Alaska's Breast and Cervical Cancer Prevention Program

Background

In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act, Public Law (PL) 101-354, to establish a program of grants to states to fund activities for the early detection and control of breast and cervical cancers. In 1992, the Centers for Disease Control and Prevention awarded to the Section of Epidemiology, Alaska Division of Public Health a 3-year "capacity-building" grant to develop the infrastructure to manage programs to promote screening for breast and cervical cancer and to provide follow-up services. Once this program is in place, the Division of Public Health will be eligible to apply for additional funds to pay for breast and cervical cancer screening services, including Pap smears, colposcopies, biopsies, and mammograms.

Breast cancer is the second most common cause of cancer deaths among women in Alaska. In 1993, an estimated 200 Alaskans were diagnosed with breast cancer, and 50 died of the disease. It is estimated that in 1993, 6 women died from cervical cancer in Alaska.

Women with breast cancer have an excellent (>90%) chance of cure if the disease is detected and treated in its earliest stages. Cervical cancer, if diagnosed and treated early, is virtually 100% curable.

Age at diagnosis (especially if >50 years), low socioeconomic status, low educational attainment, and race all influence an individual's risk of having breast or cervical cancer diagnosed at an advanced, less-often-curable stage. Unfortunately, one Alaskan in every seven (14%) lacks health insurance coverage for costs of screening and treatment.

Purpose

The goal of the Alaska Breast and Cervical Cancer Early Detection Program is to decrease the number of deaths from breast and cervical cancer by:

- increasing the utilization of screening for these cancers among low-income, high-risk women (particularly minority women)
- detecting these cancers early
- helping to ensure that women are able to receive appropriate evaluation and medical care
- expanding the general level of knowledge about these cancers
- tracking abnormal screening-test results in order to assure that women receive appropriate follow-up.

Activities

1. Screening and Follow-Up Services - One of our major objectives is to increase early detection of breast and cervical cancers. We plan to promote the teaching of breast self-examination and appropriate use of periodic clinical breast examination, mammography, pelvic examination, and Pap test screening. We also will work to ensure that all women have access to screening services including referral, follow-up, and educational services.

2. Public Education - Because many high-risk women have little knowledge about screening tests for breast and cervical cancer, we will increase awareness of the importance of screening, identifying sources of care, and recommend screening guidelines.

3. Professional Education - We will identify continuing education needs of health professionals and assist physicians and other providers to increase their knowledge of the importance and effectiveness of screening, recommendations for screening, and indications to refer patients for follow-up and treatment.

4. Quality Assurance - We will assist efforts to ensure that the processes of performing a Pap test or mammogram, interpreting and reporting the results to the health-care provider and the patient, and conducting follow-up are carried out at the highest standards that technology will permit.

5. Surveillance - We will establish a statewide, population-based surveillance system for breast and cervical cancer. The surveillance system will provide data on the prevalence and incidence of breast and cervical cancer, the stage at first identification, the number of women screened, and mortality rates in Alaska.

6. Coalition - We will continue to support a state-wide coalition plan, coordinate, and promote Breast and Cervical Cancer Prevention activities.

For more information, call the Cancer Prevention and Control Program, Section of Epidemiology, 561-4406.

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