

# Montana Cancer Control Programs Screening Summary 2010/2011



# INTRODUCTION

- Program Activities
  - Colorectal Cancer Screening Component
- Breast and Cervical Cancer Disease Burden in the State
  - Impact of the Program

# **Montana Cancer Control Programs Mission Statement**

The Montana Cancer Control Programs supports comprehensive cancer control in Montana by providing ongoing quality screening services to Montana men and women and education in a manner that is appropriate, accessible, cost-effective and sensitive to the client's needs.

## Montana Cancer Control Programs Colorectal Cancer

Of the cancers that affect both men and women, colorectal cancer is the second leading cause of cancer related deaths. There is substantial evidence that regular screening of asymptomatic people reduces colorectal cancer incidence and mortality.

Goal: To increase high quality population-based colorectal cancer screening among average-risk, uninsured and insured persons 50 years of age and older, to 80% by 2014; currently at 59%.

# Montana Cancer Control Programs

## Breast and Cervical

### Rationale

- Screening mammograms make it possible to find early stage (in-situ and local) breast cancer.
- The ability of mammography to identify breast cancer at an early stage improves the opportunity for effective treatment and survival.
  - Pap tests make it possible to find pre-cancerous (dysplasia) lesions or early (in-situ) cervical cancer.
- Survival rates are greatest when cancer is detected at the earliest stage of disease.
- Treatment of cancer detected at later stages is substantially less effective as well as more debilitating.

# Background

The Breast and Cervical Cancer Mortality Prevention Act of 1990<sup>1</sup> established a comprehensive, national screening program for low-income, minority, and underserved women.

The Montana Breast and Cervical Health Program (MBCHP), received comprehensive screening funds in September 1996 from the CDC.<sup>2</sup>

Beginning in 2007 the MBCHP received State Special Revenue funds from the State of Montana for breast screening of women 40 through 49 years of age and cervical screening of women 30 through 49 years of age.

In 2009 CDC awarded the Montana Cancer Control Programs a grant to begin colorectal cancer screening which commenced January 2010.

The Montana Cancer Control Programs include:  
The Cancer Surveillance and Epidemiology Program  
The Cancer Screening Program  
The Comprehensive Cancer Program

1. (PL-101-354)
2. Centers for Disease Control and Prevention

# Montana Cancer Control Programs Breast and Cervical Health Components\*

Screening and Diagnostic Services

Evaluation

Professional Development

Recruitment

Partnerships

Quality Assurance and Improvement

Data Management

Program Management

# Target Population

## Breast and Cervical Screening Centers for Disease Control and Prevention

Includes women who:

- ▶ Are 50 through 64 years of age<sup>1</sup>
- ▶ Are uninsured or underinsured
- ▶ Have rarely or never been screened for cervical cancer
- ▶ Have a gross family income at or below 200 percent of the current Federal Poverty level

## State Special Revenue Funds

Includes women who:

- ▶ Are MCCP eligible
- ▶ Are 30 through 49 years of age for Cervical Cancer Screening<sup>2</sup>
- ▶ Are 40 through 49 years of age for Breast Cancer Screening<sup>2</sup>

<sup>1</sup> Women 65 years of age and older who cannot pay the premium to enroll in Medicare Part B and meet the income eligibility criteria are eligible for services.

<sup>2</sup> Limited Funds

# Sociodemographic Characteristics for Montana

Resident population estimate, December, 2009	974,989	
<hr/>		
Racial composition (2009)		
White	90%	
American Indian	6%	
Other	4%	
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Unemployment		
Statewide (2009) <sup>2</sup>	6%	
American Indian Reservations (2008) <sup>1</sup>	7% to 15%	
<hr/>		
	<u>Montana</u> <sup>1,2</sup>	<u>National</u> <sup>3</sup>
Median household Income (2008)	\$43,653	\$52,175
Per capita income (2008)	\$34,622	N/A
People in poverty (2008)	15%	13%
People without health insurance coverage (2008)	16%	15%
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<sup>1</sup>Montana by the Numbers Census and Economic Information Center: <http://www.ceic.mt.gov/MtByNumb.asp>

<sup>2</sup>Montana Department of Labor and Industry, Research and Analysis Bureau [www.bls.gov/web/laumstrk.htm](http://www.bls.gov/web/laumstrk.htm)

<sup>3</sup>US Census Bureau, American FactFinder <http://factfinder.census.gov>

N/A = not available

# Administrative Sites

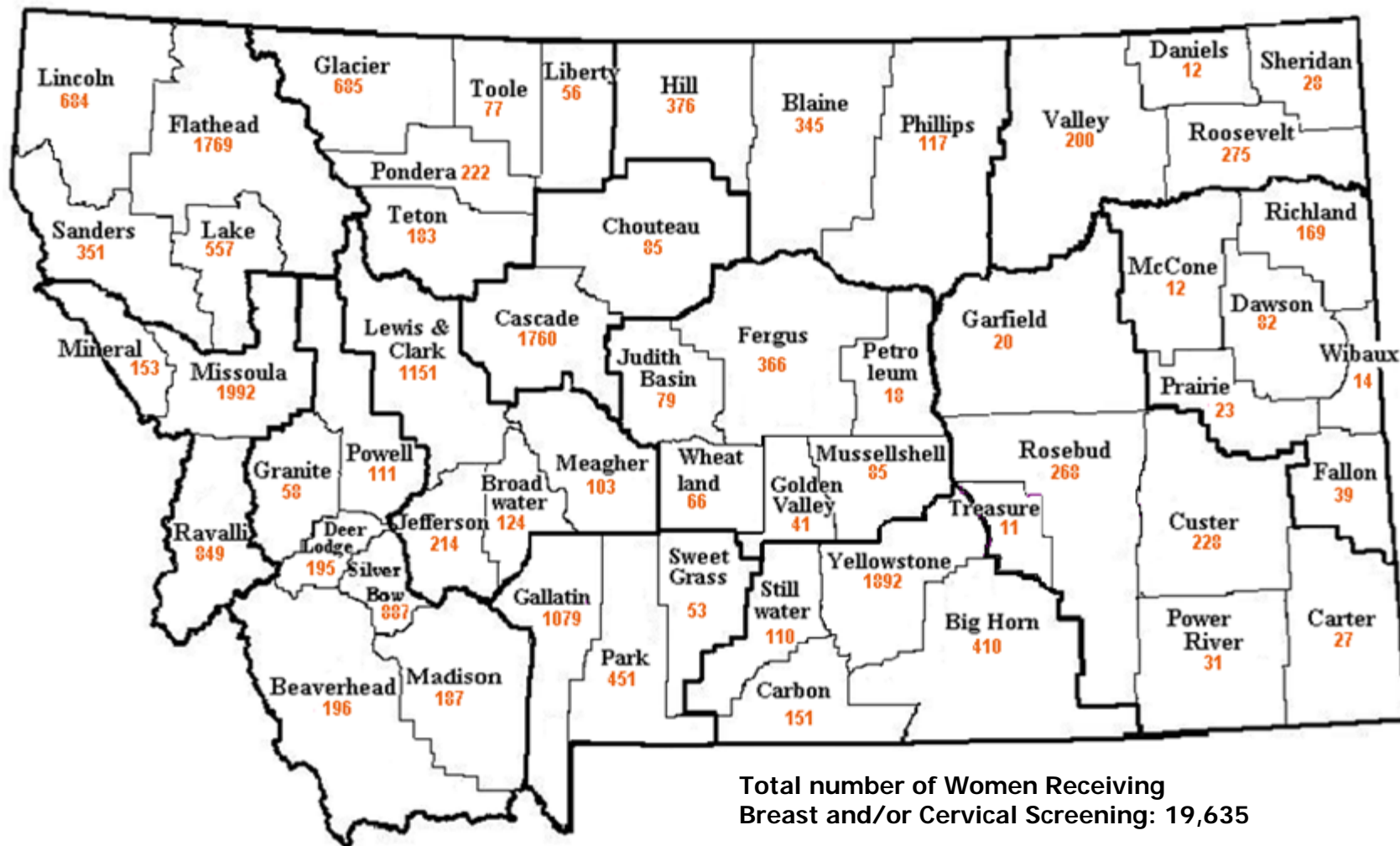
**An organization with which the Montana Cancer Control Programs, (MCCP) contracts, to implement the program in their multi-county area.**

## CONTRACTOR

## COUNTY

Flathead City-County Health Department	Flathead, Lincoln, Lake, Sanders
Missoula County on behalf of Partnership Health Center	Missoula, Mineral, Ravalli
Lewis & Clark City-County Health Department	Lewis & Clark, Broadwater, Jefferson, Meagher
Butte-Silver Bow County Health Department	Silver Bow, Beaverhead, Deer Lodge, Granite, Madison, Powell
Teton County Health Department	Teton, Pondera, Glacier, Toole, Liberty
Gallatin City-County Health Department	Gallatin, Park, Sweet Grass
Cascade City-County Health Department	Cascade, Chouteau
RiverStone Health	Yellowstone, Stillwater, Carbon, Big Horn
Blaine County Health Department	Hill, Blaine, Phillips
Central Montana Family Planning	Fergus, Judith Basin, Petroleum, Wheatland, Musselshell, Golden Valley
Daniels County Health Department	Daniels, Roosevelt, Sheridan, Valley
Custer County Health Department	Custer, Garfield, Carter, Powder River, Rosebud, Treasure
Richland County Health Department	Dawson, Fallon, McCone, Prairie, Richland, Wibaux

# Number of Women Screening for Breast and Cervical Montana Cancer Control Programs October 1996 to June 2010



# **American Indian Screening Initiative**

The Montana Indian Reservations and Urban Indian Centers in partnership with the MCCP Screening Components Administrative Sites are collaborating to increase health screening services to American Indian Women.

The American Indian Screening Initiative was implemented in 2000.

## **Reservations & Tribes**

Blackfeet Reservation (Blackfeet Tribe)

Crow Reservation (Crow Tribe)

Flathead Reservation (Salish & Kootenai Tribes)

Fort Belknap Reservation (Gros Ventre & Assiniboine Tribes)

Fort Peck Reservation (Assiniboine & Sioux Tribes)

Northern Cheyenne Reservation (Northern Cheyenne Tribe)

Rocky Boy's Reservation (Chippewa & Cree Tribes)

Little Shell Tribe of Chippewa Indians of Montana - Headquarters, Great Falls

## **Urban Indian Centers**

Indian Family Health Clinic - Great Falls

Indian Health Board of Billings Clinic - Billings

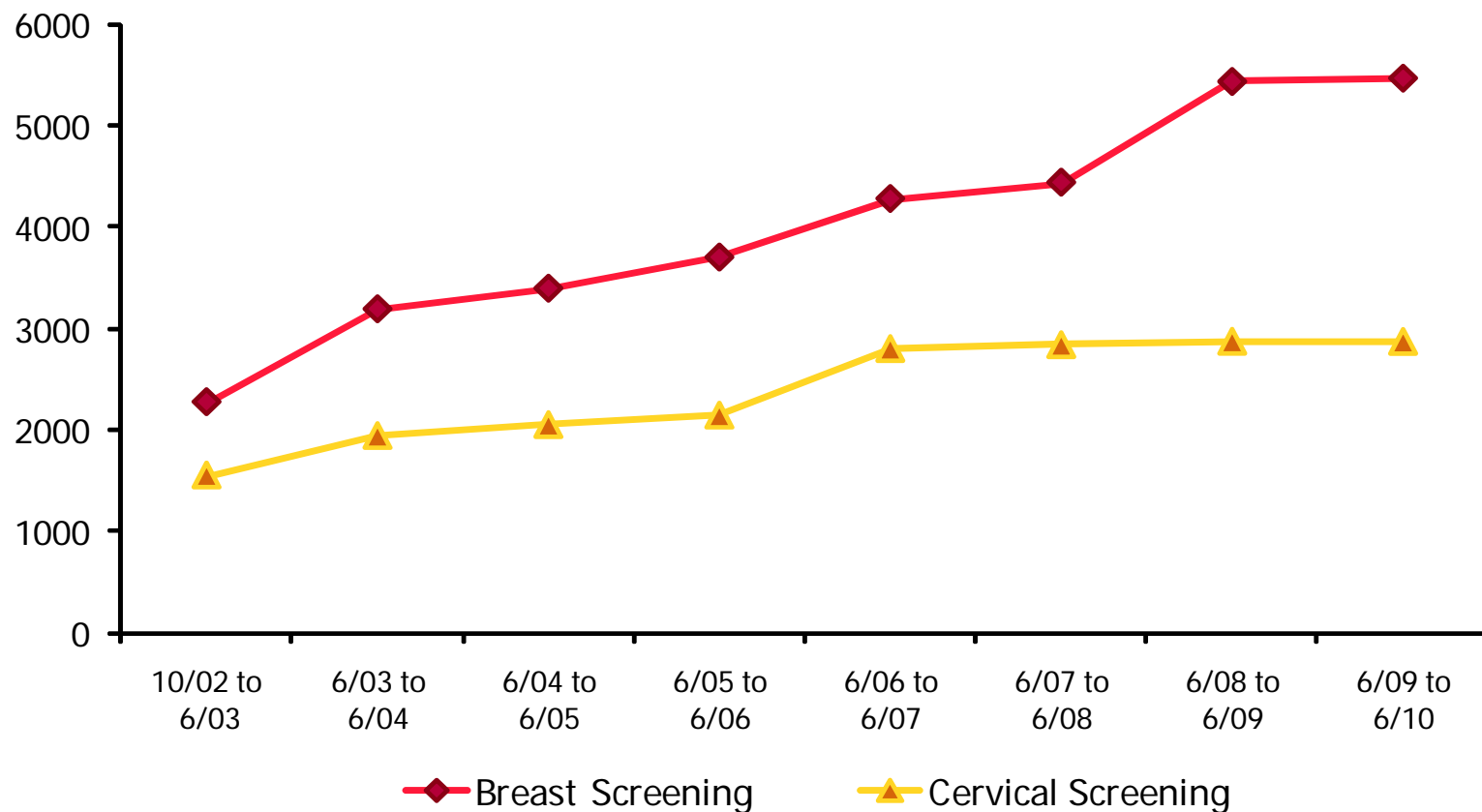
Helena Indian Alliance - Helena

Missoula Indian Center - Missoula

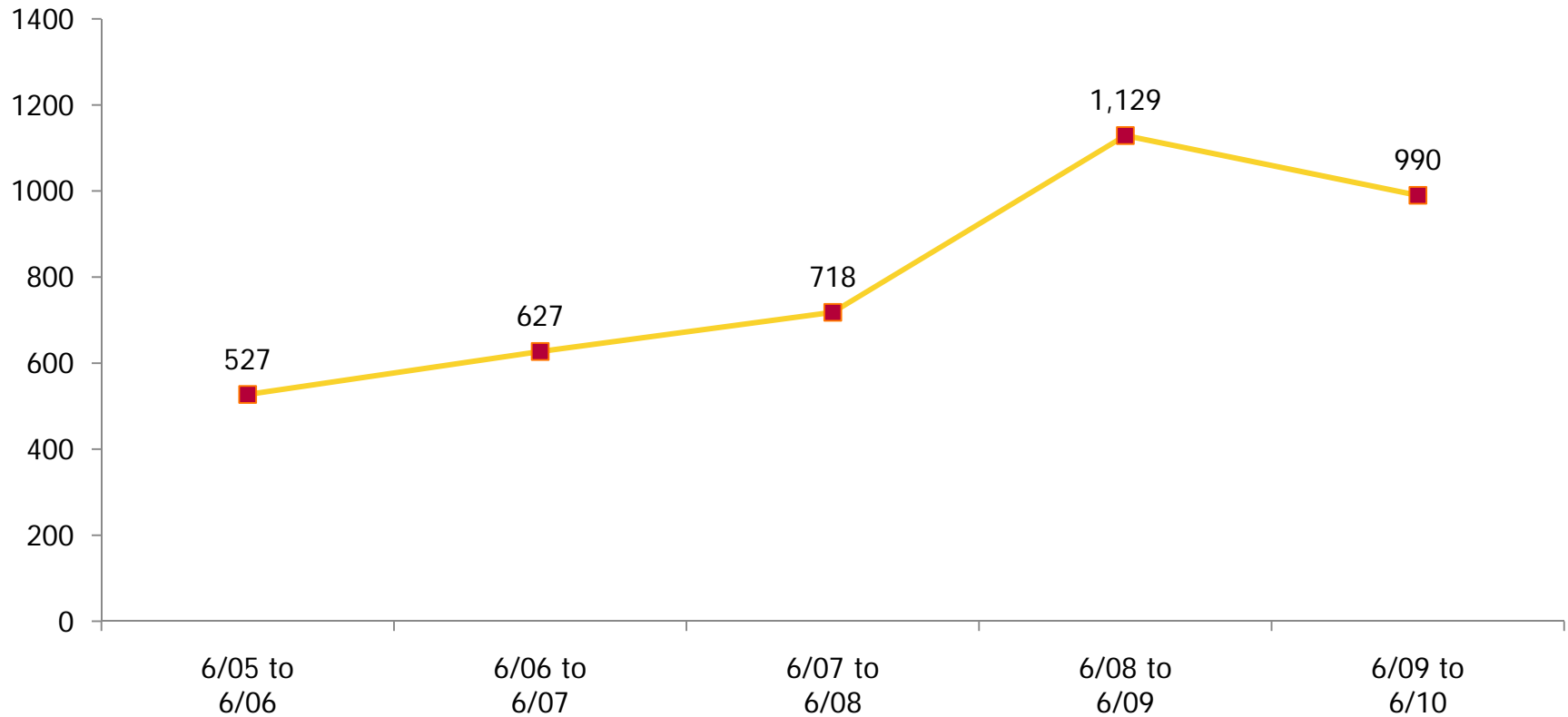
North American Indian Alliance - Butte

**MT/WY Tribal Leaders Council - Billings**

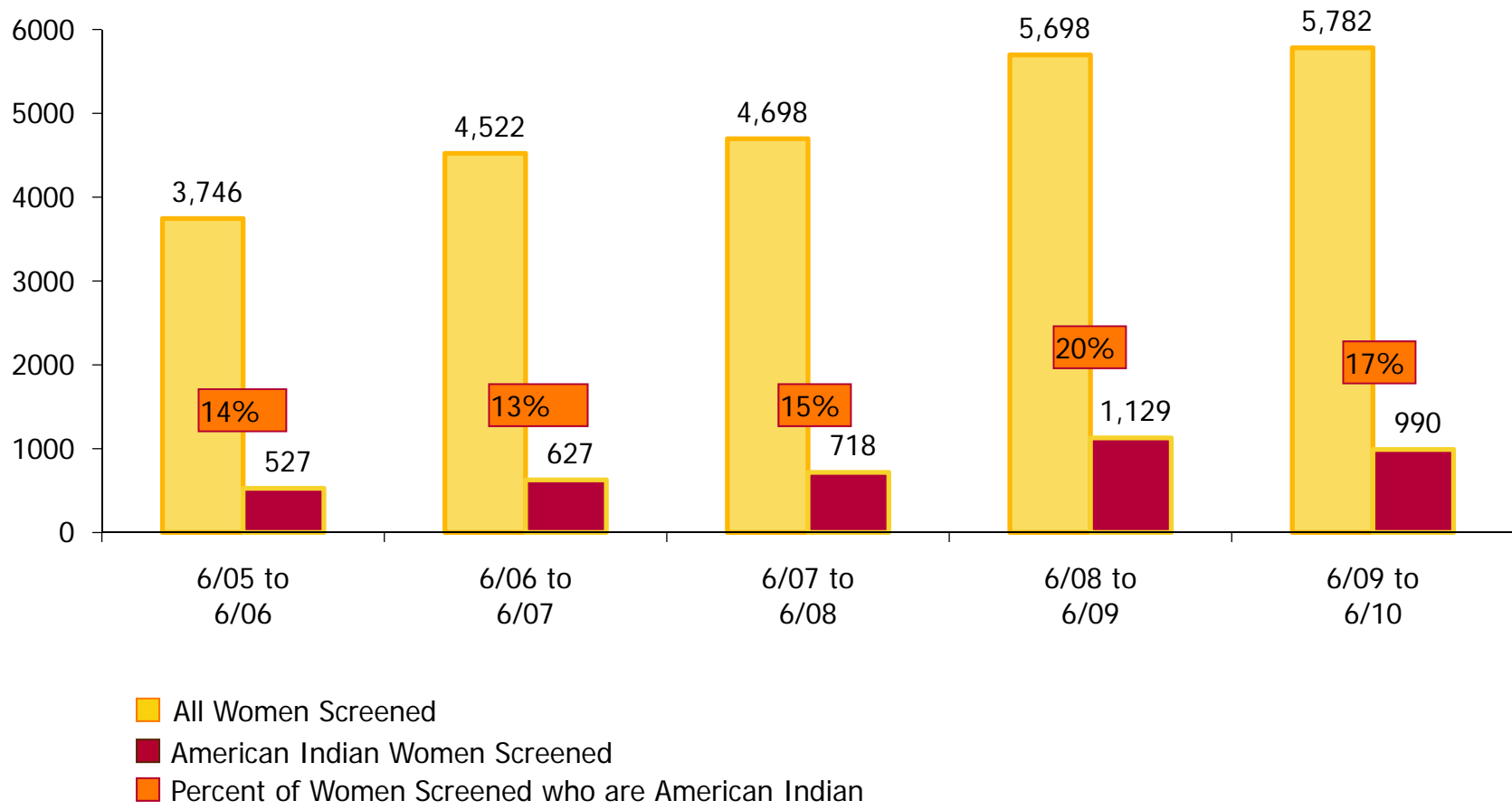
# Number of Women Screened for Breast and/or Cervical Cancer Montana Cancer Control Programs October 2002 to June 2010



# Number of American Indian Women Screened For Breast and Cervical Cancer Montana Cancer Control Programs June 2005 to June 2010



# Number and Percent of American Indian Women to Total Women Screened For Breast and Cervical Cancer Montana Cancer Control Programs June 2005 to June 2010



# Collaborative Partnerships

The MCCP Screening Component has established collaborative partnerships with private and public sector organizations to ensure the success of the program.

Listed below are examples of organizations that partner with the MCCP Screening Component.

A Can of Worms, LLC	Montana Food Bank Network
American Association of Retired People	Montana Tobacco Use Prevention Program
American Cancer Society	Mountain Pacific Quality Health Foundation
Avon	National Breast Cancer Foundation
Blue Cross Blue Shield of Montana	National Indian Women's Health Resource Center
Cancer Information Services of the National Cancer Institute	Office of Public Assistance
Cancer Treatment Centers	Parish Nurse Ministry
Community Health Clinics	Planned Parenthood
Council on Aging	Private Businesses & Foundations
Dennis & Phyllis Washington Foundation	Private/Public Colleges and Universities
Family Planning Clinics	Regional Hospitals
Health Departments	Safeway Stores
HRDC Offices	Senior Centers
Hospitals & Medical Service Providers	Soroptimist
Indian Health Service Units	Susan G. Komen for the Cure
Local Newspapers	Tribal Health Facilities
Local Pharmacies	Town Pump, Inc United Way
Local Television & Radio Stations	United Way
Low Income Energy Assistance Program	United States Postal Service
Montana Cancer Control Coalition	Urban Indian Centers
Montana Electric Cooperatives Assn.	

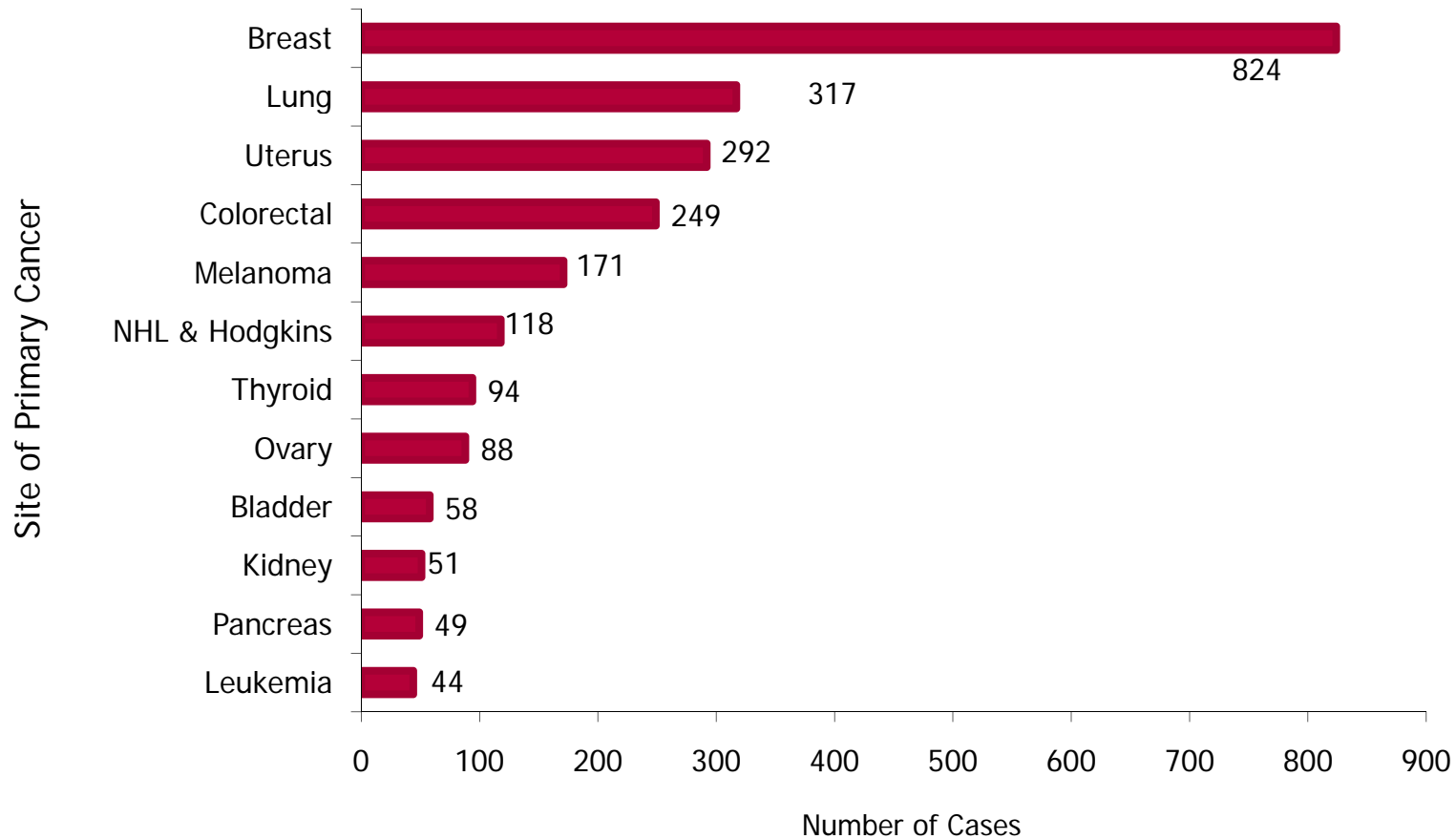
# Breast and Cervical Enrolled Medical Service Providers by General Categories July 2009 to June 2010

Medical Doctors	588
Nurse Practitioners	211
Physician Assistants	85
Naturopaths	18
Indian Health Service Units/Tribal Health Facilities	8
Federally Qualified Health Clinics	21
Rural Health Clinics	30
CLIA* approved cytology laboratories	30
MQSA** certified radiology facilities	46
Urban Indian Centers	5
Hospitals and Ambulatory Surgical Centers	10
Anesthesiology Groups	18

\*Clinical Laboratory Improvement Act

\* \* Mammography Quality Standards Act

# Most Frequently Reported Cancers<sup>1</sup> by Site Female Only, Montana Residents, 2008 Diagnoses (reported as of August 2010<sup>2</sup>)



<sup>1</sup>Cancers include malignant and in situ behavior

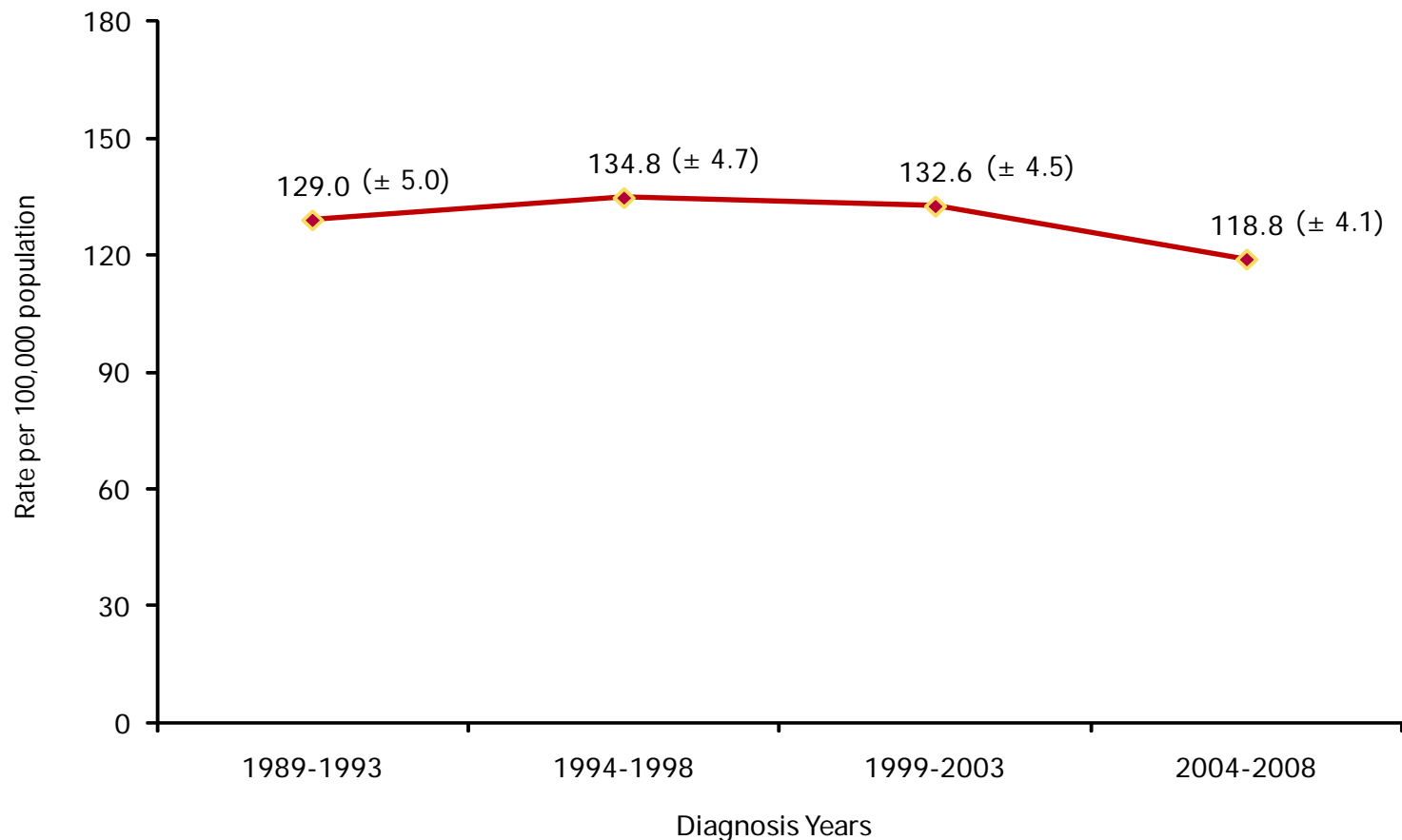
<sup>2</sup>Source: Montana Central Tumor Registry, (reported August 2010)

# **Breast Cancer Disease Burden in Montana 2008**

684 new cases of breast cancer  
were diagnosed in Montana women.

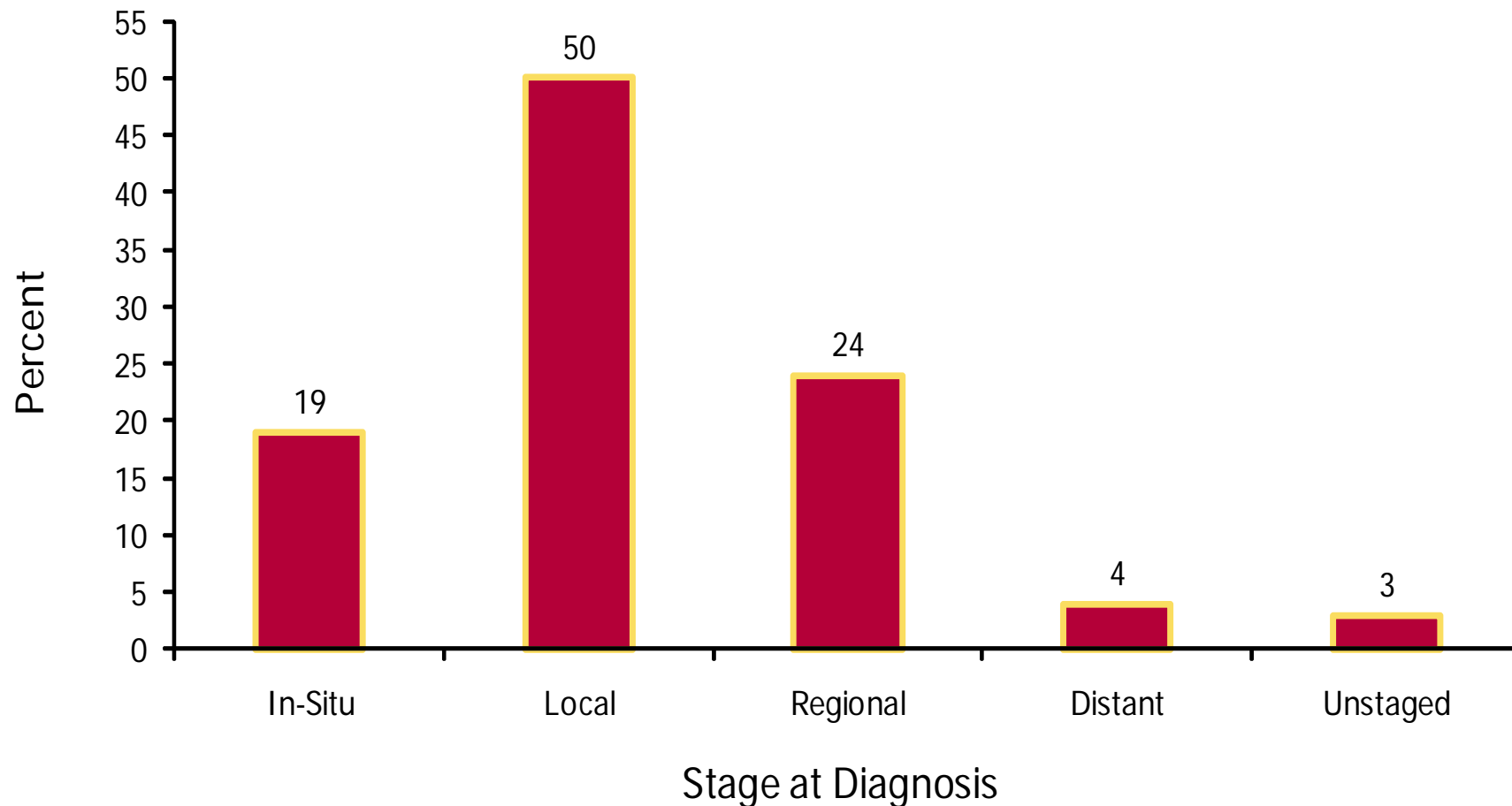
103 women died of the disease.

# Invasive Breast Cancer in Montana Women Age-Adjusted Incidence Rates <sup>1</sup> 1989 to 2008



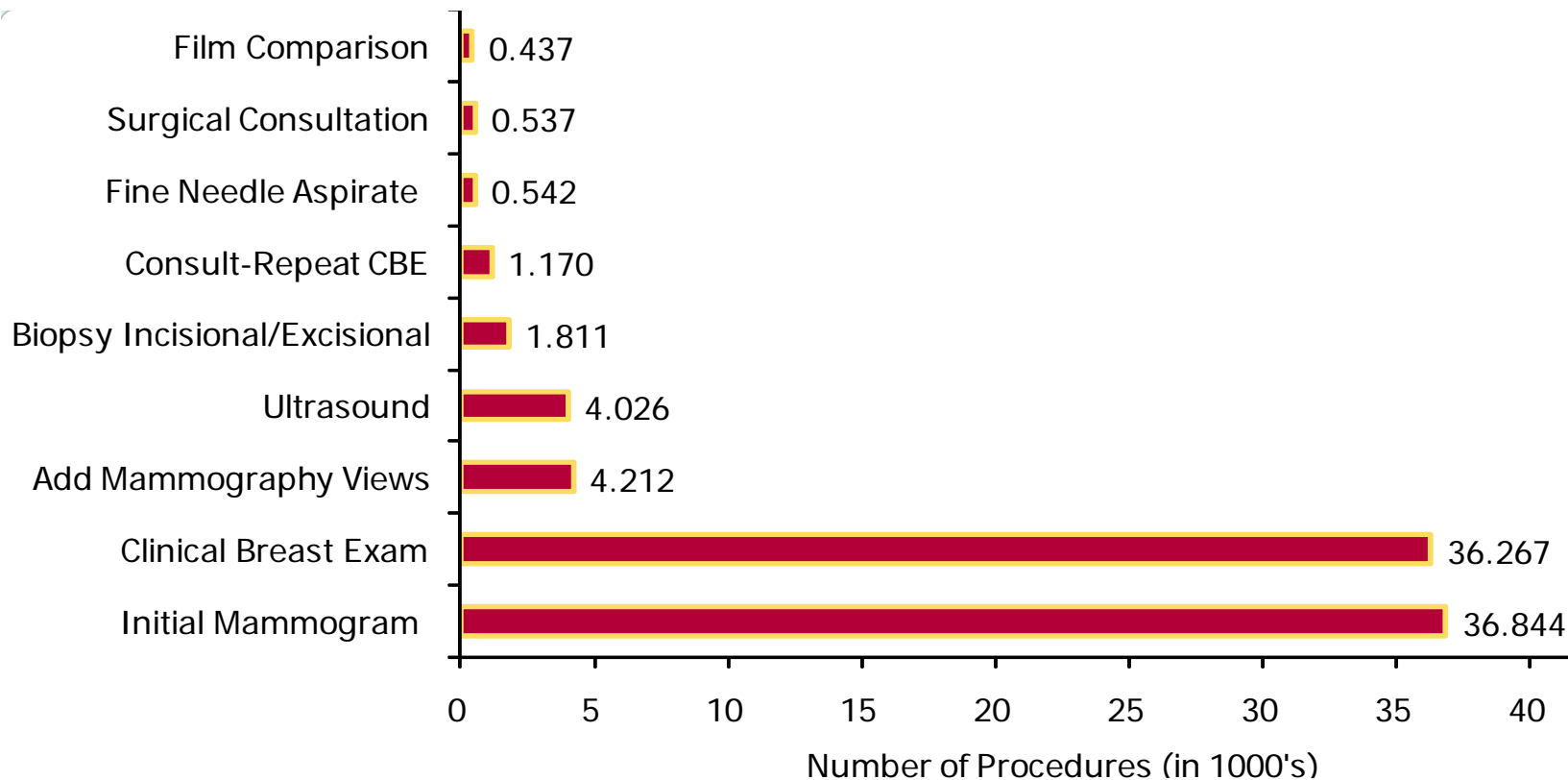
<sup>1</sup> Age-adjusted to the 2000 standard million population and shown per 100,000  
95% Confidence Interval

# Breast Cancer Stage at Diagnosis Montana 2004-2008

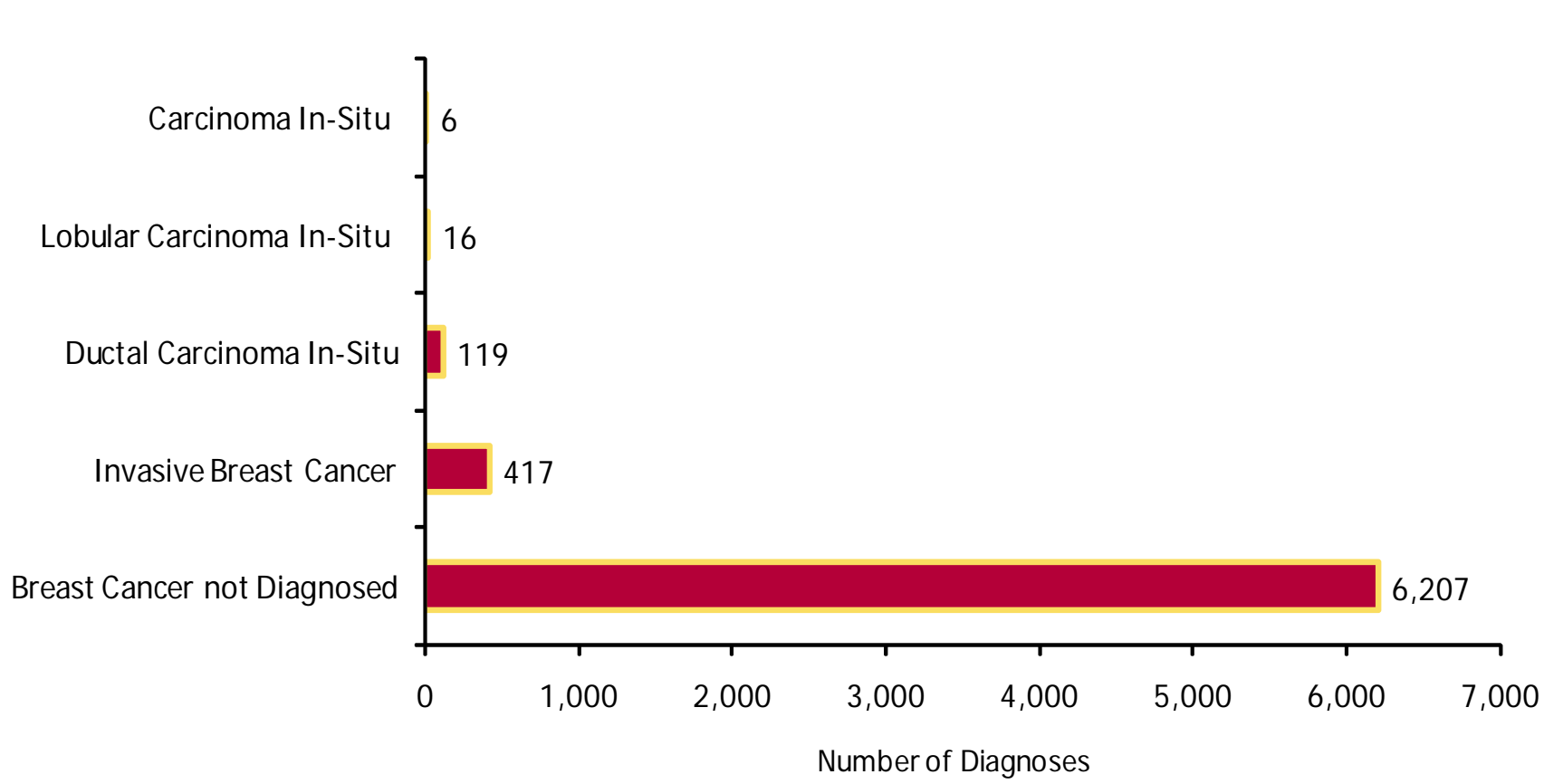


# Breast Procedures Montana Cancer Control Programs October 1996 to June 2010

Total Breast Procedures (N = 85,846)



# Diagnostic Breast Results for Planned Work Ups Montana Cancer Control Programs October 1996 to June 2010

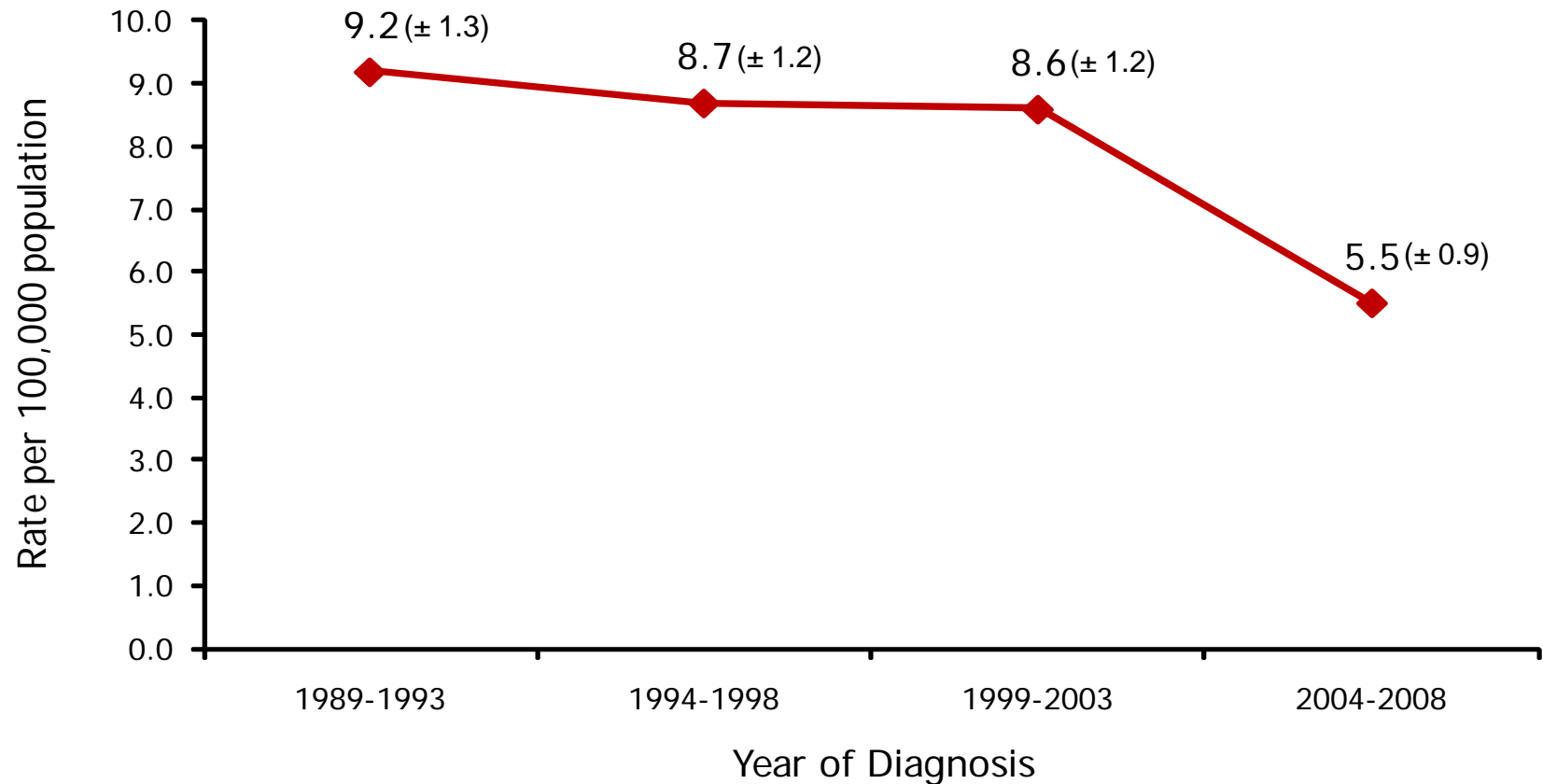


## **Cervical Cancer: Disease Burden 2008**

31 new cases of cervical cancer  
were diagnosed in Montana women.

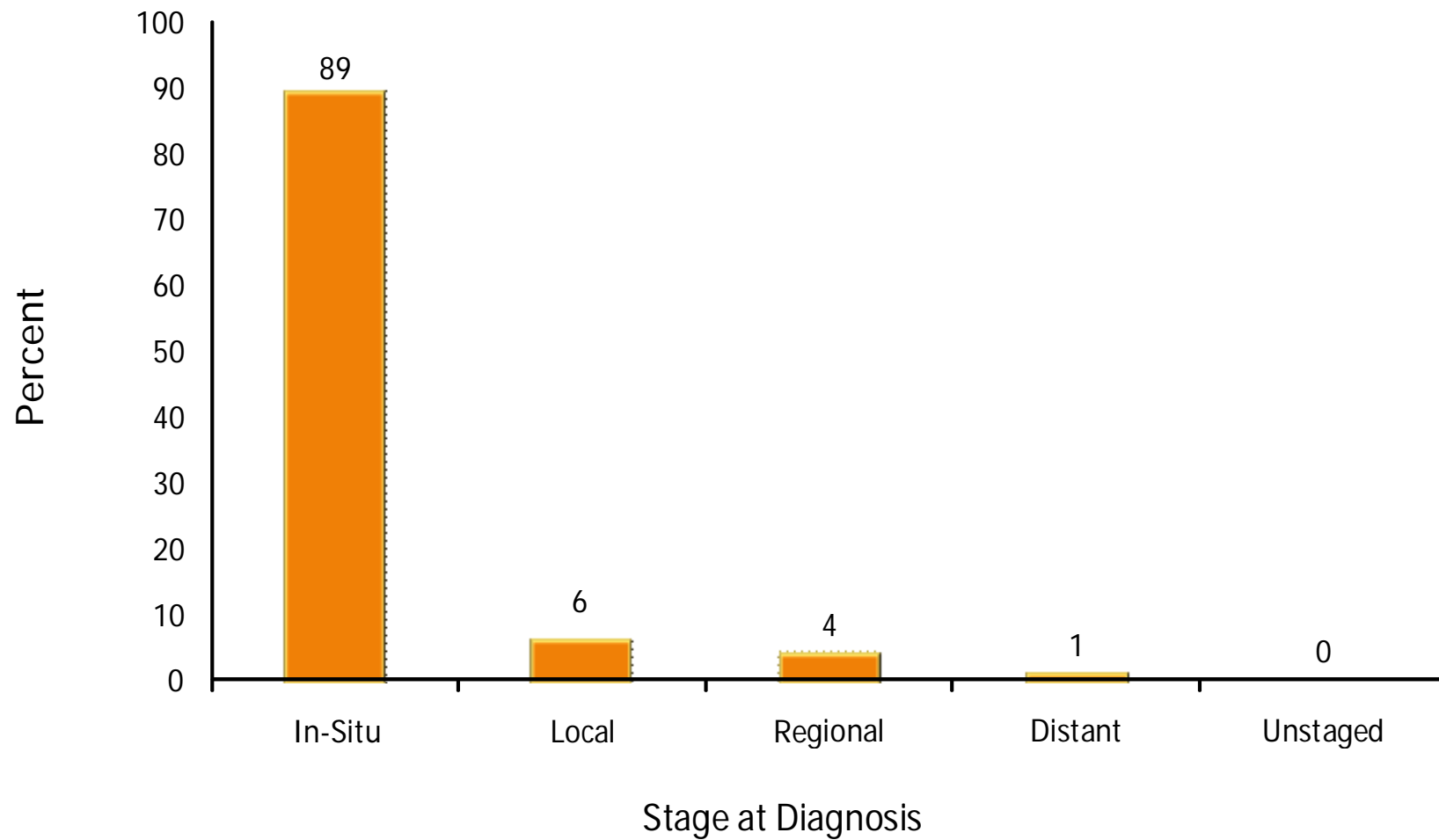
9 women died of the disease.

# Invasive Cervical Cancer in Montana Age-Adjusted Incidence Rates <sup>1</sup>



<sup>1</sup> Age-adjusted to the 2000 standard million population and shown per 100,000

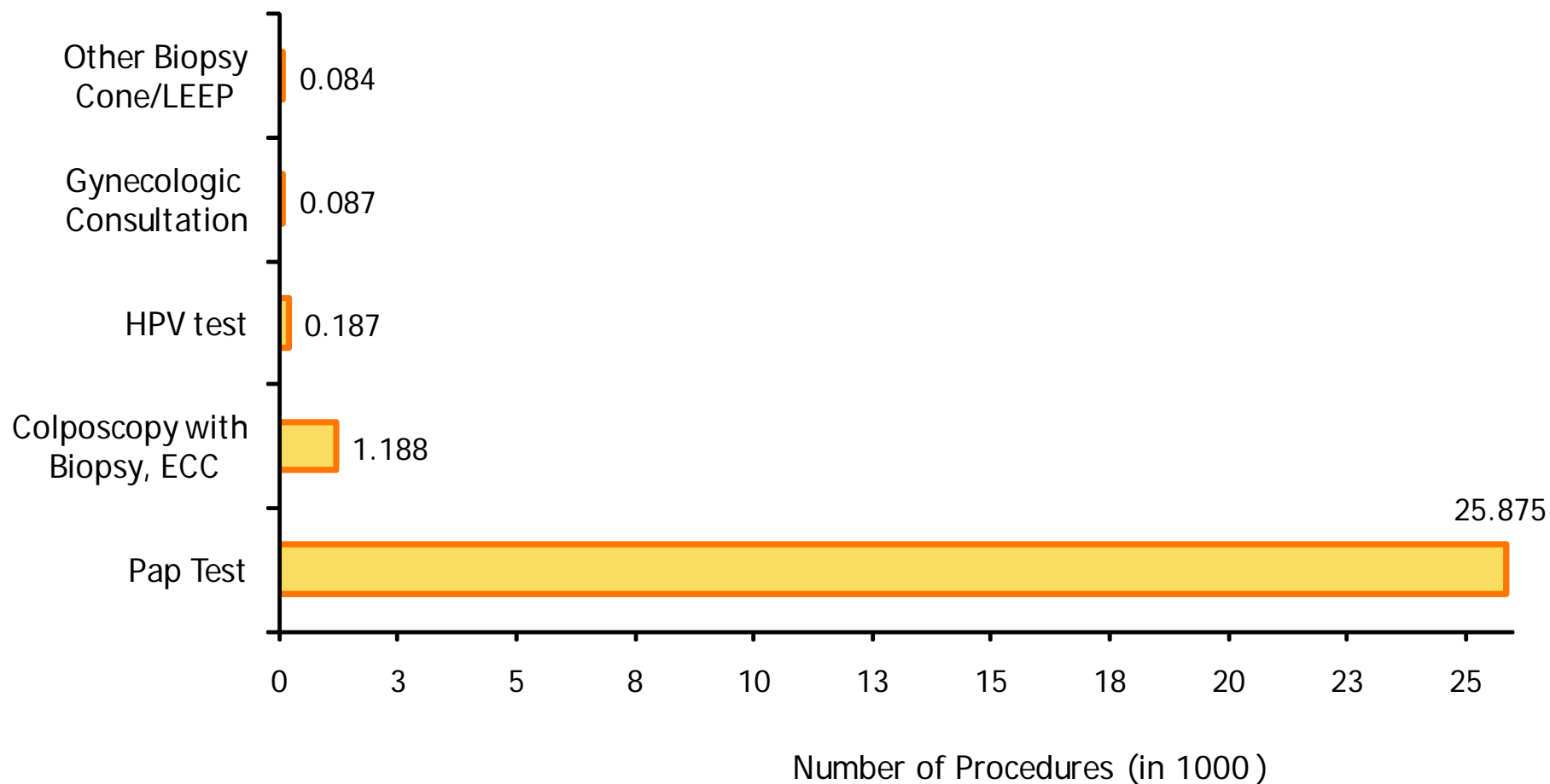
# Cervical Cancer Stage at Diagnosis in Montana 2004-2008



# Cervical Procedures Montana Cancer Control Programs

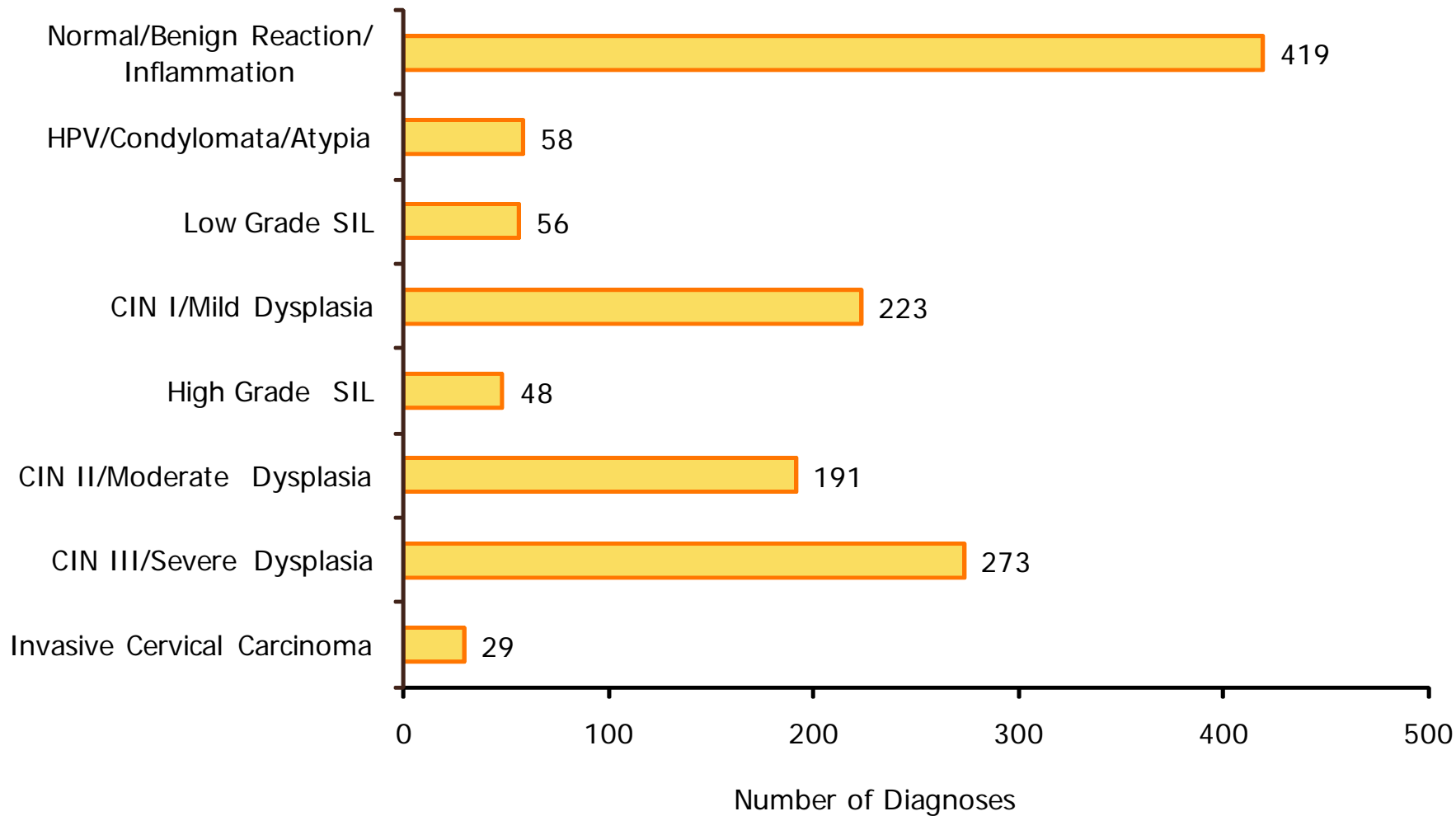
October 1996 to June 2010

Total Cervical Procedures Performed (N = 27,461)



# Cervical Diagnostic Results for Planned Work Ups Montana Cancer Control Programs

October 1996 to June 2010



## Technical Notes and Definitions

### Stage at diagnosis

The staging of cancers is based on the size of the primary lesion, its extent of spread to regional lymph nodes, and the presence or absence of blood-borne metastases. The stages in order of increasing spread are described below:

In-situ - A neoplasm that fulfills all the microscopic criteria for a malignancy, but does not invade or penetrate surrounding tissue.

Localized (Stage 1) - An invasive neoplasm confined entirely to the organ of origin.

Regional (Stage 2) - A neoplasm that has extended beyond the limits of the organ of origin directly into the surrounding organs or tissues; into regional lymph nodes; or both direct extension and regional lymph node involvement.

Distant (Stage 3) - A neoplasm that has spread to parts of the body remote from the primary tumor, either by direct extension or by discontinuous metastasis.

Unstaged (Stage 4) - Information is not sufficient to assign a stage.

### Montana Central Tumor Registry (MCTR)

A central state registry of nearly all cancers diagnosed and/or treated in Montana. The MCTR uses a computer data system designed for the collection, storage, management, and analysis of the data collected and maintained.

### SEER

National Institutes of Health/National Cancer Institute Surveillance, Epidemiology, and End Results. SEER data are gathered from 11 geographic areas of the United States. These geographic areas are considered by SEER to be "reasonably representative subsets of the United States population."

### Incidence rate:

The cancer incidence rate is the number of new cases diagnosed during the specified time period per 100,000 (using the sum population over the time period in the denominator). The time period for Montana cancer rates is 2003-2007, while the time period for national (National Program of Cancer Registries, CDC) data rates is 2001-2005. All rates are standardized to the 2000 U.S. standard million population by the direct method.



MONTANA CANCER  
CONTROL PROGRAMS

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