THE FLORIDA BREAST CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM REPORT

March 2015

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Governor

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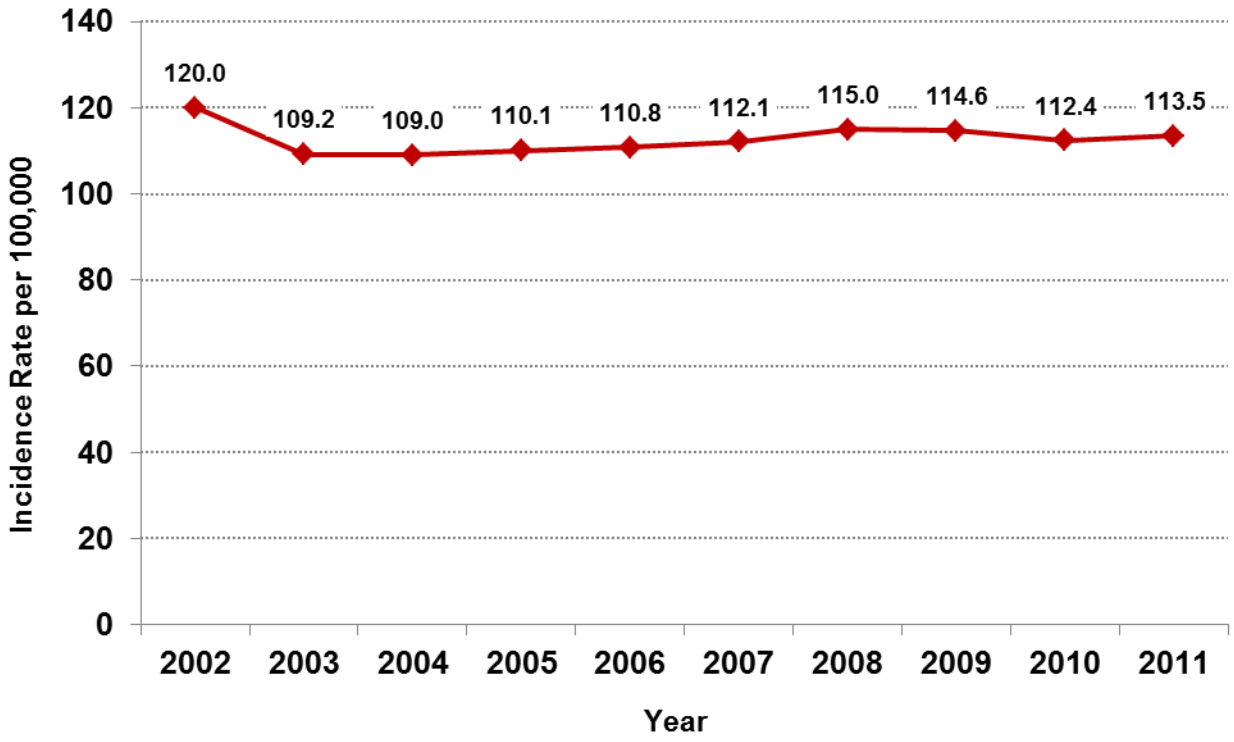
Introduction

The Florida Breast Cancer Early Detection and Treatment Referral Program was authorized by the Florida Legislature on July 1, 2009. As required by Section 381.932, Florida Statutes, the State Surgeon General must submit an annual report to the appropriate substantive committees of the Legislature that includes a description of the rate of breast cancer morbidity (incidence) and mortality in the state from the Florida Cancer Data System (FCDS) and the extent to which women participate in breast cancer screenings from the Behavioral Risk Factor Surveillance System (BRFSS). The FCDS is Florida's statewide, population-based cancer registry, which has collected data since 1981. The BFRSS is a statewide telephone-based surveillance system designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. This report shows trends over time and uses the most recent data available. Looking forward, approximately 15,470 new cases of breast cancer and 2,830 breast cancer deaths are estimated to occur among women in Florida in 2015 (Siegel, Miller, & Jemal, 2015).

Breast Cancer Incidence

Figure 1 represents the statewide breast cancer incidence rates from 2002 through 2011. The Florida age-adjusted breast cancer incidence rate was 120.0 per 100,000 women in 2002 and declined to 113.5 per 100,000 women in 2011, a decrease of 5.4%. This decrease is thought to be a result of the decrease in hormone therapy use after menopause that occurred after the publication of the results of the 2002 Women's Health Initiative (American Cancer Society, Inc., 2014).

Figure 1. Age-Adjusted Breast Cancer Incidence Rate per 100,000 Women Florida, 2002-2011

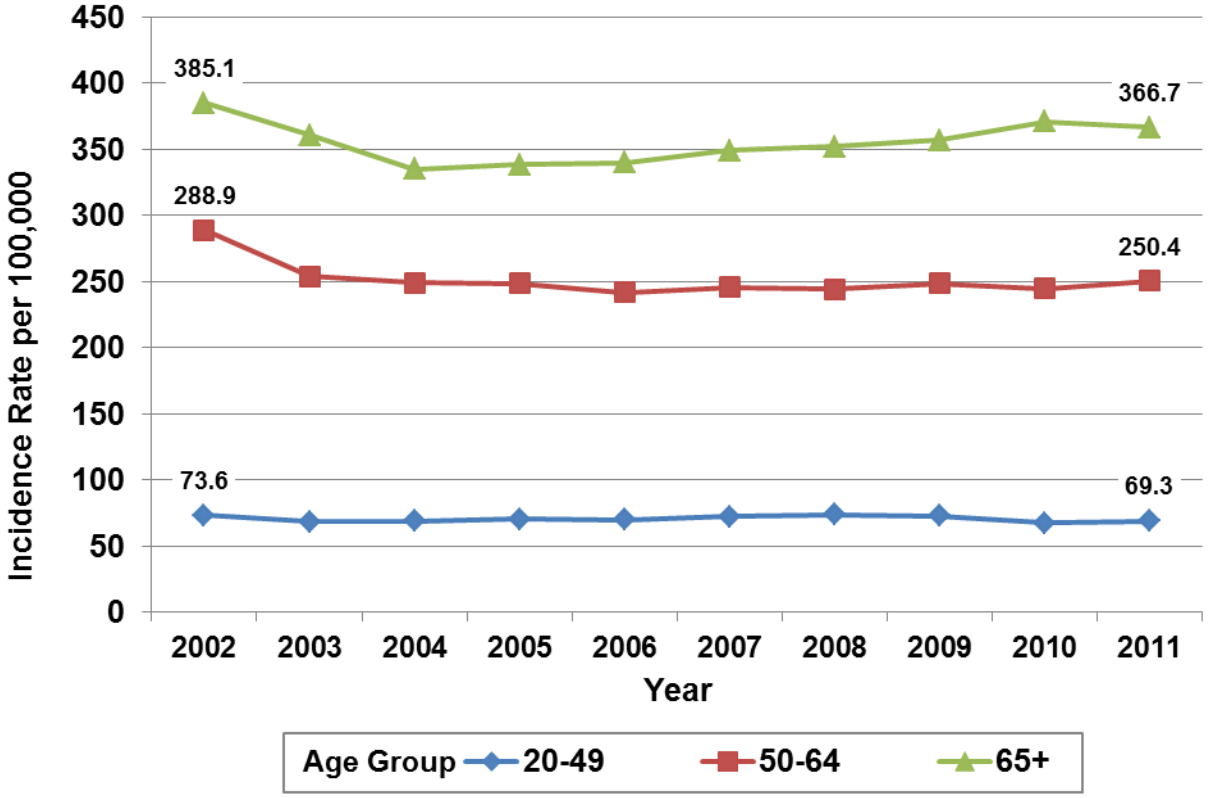


Source: Florida Cancer Data System

Breast Cancer Incidence by Age Group

Figure 2 depicts incidence rates for women for the following age groups: 20-49, 50-64 and 65 and older. In 2011, the age-specific breast cancer incidence rate was 69.3 per 100,000 for the 20-49 age group; 250.4 per 100,000 for the 50-64 age group; and 366.7 per 100,000 for the 65 and older age group. The highest incidence rate was observed among women aged 65 and older. Since 2002, incidence rates have decreased by 5.8% among women aged 20-49, 13.3% among women aged 50-64 and by 4.8% among women aged 65 and older.

Figure 2. Age-Specific Breast Cancer Incidence Rate per 100,000 Women by Age Group, Florida, 2002-2011

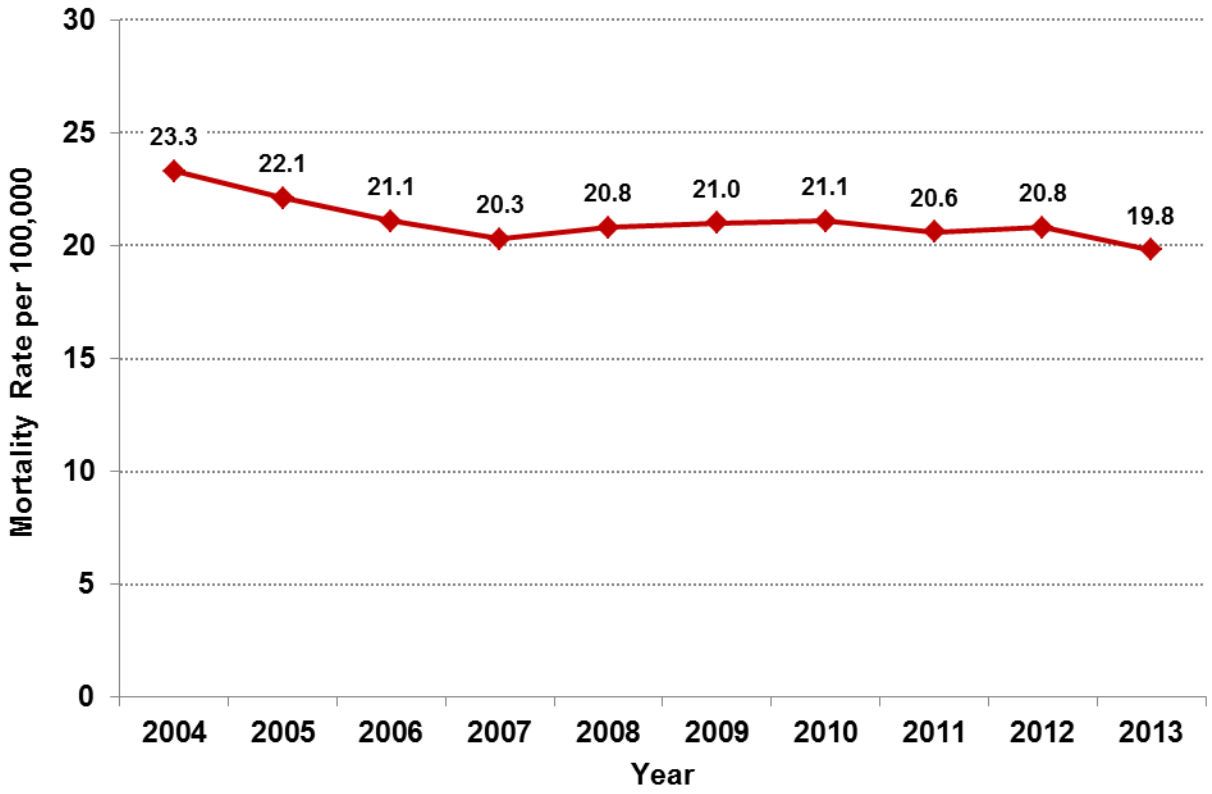


Source: Florida Cancer Data System

Breast Cancer Mortality

In Florida, age-adjusted mortality rates for female breast cancer are down 34.1% from peak rates in 1995 (30.1 per 100,000). This decline may be attributable to improvements in early detection and treatment (Berry, et al., 2005). Figure 3 illustrates the statewide age-adjusted breast cancer mortality rates per 100,000 women from 2004 through 2013. The age-adjusted breast cancer mortality rate decreased from 23.3 per 100,000 women in 2004 to 19.8 per 100,000 women in 2013, a 15.0% decrease.

Figure 3. Age-Adjusted Breast Cancer Mortality Rate per 100,000 Women Florida, 2004-2013

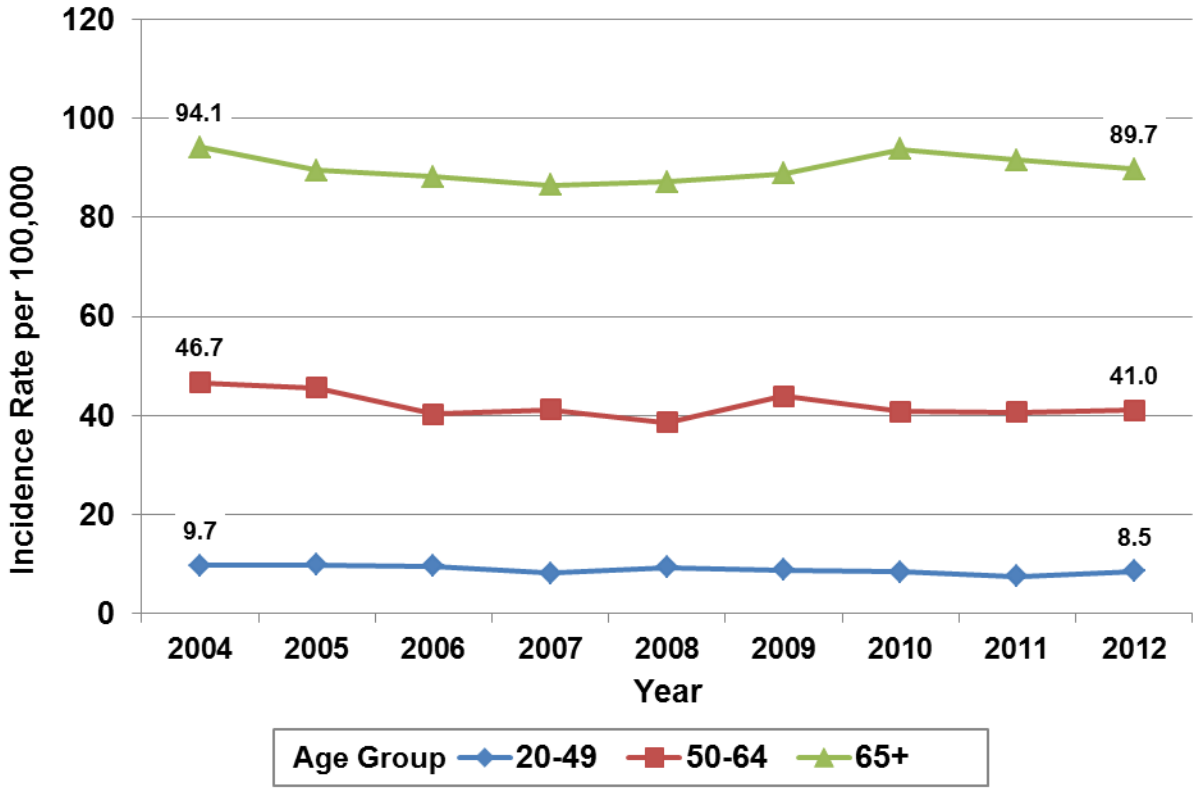


Source: Florida Bureau of Vital Statistics

Breast Cancer Mortality by Age Group

Figure 4 illustrates the age-specific breast cancer mortality rate per 100,000 women. In 2012, the rate was 8.5 for the 20-49 age group; 41.0 for the 50-64 age group; and 89.7 for the 65 and older age group. Since 2004, mortality rates have decreased by 12.4% among women aged 20-49 and by 12.2% among women aged 50-64. However, breast cancer mortality rates increased 8.3% between 2007 and 2010 among women aged 65 and older. Since 2010, mortality rates have decreased by 4.3% among women aged 65 and older. Women aged 65 and older were significantly more likely to die of breast cancer than women in other age groups.

Figure 4. Age-Specific Breast Cancer Mortality Rate per 100,000 Women Florida, 2004-2012



Source: Florida Bureau of Vital Statistics

Breast Cancer Screening

Based on the most recent U.S. Preventative Services Task Force (USPSTF) guidelines, one of the Healthy People 2020 goals is to increase the proportion of women who receive a breast cancer screening from a baseline of 73.7% to 81.1%. Figures 5 and 6 illustrate responses to questions on the BRFSS survey related to breast cancer screening. In 2013, among women aged 50-64, 59.3% had a clinical breast exam in the past year and 74.3% received a mammogram in the past two years. While screening rates are improving, significant challenges remain in reaching Healthy People 2020 goals.

Figure 5. Percentage of Women Aged 50-64 Who Had a Clinical Breast Exam in the Past Year Florida, 2013

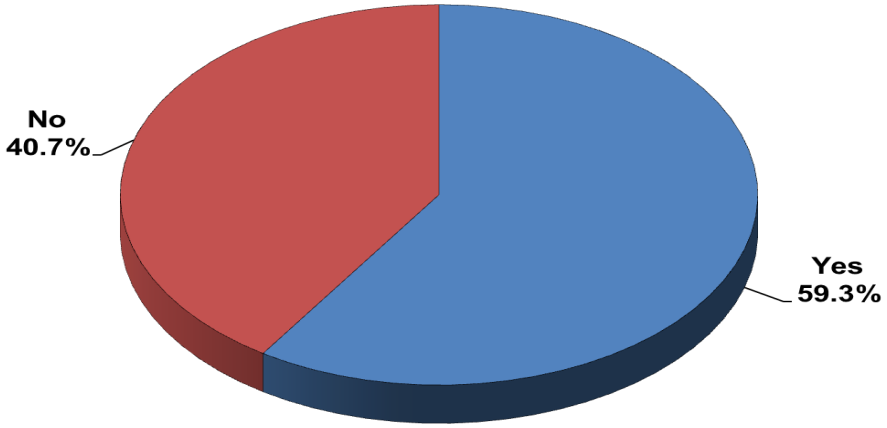
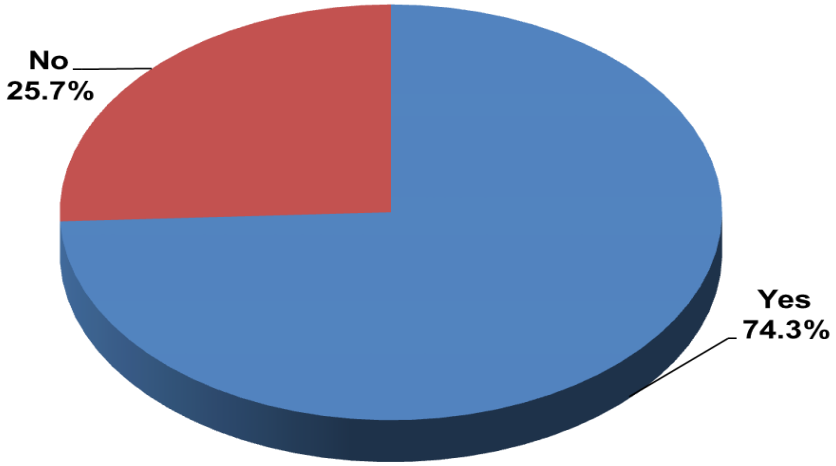


Figure 6. Percentage of Women Aged 50-64 Who Received a Mammogram in the Past Two Years Florida, 2013



Source: Florida Behavioral Risk Factor Surveillance System (BRFSS)

Reach and Connect Pilot Project

The long term goal of this project is to reduce the breast and cervical cancer burden in areas of the state that are demonstrated to have higher rates of late stage diagnosed cases.

In Fiscal Year 2013–2014, the Reach and Connect Pilot Project general revenue allocations funded part-time community health workers (CHWs) to increase breast and cervical cancer screening rates among the underserved, and to provide follow-up with women seeking screenings and/or HPV vaccinations. CHWs provide the cross-community clinical linkage needed to address racial and ethnic disparities in breast and cervical cancer.

The pilot project focused on areas of high and moderately high late-stage breast and cervical cancer and women who carry the greatest burden of the disease. Breast and cervical cancer screenings were provided in 27 different geographical areas of the state that have high rates of late stage breast and cervical cancer. Over 1,000 women were provided small group education and outreach regarding the importance of breast and cervical cancer screenings and the human papilloma virus (HPV) vaccination. While 92 percent of the women educated indicated they were more likely to get screened after listening to the presentation, less than 200 of those educated met the eligibility criteria for and were subsequently screened through the FBCCEDP.

Conclusion

Breast cancer incidence and mortality rates have decreased over a ten-year period in Florida due to ongoing progress in both screening and improved treatment (Berry, et al., 2005). Despite these decreases, breast cancer has remained the most commonly diagnosed cancer and the second leading cause of cancer deaths among women (Siegel, Miller, & Jemal, 2015).

The Florida Breast and Cervical Cancer Early Detection Program is an integral resource for women who remain uninsured. Next year, the FBCCEDP will continue its efforts to provide screening and navigation services for women, and educate them about the importance of screening and how to access screening services. To this end, the Reach and Connect Project has hired six additional CHWs and has shifted its focus from large geographical areas to zip code level areas of the state that have higher rates of breast and cervical cancer diagnosed at late stage. The department looks forward to evaluating whether this approach will be successful for wider implementation; results will be included in next year's report.

References

American Cancer Society, Inc. (2014, December 31). *What are the key statistics about breast cancer?* Retrieved from American Cancer Society: http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics

Berry, D., Cronin, K., Plevritis, S., Fryback, D., Clarke, L., Zelen, M., . . . and Collaorators, C. I. (2005). Effect of Screening and Adjuvant Therapy on Mortality from Breast Cancer. *New England Journal of Medicine, 353*(71), 1784-92.

Siegel, R., Miller, K., & Jemal, A. (2015, Jan). Cancer statisitcs, 2015. *A Cancer Journal for Clinicians, 65*(1), 5-29.