



# Summarizing Five Years of Breast and Cervical Cancer Control in Utah

Utah Breast & Cervical Cancer Program | Program Years 2018–2022



Utah Department of  
**Health & Human**  
Services

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# Executive Summary

Breast and cervical cancer effects thousands of women each year across Utah with a disproportionately greater impact among women of racial and ethnic minorities and among under- or uninsured women. Significant disparities in health outcomes still exist, which creates a wide gap in mortality rates and poorer outcomes between these women and other women in Utah. To address this health inequity, the Utah Breast and Cervical Cancer Program (Utah B&C) was created by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to provide breast and cervical cancer screening and diagnostic services to low income, under- and uninsured women. Since its inception in 1995, more than 58,500 women have been served by UTAH B&C for breast and cervical cancer screening services. These services resulted in the detection of 878 invasive breast cancers and 25 invasive cervical cancers. Women who are diagnosed with breast or cervical cancer through UTAH B&C could be eligible for treatment through Medicaid under the Breast and Cervical Cancer Mortality Treatment Act of 2000.

This report provides a summary on the 5-year grant period funded by the DP17-1701 NBCCEDP grant, presenting programmatic information along with screening, diagnostic, and outcomes data for women served from program year (PY) 2018 through PY2022. UTAH B&C has evolved over time to accommodate a dynamic health reform environment and to expand the program’s scope to include community outreach and engagement with an emphasis on medically underserved communities. However, the mission of UTAH B&C remains the same—to increase cancer screening and diagnostic services and serve women who have increased cancer risk due to health inequities.

**Table 1. Program Year Start and End Dates**

<b>PY18</b>	06/30/2017—06/29/2018
<b>PY19</b>	06/30/2018—06/29/2019
<b>PY20</b>	06/30/2019—06/29/2020
<b>PY21</b>	06/30/2020—06/29/2021
<b>PY22</b>	06/30/2021—06/29/2022



# Background

Breast cancer is the most common cancer among women in Utah (excluding skin cancer).<sup>1</sup> Although death rates have remained steady over the past decade, breast cancer continues to be the leading cause of cancer death in Utah women.<sup>2</sup> According to data compiled by the Public Health Indicator Based Information System (IBIS), breast cancer incidence rates among Pacific Islander women and white women have been similar in the past couple of years.<sup>1</sup> However, aggregating data from recent years illustrates a wide mortality gap between Pacific Islander women and white women, with Pacific Islander women having a 60 percent higher death rate.<sup>2</sup> According to the most recent incident and mortality data, 1,763 women were diagnosed with breast cancer, and 285 died from the disease in 2019.<sup>1,2</sup>

Over the past several decades, the incidence and mortality rates of cervical cancer in Utah have declined significantly in large part due to the widespread availability of screening tests and the Human papillomavirus (HPV) vaccine.<sup>3</sup> However, rates among Pacific Islander and African-American women have persisted at markedly higher values compared to white women, thus highlighting a considerable disparity in the accessibility to treatment and prevention services.<sup>1,2</sup> According to the most recent data compiled by IBIS, 74 women were diagnosed with cervical cancer, and 18 died of the disease in 2019.<sup>1,2</sup>

Screening and early detection practices have been shown to greatly reduce deaths from breast and cervical cancer. A number of clinical trials and observational studies have demonstrated that screening with mammography every two years for women at average risk can reduce breast cancer mortality by approximately 20%.<sup>4</sup> Cervical cancer is highly curable if detected early through routine screening. The U.S. Preventive Services Task Force (USPSTF) recommends cervical cancer screening with a Pap test every 3 years for women aged 21 to 65 years or every 5 years when conducted in conjunction with HPV testing for women aged 30-65 years.<sup>5</sup>

# Program Description

UTAH B&C provides direct screening and diagnostic services for breast and cervical cancer, assists with implementation of evidence-based interventions (EBIs) to increase screening within partner clinics, and works with community partners to actively outreach and link women to clinical services. The UTAH B&C eligible population includes women who are uninsured or underinsured, at or below 250% of the federal poverty level (FPL), aged 40 to 64 years for breast cancer services, and aged 21-64 years for cervical cancer services. Those who are symptomatic or high-risk under the age of 40 years and those over the age of 64 who do not have Medicare Part B may also receive breast cancer services through the program. A special focus is placed on women who are geographically or culturally isolated, or members of racial or ethnic minorities with higher disease burden.

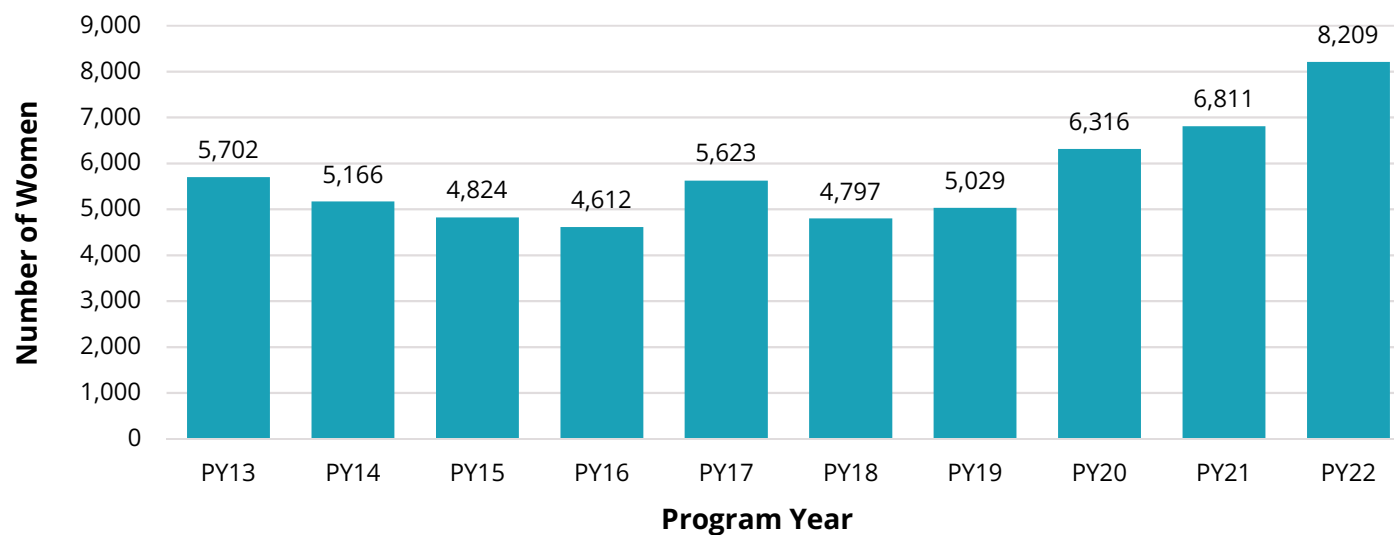
Underserved women are often challenged by significant barriers that prevent them from getting the care they need. UTAH B&C also provides patient navigation to help women get the healthcare and other resources they need to access and complete the cancer screening process. In order to reduce the burden of breast and cervical cancer in Utah, UTAH B&C collaborates with key partners to plan and implement a comprehensive and coordinated approach that provides high-quality clinical services and promotes population-level changes in screening and primary prevention behaviors.

# UTAH B&C participation

## Women Served

UTAH B&C is committed to increasing access to breast and cervical cancer screening and diagnostic services for women who are underserved and who have increased cancer risk due to health inequities. According to the Small Area Health Insurance Estimates (SAHIE), approximately 6.6% of women in Utah were eligible for UTAH B&C cervical cancer screening services and 5.3% were eligible for breast cancer screening services from 2018–2020.<sup>6</sup> In that time period, UTAH B&C served 8.6% of women eligible for cervical cancer services and 23% of those eligible for breast cancer services. During this most recent grant cycle from PY2018–2022, nearly 20,000 women received breast and cervical cancer screening and diagnostic services funded by UTAH B&C.

**Figure 1. Total Number of Women Served Through UTAH B&C, PY2013–PY2022\***

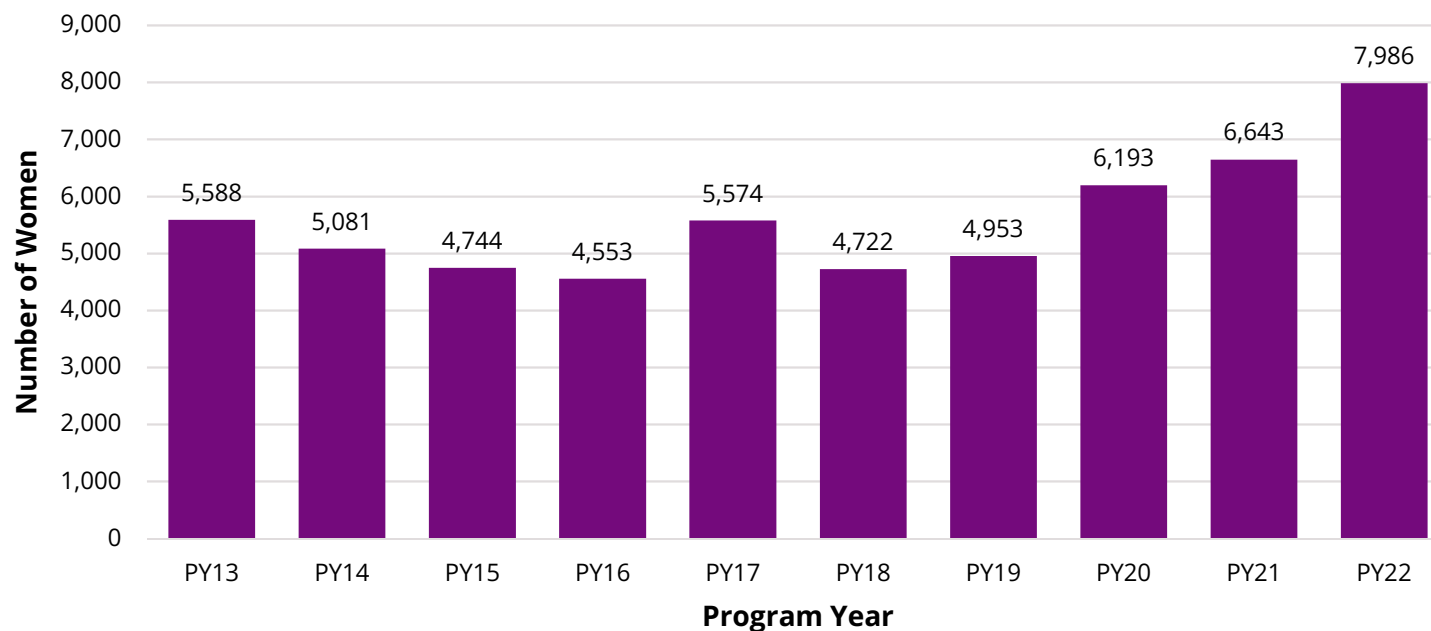


\*From PY13–PY22, 27,453 women received at least one paid screening or diagnostic procedure through UTAH B&C.

## Number of Women Receiving Breast Services

Since its inception in 1995, UTAH B&C has provided breast services to more than 56,000 women across Utah. Throughout PY2018–PY2022, UTAH B&C funded nearly 30,000 breast services to more than 18,000 women. About 37% of these women received their breast service through the program for the first time. Since PY2018, there has been a significant increase in the number of women receiving breast cancer services from 4,722 to 7,986 in PY2022.

**Figure 2. Total Number of Women Receiving Breast Cancer Services through UTAH B&C, PY2013–PY2022\***



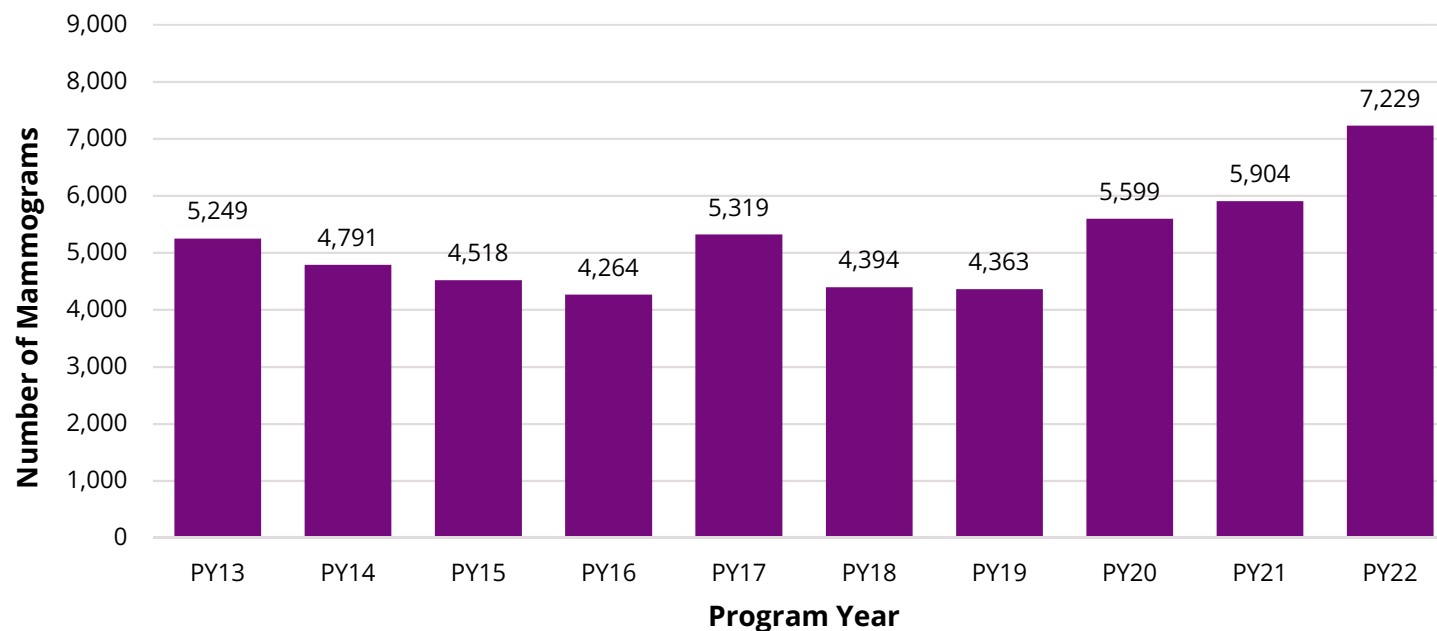
\*From PY13–PY22, 25,700 women received at least one paid screening or diagnostic breast cancer service through UTAH B&C.



## Number of Mammograms Provided

Mammography is currently the best method for detecting cancer early. Through PY2022, UTAH B&C has funded over 120,000 screening and diagnostic mammograms for women enrolled in the program. Since the start of PY2018, UTAH B&C has gradually increased the number of mammograms provided by the program each year, with PY2021 and PY2022 illustrating record high numbers of mammograms provided by UTAH B&C.

**Figure 3. Number of Mammograms Provided through UTAH B&C, PY2013–PY2022\***

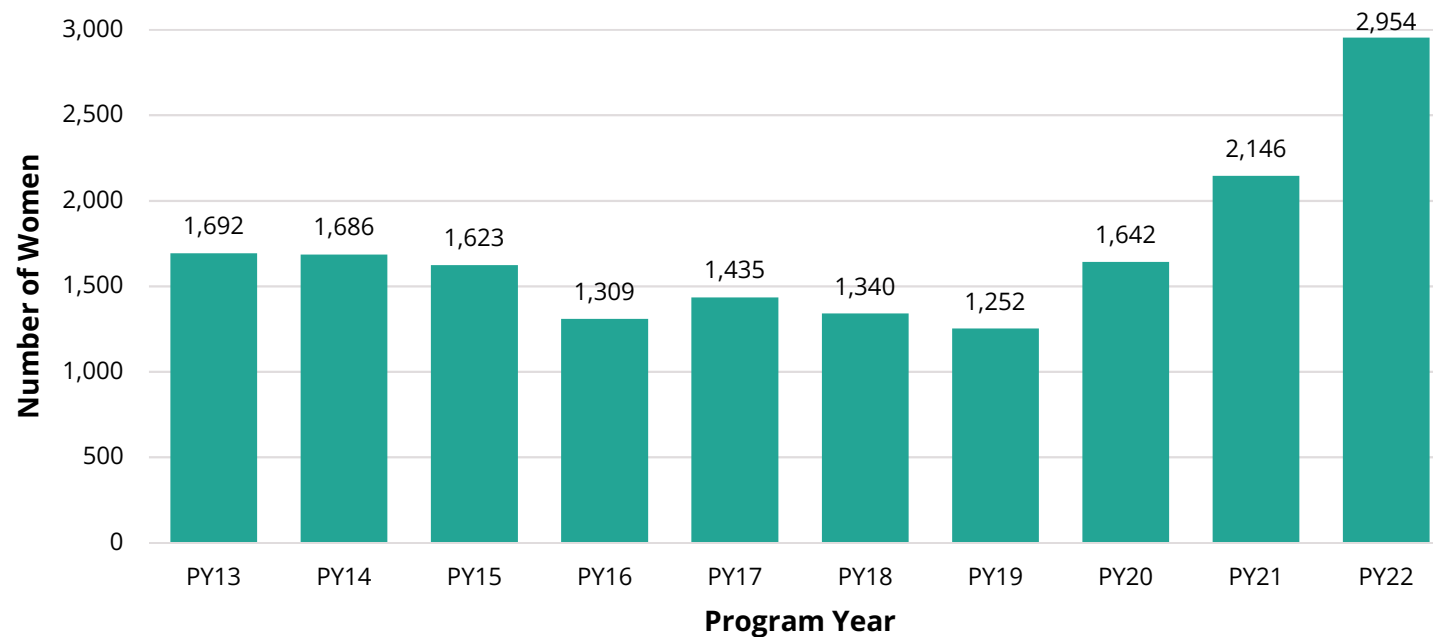


\*From PY13–PY22, 51,630 screening and diagnostic mammograms were funded by UTAH B&C.

## Number of Women Receiving Cervical Services

Cervical cancer is one of the most preventable and treatable cancers if detected early managed effectively. More than 36,000 women received cervical cancer screening and diagnostic services through UTAH B&C since it was first established. During PY2018–PY2022, UTAH B&C provided cervical services to approximately 9,000 women. About 68% of these women received their cervical service through the program for the first time. Since PY2018, the number of women receiving cervical services funded by UTAH B&C has more than doubled from 1,340 to 2,954 in PY2022.

**Figure 4. Total Number of Women Receiving Pap Tests through UTAH B&C, PY2013–PY2022\***

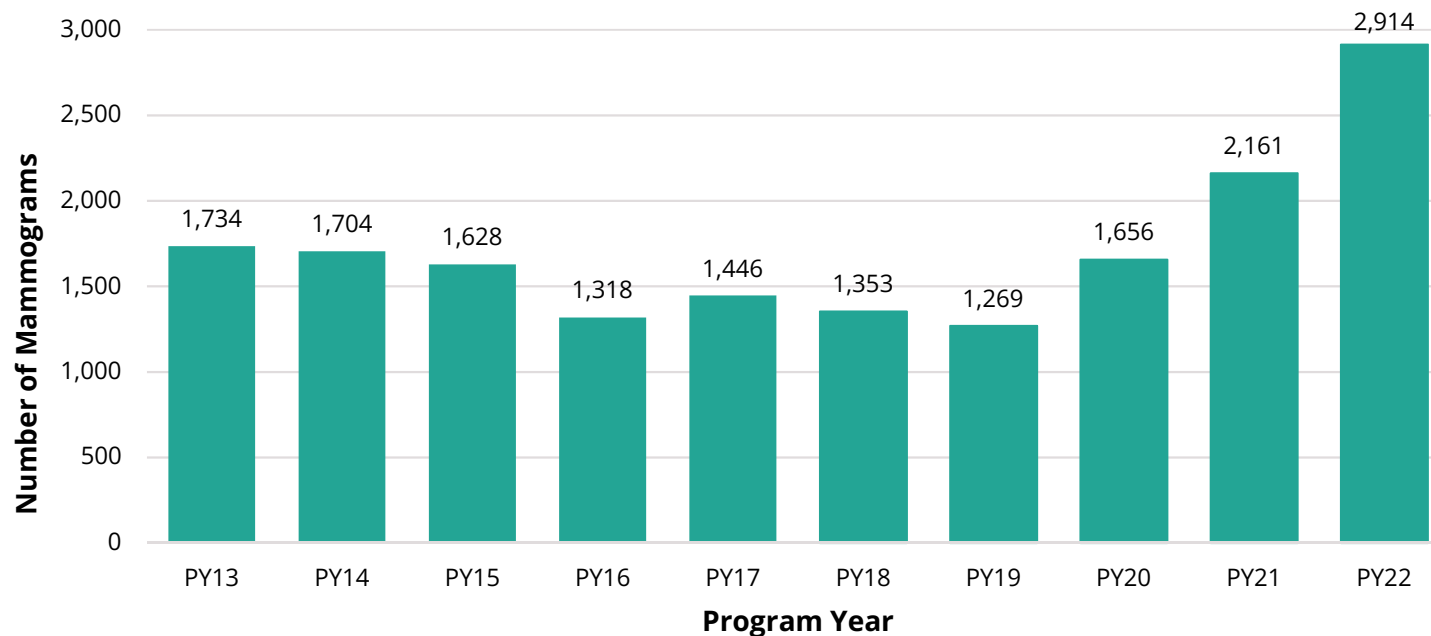


\*From PY13–PY22, 13,938 women received at least one paid Pap test through UTAH B&C.

## Number of Pap Tests Provided

The Pap test is one of the most effective methods of cancer detection available. More than 62,000 Pap tests have been funded by UTAH B&C since its inception in PY1995. Prior to PY2018, annual numbers of Pap test provided by UTAH B&C were slowly declining. However, throughout this most recent grant cycle, annual numbers have risen considerably, with PY2021 and PY2022 demonstrating record growth in the number of Pap tests funded by UTAH B&C.

**Figure 5. Number of Pap Tests Provided through UTAH B&C, PY2013–PY2022\***



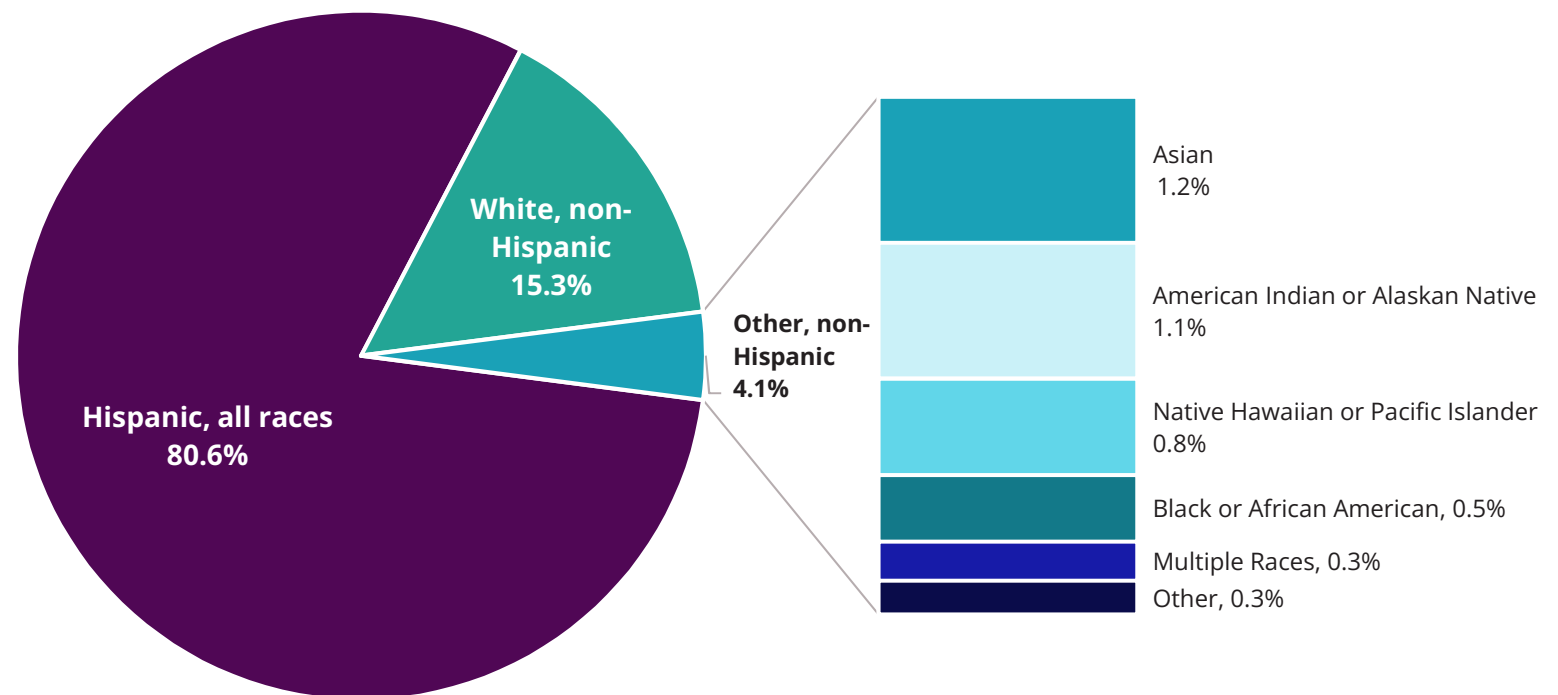
\*From PY13–PY22, 17,183 Pap tests were funded by UTAH B&C.

# Breast Cancer Services

## Distribution of Breast Services by Race/Ethnicity

Figure 6 illustrates the distribution of women who received breast cancer services through UTAH B&C by race and ethnicity during PY2018–PY2022. Figure 6 shows that more than 80% of women were Hispanic, about 15% were White, non-Hispanic, and roughly 4% identified as Black/African American, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, multiracial, or other.

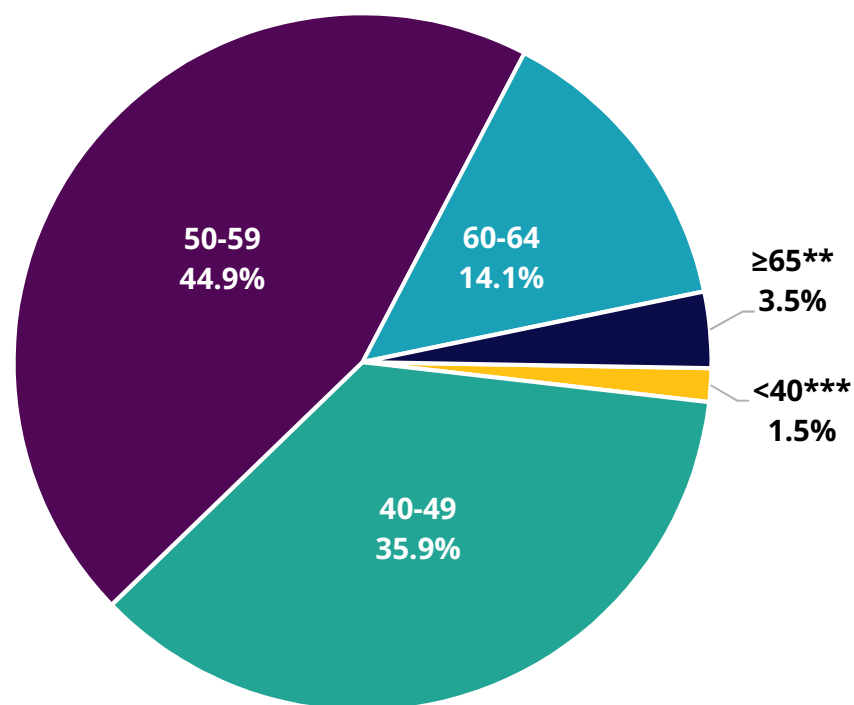
**Figure 6. Race/Ethnicity Distribution of Women Who Received Breast Services Through UTAH B&C, PY2018–PY2022**



## Distribution of Breast Services by Age

Figure 7 illustrates the age distribution among women who received breast cancer services through UTAH B&C from PY2018–PY2022. Over half of the women were between the ages of 50-64 years at the time they enrolled in the program, which is consistent with UTAH B&C's priority population for breast services.

**Figure 7. Age\* Distribution of Women Who Received Breast Services through UTAH B&C, PY2013–PY2022**



\*Age at time of enrollment.

\*\*Most women >65 years did not enroll in UTAH B&C because of eligibility for Medicare Part B coverage.

\*\*\*Most women under 40 years did not enroll in UTAH B&C because they were asymptomatic or not determined to be at high risk.

## Follow-Up of Abnormal Mammograms

Timely and appropriate follow-up of abnormal mammograms is imperative to reducing breast cancer morbidity and mortality. Unlike routine mammography screening, delivery of care for the follow-up of an abnormal finding relies heavily on the provider and health care system, which oftentimes introduces additional barriers for UTAH B&C clients. UTAH B&C strives to connect clients in need of diagnostic follow-up within 30 days from detection of an abnormal mammogram result. In this latest grant cycle, UTAH B&C saw an increase in the average number of days from detection of an abnormality to receiving a final diagnosis, from an average of 32.9 days in the previous grant cycle (PY2013–PY2017) to 41.9 days in PY2018–PY2022.

**Table 2. Average Number of Days from Abnormal Mammogram Finding to Final Breast Cancer Diagnosis\* among UTAH B&C clients, PY2013–PY2022**

	<b>Days from Abnormal Mammogram to Final Diagnosis</b>	<b>Percentage of Clients Receiving Follow-up in More Than 30 Days</b>	<b>Percentage of Clients Receiving Follow-up in More Than 60 Days</b>
<b>PY2013</b>	28.2	29.9%	5.7%
<b>PY2014</b>	35.2	35.8%	14.2%
<b>PY2015</b>	34.8	39.7%	11.3%
<b>PY2016</b>	30.8	33.1%	9.7%
<b>PY2017</b>	35.4	31.1%	16.7%
<b>PY2018</b>	38.7	37.4%	17.4%
<b>PY2019</b>	36.8	34.0%	17.0%
<b>PY2020</b>	50.0	34.6%	27.9%
<b>PY2021</b>	43.2	36.4%	22.7%
<b>PY2022</b>	40.6	33.2%	22.1%

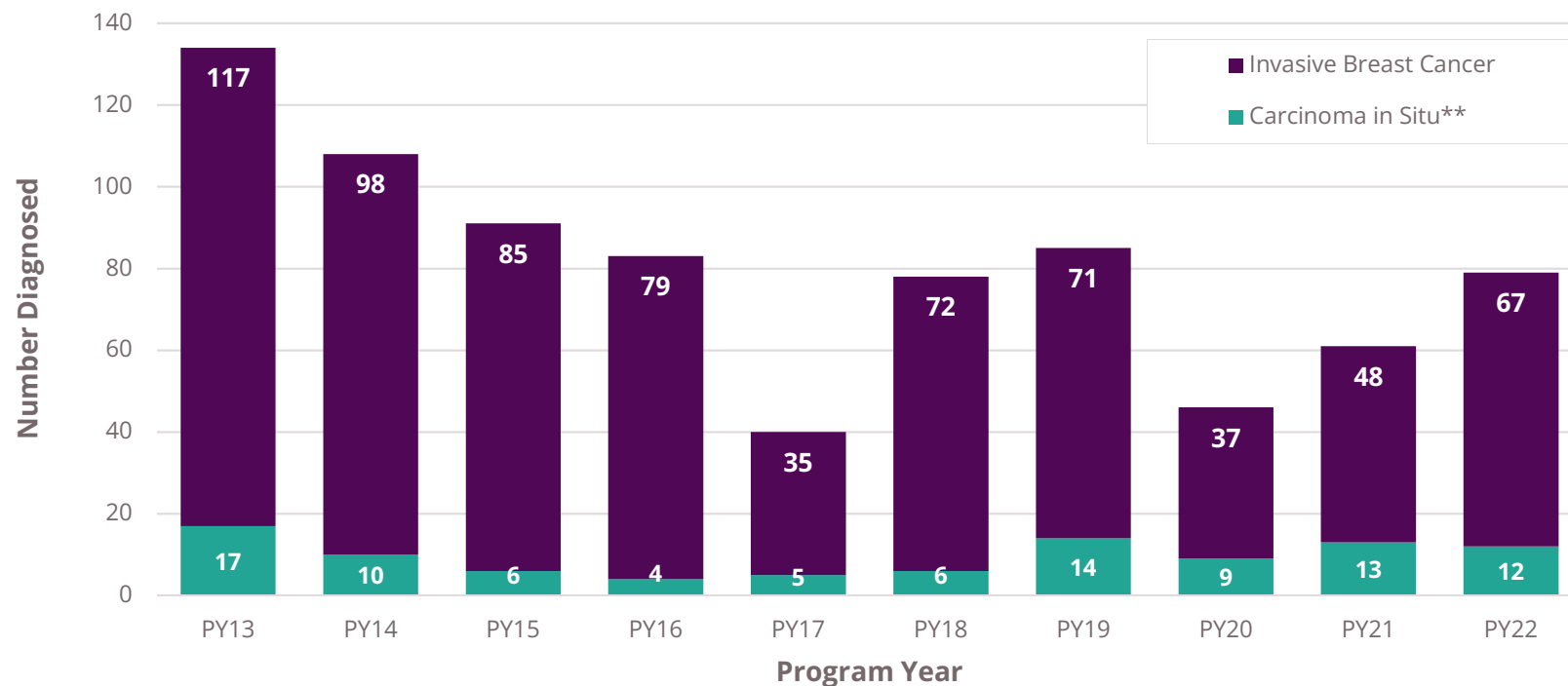
\* Includes Invasive breast cancer, lobular carcinoma in situ (LCIS), ductal carcinoma in situ (DCIS), and all other carcinoma in situ.



## Breast Cancer Detection

From PY2018–PY2022, 403 women were diagnosed with breast carcinoma in situ (CIS) or invasive breast cancer through UTAH B&C. During this time, an average of 59 invasive breast cancers were detected each year—a notable decrease compared to the previous grant cycle (PY2013–PY2017), which had an average of roughly 83 invasive cancers diagnosed annually.

**Figure 8. Number of Breast Carcinoma in Situ and Invasive Cancers Diagnosed through UTAH B&C, PY2013–PY2022\***



\*From PY13–PY2022, 805 breast carcinomas and invasive breast cancers were diagnosed among women receiving screening through UTAH B&C.

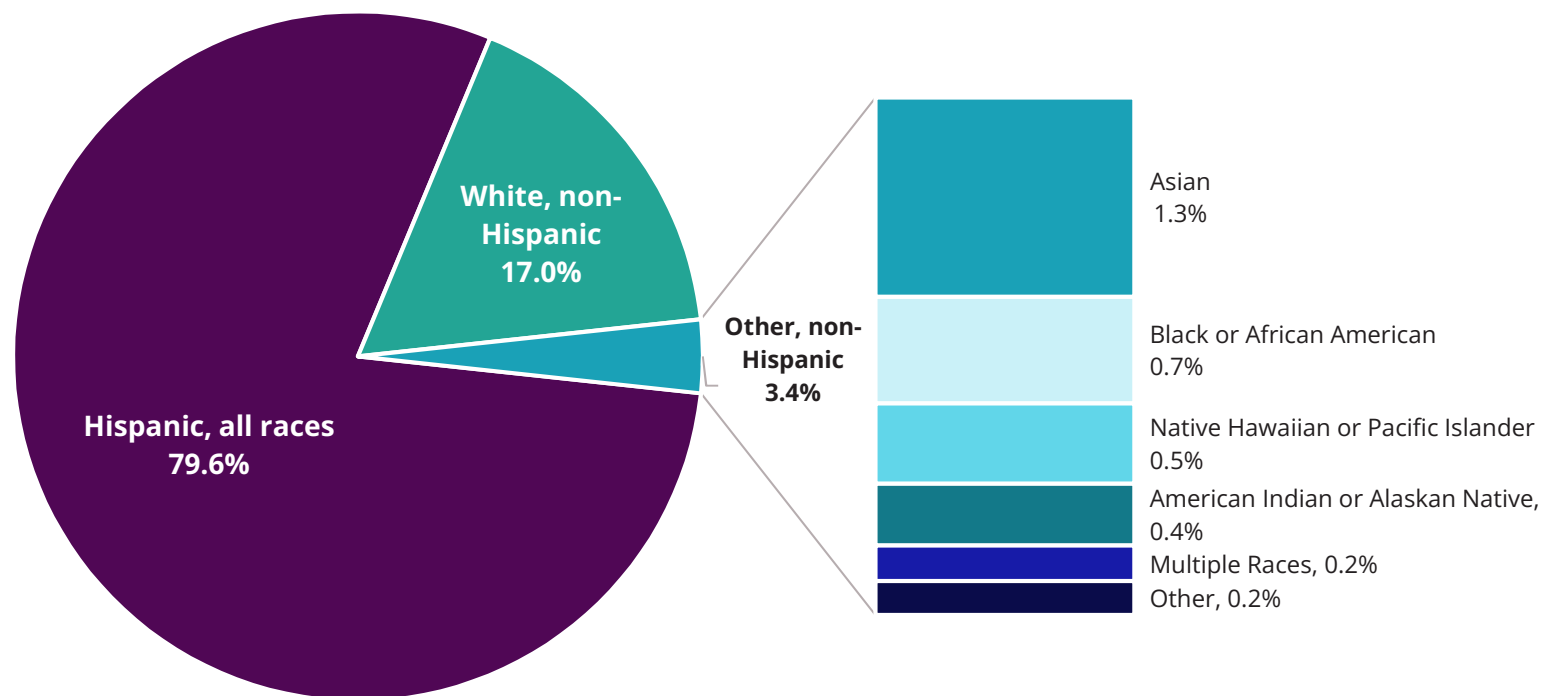
\*\* Includes Invasive breast cancer, lobular carcinoma in situ (LCIS), ductal carcinoma in situ (DCIS), and all other carcinoma in situ.

# Cervical Cancer Services

## Distribution of Cervical Services by Race/Ethnicity

Figure 9 illustrates the distribution of women who received cervical cancer services through UTAH B&C by race and ethnicity from PY2018–PY2022. Similar to the distribution of breast services, nearly 80% of women were Hispanic, about 17% were White, non-Hispanic, and less than 4% identified as Black/African American, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, multiracial, or other.

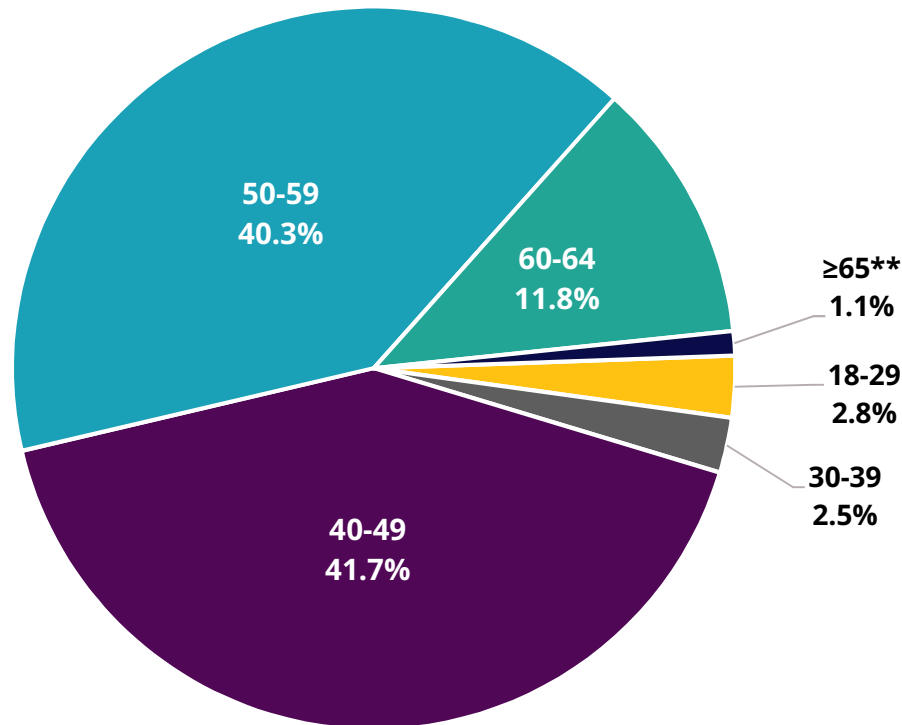
**Figure 9. Race/Ethnicity Distribution of Women Who Received Cervical Services through UTAH B&C, PY2018–PY2022**



## Distribution of Cervical Services by Age

Figure 10 shows the age distribution among women who received cervical cancer services through UTAH B&C from PY2018–PY2022. Most of the women were between the ages of 40-59 years at the time they enrolled in the program, making up over 80% of all enrollments.

**Figure 10. Age\* Distribution of Women Who Received Cervical Services through UTAH B&C, PY2013–PY2022**



\*Age at time of enrollment.

\*\*Most women >65 years did not enroll in UTAH B&C because of eligibility for Medicare Part B coverage.

## Follow-Up of Abnormal Pap Tests

UTAH B&C aims to connect women in need of diagnostic follow-up within 30 days from detection of an abnormal Pap test result. However, the average number of days from detection of an abnormality to receiving a final diagnosis increased from an average of 35.4 days during PY2013–PY2017 to 40.2 days throughout PY2018–PY2022. This increase may reflect new challenges to connect women with services that emerged during the COVID-19 pandemic.

**Table 2. Average Number of Days from Abnormal Pap Test Result to Final Cervical Cancer Diagnosis\* among UTAH B&C clients, PY2013–PY2022**

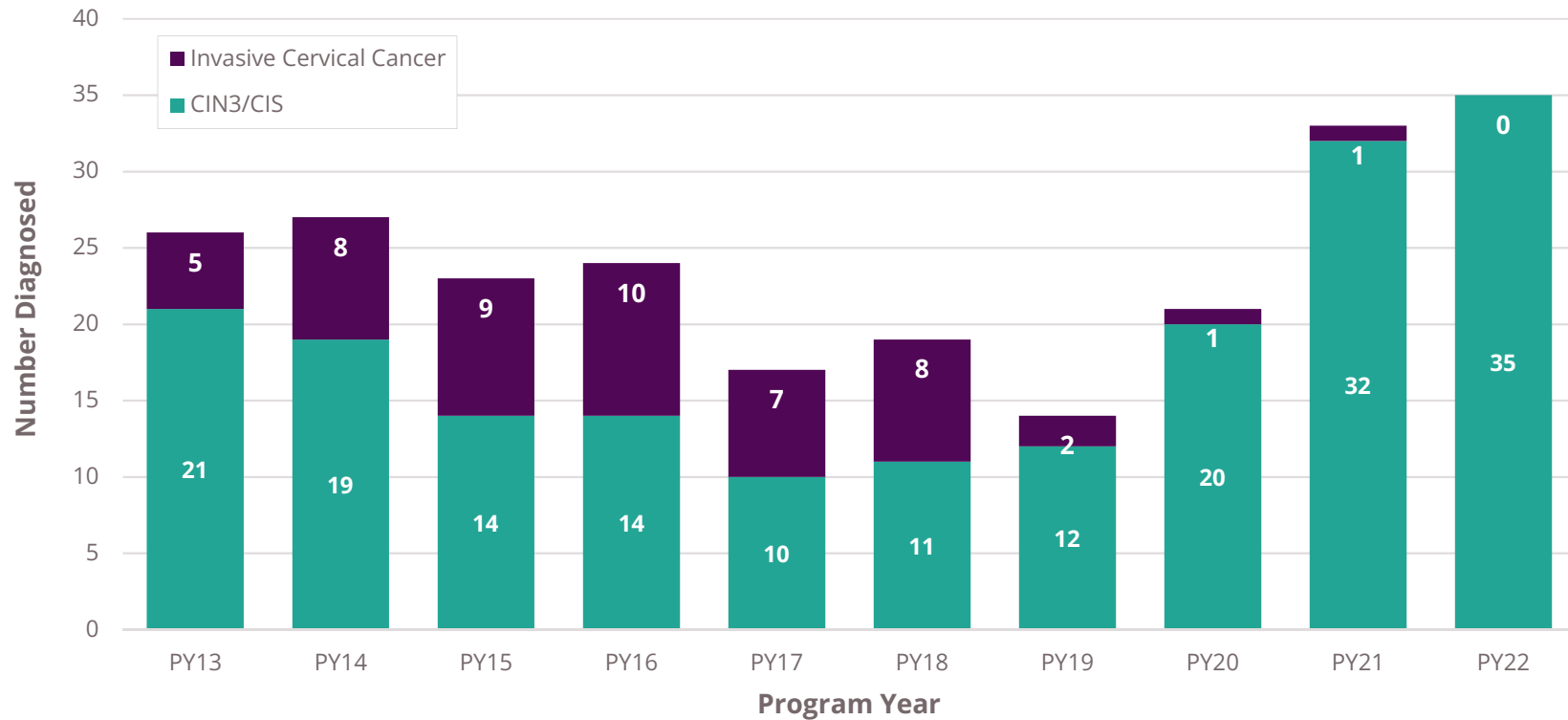
	<b>Days from Abnormal Pap Test to Final Diagnosis</b>	<b>Percentage of Clients Receiving Follow-up in More Than 30 Days</b>	<b>Percentage of Clients Receiving Follow-up in More Than 60 Days</b>
<b>PY2013</b>	34.6	52.7%	3.2%
<b>PY2014</b>	31.8	31.6%	10.5%
<b>PY2015</b>	42.0	53.9%	15.4%
<b>PY2016</b>	35.8	32.1%	15.1%
<b>PY2017</b>	32.7	21.3%	14.8%
<b>PY2018</b>	39.2	45.5%	14.6%
<b>PY2019</b>	36.6	46.6%	13.6%
<b>PY2020</b>	45.9	37.4%	24.7%
<b>PY2021</b>	39.5	39.0%	19.5%
<b>PY2022</b>	39.5	35.9%	21.7%

\*Includes the following Pap test results: Low-grade squamous intraepithelial lesion (LSIL), atypical squamous cells of undetermined significance--cannot exclude HSIL (ASC-H), high-grade squamous intraepithelial lesion (HSIL), atypical glandular cells (AGC), and squamous cell carcinoma.

## Cervical Cancer Detection

From PY2018–PY2022, a total of 12 invasive cervical cancers and 107 cases of CIN3 were detected through UTAH B&C. While the number of invasive cervical cancer cases greatly decreased from the previous grant period, the number of CIN3 diagnoses increased significantly by more than 30 detected cases as seen in Figure 11.

**Figure 11. Number of High-grade Cervical Intraepithelial Neoplasia (CIN) and Invasive Cervical Cancers Diagnosed through UTAH B&C, PY2013–PY2022\***



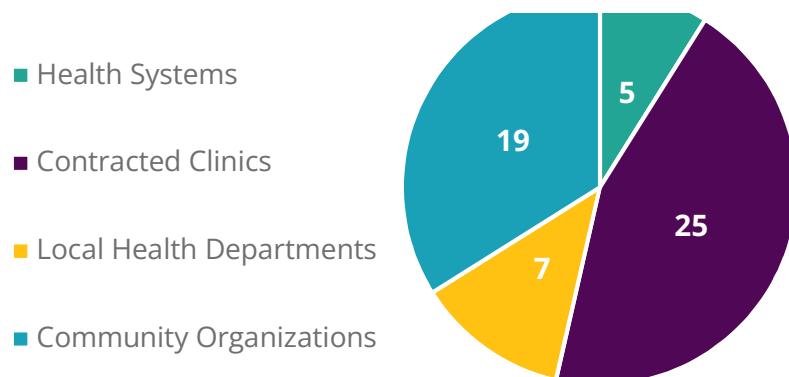
\*From PY13–PY22, 239 cases of CIN3, cervical carcinoma in situ, and invasive cervical cancers were diagnosed among women screened through UTAH B&C.

# Program Reach

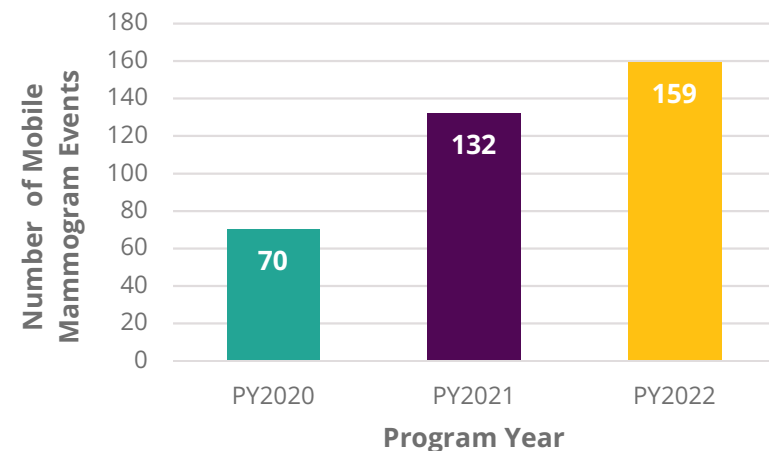
UTAH B&C is committed to increasing its reach, capacity, and resources to deliver cancer screenings and improve access to care for vulnerable and underserved populations. Collaborations with state programs, such as those with the Utah Cancer Action Network (UCAN) and Utah Cancer Registry (UCR) are critical in implementing data-informed, equity-driven state cancer control plans. Equally as important for the success of UTAH B&C are the partnerships with community clinics and organizations such as Association for Utah Community Health (AUCH), Alliance Community Services, Comunidades Unidas, Holy Cross Ministries, and others for disseminating health education and cancer prevention interventions among underserved women.

Throughout PY2018–PY2022, UTAH B&C **more than doubled** its number of community partnerships from a total of 26 at the start of PY2018 to 56 in PY2022. During this time, UTAH B&C also began collaborations with Huntsman Cancer Institute and Intermountain Healthcare to implement mobile mammogram events throughout the year to reach disparate rural and urban communities and connect more women with mammogram services.

**Figure 12. UTAH B&C Partnerships through PY2022**



**Figure 13. Annual Number of Mobile Mammogram Events Organized by UTAH B&C and UTAH B&C**





# Conclusion

UTAH B&C's mission is to decrease breast and cervical cancer incidence, morbidity, and mortality by providing cancer screening and diagnostic services to women who are underserved and who have increased cancer risk due to health inequities. This report presents the outcomes for UTAH B&C's most recent grant cycle for program years 2018–2022. During this time, UTAH B&C funded more cancer services, served more women, and partnered with more departments, groups, and organizations than in previous years. For the first time since its inception in 1995, UTAH B&C effectively utilized the program's PY2022 budget towards providing cancer screenings to women. As UTAH B&C continues to grow and expand its program reach, future reports will assess the impact of UTAH B&C on breast and cervical health in Utah.



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