

The Herald

State program combats breast, cervical cancer

By MEL HUFF
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GALVESTON, August 1, 2004 — A pillowcase embroidered with white and purple lilies hangs on the wall of Dr. Edward Hannigan's office. The lilies frame the words of Psalm 134: "Come Bless the Lord. All you Servants of the Lord Who Stand in the Night in the House of the Lord. ..."

The pillowcase was a gift from one of Hannigan's patients, Elisabeth Fae Cox, a homeless woman who lived under the Trinity River Bridge. She died of cervical cancer.

Hannigan is a gynecologic oncologist — a specialist who treats cancers of women's reproductive systems. He is also the medical director of the largest of the state's safety net programs to prevent breast and cervical cancer.

The University of Texas Medical Branch at Galveston where Hannigan practices is one of more than 30 regional contractors that implement the state's federally funded Breast and Cervical Cancer Control Program.

Since 1991, the BCCCP has provided free breast and cervical cancer screening and diagnosis to low-income, uninsured women who might otherwise fall between the cracks of the health care system.

In 2002, the Texas Legislature authorized a treatment component: Women who were diagnosed with cancer through the BCCCP became eligible for Medicaid for the duration of their cancer treatment.

Between 15-30 percent of breast cancer deaths in women over 40 and nearly all deaths from cervical cancer could be prevented by early diagnosis and treatment, according to a report prepared for the National Conference of State Legislatures by Stephanie Wasserman, a senior policy analyst.

Cervical cancer screening is cheap. The lab work for a Pap test costs \$6. But as Hannigan knows, not all women will be saved.

"Deaths from these diseases occur disproportionately among women who are uninsured or underinsured," notes the Web site of the National Breast and Cervical Cancer Early Detection Program.

Uninsured cancer patients receive less treatment than patients with private insurance, health policy research shows.

Emory University health policy professors Kenneth Thorpe and David Howard, writing in "Health Affairs," found that spending on cancer treatment for uninsured patients younger than 65 came to little more than half (55 percent) of spending for patients with private insurance. Nearly twice as many Hispanic cancer patients were uninsured as the overall average.

Other research indicates that women who have breast cancer and are uninsured, or have Medicaid, have higher mortality rates than women with private insurance.

In separate studies published in 1993 and 2000, Dr. J. Z. Ayanian, associate professor of medicine and health care policy at Harvard Medical School, and Dr. R. G. Roetzheim at the University of South Florida found this to be because the cancer is diagnosed at a later stage.

In Texas, the BCCCP has been level-funded for the past three fiscal (budget) years. For fiscal years 2003, 2004 and 2005, it received \$6.2 million. In practical terms, however, due to rising costs, this represents a decrease in the number of patients that can be served.

It might seem that political support for such a program would be assured.

But in the budget-cutting fervor of the last legislative session, a bill was introduced that would have terminated “funding for breast and cervical cancer screening and diagnostic services and other related services made available under the breast and cervical cancer control program.”

Another proposal would have eliminated the Medicaid treatment component. Advocates lobbied for the two programs and they were ultimately saved.

In Texas, women 50-64 years old with incomes below 200 percent of the federal poverty level — \$18,620 for one person or \$37,700 for a family of four — qualify for breast cancer screening through the BCCCP, unless they have private insurance or Medicaid. Women ages 18-64 who meet the income criteria are eligible for cervical cancer services.

Statewide, only 2 percent of eligible women actually receive BCCCP screenings, according to Margaret Mendez, chief of the Bureau of Women’s Health at the Texas Department of Health.

“I don’t know how one would figure out what the likelihood of the 98 percent developing breast cancer would be,” Mendez said. “It would be a lot of work to figure that out.”

More than 50,000 women in Cameron County meet the eligibility standards for Pap smears, TDH data show.

The number eligible for breast cancer services is considerably smaller. There are about 11,000 Cameron County women between the ages of 50-64 with income under 200 percent of the federal poverty level, but how many have some kind of insurance could not be determined.

However, Mendez reported that 1,168 Cameron County women had mammograms through a BCCCP provider in 2003 and 105 abnormalities were found.

The cervical cancer screening statistics require more explanation.

In Cameron County, 237 Pap smears were done with BCCCP funds in 2003 and 60 abnormalities were found. But the figures do not reflect the incidence of cervical cancer in the general population. In fact, cervical cancer has become relatively uncommon because of increased screening.

“The (BCCCP) program must follow up on specific categories of Pap results,” Mendez said. “Some of the women will be referred into the program for a follow-up Pap to be paid for by the program after having an initial abnormal Pap result. Few of these are diagnosed as cancer.”

Rosemarie Herrmann explains how cervical cancer funds are spent locally.

Herrmann is the executive director of Planned Parenthood of Cameron and Willacy counties, which delivers BCCCP services through a program called Promesa Salud.

Thirteen years ago when BCCCP money first became available, Planned Parenthood applied to TDH for a grant and implemented the program at its five clinics. When TDH made additional funds available several months later, Planned Parenthood won another grant and extended Promesa Salud to Su Clinica Familiar, the Brownsville Community Health Center, The Cameron County Health Department and five Hidalgo County Planned Parenthood clinics, extending the program to 18 sites.

“We provide the Pap smears through our regular family planning services (using) other resources,” Herrmann said. “We preserve the BCCCP money for mammograms and diagnostic services. When a woman has a Pap smear that’s abnormal, then we move her into Promesa Salud to do the (diagnostic procedures).”

Planned Parenthood performs more than 8,000 Pap smears a year at its clinics in Cameron and Willacy counties. This year the screening tests found only one case of cervical cancer.

But that should not be considered insignificant.

“Cervical cancer has been decreasing, but not in Cameron County,” she noted. “In our clinics, we have an abnormal Pap rate of 4.34 percent, compared to a national rate for Hispanic women served through BCCCP of 2.7 percent.”

She observed that research by Dr. Susan Fisher-Hoch at the University of Texas at Houston School of Public Health – Brownsville Campus indicates that “there’s at least a possibility that there’s one or more strains of HPV (human papillomavirus) coming across the border that is more virulent than what we’ve seen in the past that grows faster and attacks women at a younger age.” Some types of the virus can lead to cervical cancer.

The cervical cancer screening program is a public health success story: Last year there were no deaths from the cancer in Cameron County.

“There’s just no excuse today for a woman to die of this disease,” Herrmann said. “If we can get the Pap smears done timely and get her into treatment, most cervical cancer is treatable – most, but not all.”

Unlike cervical cancer, which is relatively slow growing, breast cancer is a much more aggressive disease. But even so, women with localized breast cancer that is detected early have a five-year survival rate of 97 percent.

Last year Promesa Salud provided screening mammograms to about 650 clients at its 18 sites. Of those clients, six were found to have breast cancer.

The statewide rate of abnormal findings for women 50-64 years old is 9-10 percent. But the “abnormal rate” for Cameron County is 16 percent, Herrmann said.

Abnormal results must be followed up with expensive diagnostic tests.

This presents a challenge in allocating scarce dollars. Extra grant money has to be set aside to pay for diagnostic tests, and this limits the number of screening procedures that can be provided.

BCCCP’s fiscal year begins July 1. Promesa Salud’s funds are usually exhausted by December or January.

“So if (clinicians) see a client in February or March and want her to have a screening mammogram but they can’t do it through Promesa right now, they’ll tell her to come back in July,” Herrmann said. “It’s certainly not optimal,” she admitted.

The alternative would be to parcel the money out over the year, limiting appointments to the first two weeks of the month — another form of rationing. “You’re really in the same situation,” Herrmann said.

Cancer Stop, UTMB’s program, spreads its money over 12 months. But it, too, runs out of funds.

“Everybody runs out of money every year,” said Sister Mary Jane Strauch, a Cancer Stop case manager at UTMB. “There’s not enough money. That’s the problem.”

Although there is not enough money, there is no lack of need.

“In our clinic in McAllen, there is apparently an inexhaustible supply of patients,” Hannigan noted. Until recently, Hannigan came to the Rio Grande Valley once a month to treat cervical lesions.

What would it take to meet demand in Cameron County?

“If you’re asking how many women out there need (mammograms) and should be getting them every year, the number is thousands,” Herrmann said.

Promesa Salud has the capacity to provide clinical breast exams (part of the screening process) for at least 2,500 women.

“But there’s not nearly enough money,” Herrmann said.

UTMB, the state’s default provider of subspecialty and hospital care, receives women from the Valley with advanced cancers that have gone untreated.

“If you look at the Texas Cancer Registry data for the Valley, which has time of diagnosis by stage, people diagnosed with cancer in the Valley have what’s called a ‘stage shift,’” Hannigan said. “There are fewer Stage I’s and more advanced stages.

“And the other interesting fact is that the rate of cancer screening in the Valley is the same as the rate of cancer screening elsewhere in the United States. So it’s not an underscreened area.

“There’s something between screening and treatment that causes the stage shift — the delay is between screening and first treatment.

“It’s patients who have abnormal Pap smears, abnormal mammograms or even breast masses that don’t have access to the health care system,” he said.

For Hannigan and others who stand in the night with women like Elisabeth Fae Cox, the idea that the medically secure may not be willing to prevent the deaths of those without access to medical care is “intolerable.”

“This is a whole bigger issue than Cancer Stop,” he said.

“I hope that the citizens of the United States would not want sick people going down in the streets like in Calcutta. I would hope that wouldn’t happen.”