

Women and Cancer: Examining Breast Cancer-Screening Behaviors and Survival

[Announcer] *This program is presented by the Centers for Disease Control and Prevention.*

[Ebony Wardlaw] Breast cancer is the most common form of cancer among women in the United States, with roughly 40,000 dying from it each year. The CDC's National Breast and Cervical Cancer Early Detection Program helps under- and uninsured low-income women access potentially lifesaving breast and cervical cancer screenings to catch these cancers early.

I'm Ebony Wardlaw for CDC's journal *Preventing Chronic Disease*. Today I'm talking with Dr. Siran Koroukian, associate professor in the School of Medicine at Case Western Reserve University in Cleveland, Ohio. We're discussing her study which looks at how the Ohio Breast and Cervical Cancer Early Detection Program, or BCCP, impacts cancer-screening behaviors and survival. Dr. Koroukian's study is featured in a July 2015 issue of *Preventing Chronic Disease*. Thank you for joining us, Dr. Koroukian.

[Siran Koroukian] Thank you for having me.

[Ebony Wardlaw] Let's start with an overview of your study.

[Siran Koroukian] The BCCP is an initiative of the CDC that aids to reduce barriers to mammography and increase screening grades among uninsured women with low incomes. Now, most studies evaluating the BCCP have focused on outcomes in women younger than 65 years of age, however the benefits of having participated in the BCCP may extend well beyond the years in which women are eligible for the BCCP program and as they transition to Medicare. Our study compared screening and cancer-related outcomes among two groups of Medicare beneficiaries with low income who were newly diagnosed with breast cancer—those with and without history of participation in the BCCP. To do this, we pooled nearly 10 years of data from the Ohio BCCP program, the Ohio Cancer Incidence Surveillance System, and Medicare data. The measures that we compared between the two groups were receipt of screening mammography, receipt of timely and standard care, and survival outcomes. Our findings showed that former BCCP participants were significantly more likely to have had a mammogram in the year preceding cancer diagnosis. However, no significant differences were found in the other outcomes, probably due to rather small sample size.

[Ebony Wardlaw] What aspects of BCCP were you hoping to learn more about?

[Siran Koroukian] We wanted to see whether participation in the BCCP had lasting effects on women's behavior in seeking breast cancer screening, and whether being a former BCCP participant was associated with better breast cancer outcomes.

[Ebony Wardlaw] How is *your* study different from *other* BCCP-related studies?

[Siran Koroukian] To our knowledge, this is the first study to examine the lasting effects of the BCCP on breast cancer screening and outcomes. Most other studies have focused on women in the 40 to 64 age group, during which they are eligible for BCCP services, but the downstream effects of participating in the BCCP were largely unknown.

[Ebony Wardlaw] Did your team discover any long-term benefits of BCCP participation?

[Siran Koroukian] Well, BCCP women were significantly more likely than others to have had a mammogram prior to their cancer diagnosis, though our study did not detect differences in other outcomes that we examined. However, despite pooling nearly 10 years of data from Ohio, our study population remained rather small, and that hindered our ability to detect differences between women who had participated in the BCCP and those who had not.

[Ebony Wardlaw] What do your findings suggest for the future of breast and cervical cancer screening programs in the United States?

[Siran Koroukian] The BCCP is a very important program, providing not only screening services for breast and cervical cancer but also diagnostic testing to women with abnormal findings. Furthermore, women diagnosed with cancer are eligible to enroll in Medicaid to receive coverage for their cancer treatment and other health care needs. In states with Medicaid expansion, a certain percentage of BCCP-eligible women will be able to enroll in Medicaid, others will remain uninsured, and another percentage of women will purchase coverage through the Health Insurance Exchange. Screening tests are covered, however, some of the plans purchased through the exchange come with very high deductibles, which makes it too expensive for women to undergo diagnostic testing in case they have abnormal findings. And in turn, this will pose important barriers for women to seek highly inadequate care, potentially affecting cancer outcomes. It will be very interesting to monitor the changes that the BCCP will undergo, but given the needs that it has met for vulnerable women thus far, it is my hope that it will continue to do so, especially given the lasting effects of screening behavior we documented in this study.

[Ebony Wardlaw] Thank you for joining us, Dr. Koroukian.

You can read her study online cdc.gov/pcd.

[Ebony Wardlaw] *The findings and conclusions in this report are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.*

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