. In 2005, Connecticut ranked fifth in the nation<sup>(1)</sup> for new cancers among females and thirteenth for new cancers among males. If all women who are over 18 years of age or who are sexually active had a Pap test on a regular basis, the survival rate for cervical cancer would be over 90%.<sup>(2)</sup>

**1. Evidence-based Cancer Screening:** Screening for colorectal, breast, and cervical cancers can detect these cancers at an early stage when they are often curable and can reduce the time and severity of treatment.

**2. Reducing Disparities and Increasing Access:** More people who are at higher risk can have life-saving early detection.

**3. Cancers with No Proven Early Detection Tests:** Using evidenced-based strategies to educate people on early signs and symptoms of cancer, particularly for lung, ovarian, prostate, skin, testicular, and oral cancers for which proven early detection tests do not yet exist, can increase the likelihood of early detection and access to care.

(1) Out of 40 states with data of sufficiently high quality to be included in national cancer incidence statistics ([www.cancer-rates.info/naaccr/](http://www.cancer-rates.info/naaccr/))

(2) Protect and Detect, What Women Should Know About Cancer, ACOG, [http://www.acog.org/from\\_home/misc/protectAndDetect.pdf](http://www.acog.org/from_home/misc/protectAndDetect.pdf)

experts to recommend against screening. The Committee decided to weigh the burden of these cancers in Connecticut against the potential benefits and harms of screening, and to develop strategies that best fit the state for early detection of these cancers.

### In the US in 2008

the American Cancer Society estimated that:

- 1,437,180 people will have been diagnosed with cancer
- 565,650 people will have died from cancer

Source:

<http://www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf>

**Goal:** *Ensure that Connecticut residents receive appropriate and timely cancer screenings to detect cancer as early as possible, using quality, accessible, affordable, comprehensive, and evidence-based methods.*

**Early detection objectives focus on three areas:**

1. *Increasing the use of evidence-based cancer screening for colorectal, breast, and cervical cancers.*
2. *Eliminating disparities by increasing access to screening.*
3. *Identifying and promoting the use of evidence-based strategies to educate people about lung, ovarian, prostate, testicular, skin, and oral cancers for which proven early detection tests do not yet exist.*

**1. Evidence-based Cancer Screening**

Screening is most effective where it will lead to a reduction in morbidity and/or mortality, and where evidence indicates that the benefits outweigh the harms. The Early Detection Committee reviewed data and literature regarding early detection of the major cancers. Evidence-based recommendations currently exist for screening tests for three major cancers<sup>1</sup> : breast, cervical, and colorectal.

**2. Reducing Disparities and Increasing Access**

There are glaring disparities in rates of new cancer cases and deaths from cancer among different socioeconomic groups, insured and uninsured populations, and certain racial and ethnic groups. These disparities can often be traced to under-use of screening services.<sup>2</sup> People with health insurance are more likely than the uninsured to receive appropriate preventive care, such as cancer screening tests. Screening rates for several cancers, but especially colorectal cancer, are particularly low among minority and low-income populations.<sup>3</sup>

**3. Cancers with No Proven Early Detection Tests**

The United States Preventive Services Task Force (USPSTF) does not recommend routine screening for lung, ovarian, prostate, skin, testicular, and oral cancers in the general population. However, knowledge of the early signs and symptoms of these cancers might lead to their earlier detection. It is therefore important to ensure that the public and health professionals are aware of these early signs and symptoms.

**Existing Programs**

Several well-established early detection programs in Connecticut are active partners in the Connecticut Cancer Partnership. Among them is one of the state's strongest programs, the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), a comprehensive screening program for medically underserved women which started in 1995, offering free services for breast and cervical cancer screening and diagnostic services.<sup>4</sup> Currently, seventeen primary health care facilities and over 100 satellite facilities participate in the CBCCEDP providing program services around the state. The majority of providers consist of hospitals, community health centers, or community-based clinics that collectively screen approximately 8,500 women per year. The program is funded by the Centers for Disease Control and Prevention with supplemental state funding. The Partnership has included this program and other existing programs within its strategies and will help to support and maintain it.

The Community Health Center Association of Connecticut, Inc. (CHCACT) was selected in the spring of 2008 through a request for proposal process by the Department of Public Health to carry out activities related to the **Connecticut Cancer Plan 2009-2013** goals to promote, improve, and optimize the appropriate use of high-quality colorectal cancer screening and follow-up services. The project is also designed to eliminate or decrease racial, ethnic, and socioeconomic disparities in access to and utilization of cancer screening. This demonstration project is developing and implementing a pilot colorectal cancer screening program at select Connecticut federally qualified community health centers. The Connecticut Colorectal Cancer Screening Demonstration Project provides colorectal cancer screening (colonoscopy) for Connecticut residents who are between the ages of 50 – 64, and have no health insurance or have health insurance that does not cover a colonoscopy. Since 2001 in Connecticut, individual and group health insurance policies have been required to cover colorectal cancer screening, including an annual fecal occult blood test, colonoscopy, flexible sigmoidoscopy, or radiologic imaging. CHACT is also charged with the development and provision of outreach and educational training to the participating health centers, and with conducting a statewide colorectal cancer public education initiative in collaboration with the Partnership.

**Note to Reader:** Measures, Targets, and Data sources may be found in Appendix D. with a preface in the Implementation section: Tracking Plan Progress. All targets are 2013 targets.

## Early Detection Objectives

**OBJECTIVE 1. Increase the percentage from 82% to 90% of women age 40 and over who have had a mammogram in the past 2 years.**

### *Strategies:*

1. Maintain and promote current Breast and Cervical Cancer Early Detection Program (CBCCEDP) goals and objectives.
2. Increase awareness of breast cancer risk factors and the benefits of early detection.
3. Disseminate appropriate information regarding breast cancer screening to underserved and minority groups.
4. Promote low or no cost breast cancer screening programs available to underserved or minority groups.
5. Advocate for policy change among insurers to cover screening costs, and reduce economic barriers to access breast cancer screening.

**OBJECTIVE 2. Increase the percentage of women participating in the Connecticut Breast and Cervical Cancer Early Detection Program who receive appropriate follow-up from 90.3% to 95% and diagnosis within 60 days from 90.6% to 95% after receiving abnormal breast cancer screening results.**

### *Strategies:*

1. Monitor appropriate follow-up and diagnosis in uninsured/underinsured patients.
2. Identify possible reasons preventing patients from receiving timely appropriate follow-up and diagnosis.
3. Implement processes to ensure women screened receive appropriate follow-up and diagnosis within 60 days of receiving abnormal breast cancer screening results.

**OBJECTIVE 3. Increase the percentage of women 18 years of age and over who have had a Pap test within the past 3 years from 86.8% to 90%.**

**Strategies:**

1. Increase the availability and dissemination of appropriate information regarding cervical cancer screening to underserved and minority groups.
2. Promote low or no cost cervical cancer screening programs available to underserved or minority groups.
3. Identify specific populations underutilizing cervical cancer screening for targeted educational activities.
4. Develop and implement plan to reach targeted audiences.

**OBJECTIVE 4. Increase the percentage of adults aged 50 and over who have had appropriate colorectal cancer screening (sigmoidoscopy or colonoscopy and/or fecal occult blood test).**

**Strategies:**

1. Increase the availability and dissemination of appropriate information regarding colorectal cancer screening to underserved and minority groups.
2. Promote low or no cost colorectal cancer screening programs available to underserved or minority groups.
3. Determine best practices and disseminate information.

**OBJECTIVE 5. Increase the proportion of Connecticut residents who know the early signs and symptoms of lung, ovarian, prostate, testicular, skin, and oral cancers, for which there are no recommended evidence-based screening modalities.**

**Strategies:**

1. Explore methods to establish baselines with partner organizations.
2. Disseminate information regarding early signs and symptoms of lung, ovarian, prostate, testicular, skin and oral cancer to the public, ensuring appropriate informational resources are available to underserved and minority groups through appropriate channels.
3. Identify and promote and/or provide educational opportunities to health care providers to increase knowledge of the early signs and symptoms of ovarian, prostate, testicular, skin, and oral cancers, for which there are no widely accepted, evidence-based, screening modalities (through medical student training, outreach to rural providers and continuing education programs).
4. Disseminate National Comprehensive Cancer Network (USPSTF and NCCN) guidelines to primary audiences.

1 U.S. Department of Health and Human Services Agency for Healthcare Research and Quality. Preventive Services Task Force. Guide to Clinical Preventive Services, 3rd Edition. <http://www.ahrq.gov/clinic/cps3dix.htm>.

2 Curry SJ, Byers T, Hewitt E, eds. Fulfilling the Potential of Cancer Prevention and Early Detection, Executive Summary. Washington, D.C.: National Academy of Science. National Academies Press. 2003.

3 Connecticut Tumor Registry. <http://www.ct.gov/dph/cwp/view.asp?a=3129&q=389716&dphPNavCtr=|47825|#47827>.

4 Connecticut Department of Public Health. Health Disparities Project (2006 – 2008). <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=396418>