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The Reach and Health Impacts of the National Breast and Cervical Cancer Early Detection Program

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This special supplement, “The Reach and Health Impacts of the National Breast and Cervical Cancer Early Detection Program,” contains 16 articles that provide an in-depth examination of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Since 1990, the NBCCEDP has provided access to breast and cervical cancer screening and diagnostic services to more than 4.3 million low-income, underinsured, and uninsured women in the USA [1]. It is the largest organized cancer screening program in the country and, by design, reaches women who are underserved and may not have access to these services otherwise.

The first article in this special issue provides an overview of the NBCCEDP—its design, history, service delivery components, program impact, and potential role moving forward [2]. The remaining articles use data from the NBCCEDP to describe its reach and impact. Together, these findings provide a vital resource for understanding the important role of the NBCCEDP in providing high-quality breast and cervical cancer screening and diagnostic services to underserved women in the USA.

Articles by Howard et al. [3] and Tangka et al. [4] assess the extent to which the NBCCEDP has helped meet the breast and cervical cancer screening needs of underserved women nationally. These articles examine the proportions of women who are eligible for the NBCCEDP and who have been screened for breast and cervical cancer, as well as trends in these proportions during 1997–2012 [3, 4]. Subramanian et al. [5] examine program and state-level factors in an effort to better understand reasons for state variation in the proportion of eligible women screened by the NBCCEDP. Dalzell and colleagues provide an in-depth description of the methods and data sets used to generate estimates of the number of women eligible for screening in the NBCCEDP [6].

In an effort to maximize the use of resources, the NBCCEDP has identified priority populations of women who are at increased risk of developing cancer. Two articles in this special issue examine cancer detection rates among two of these populations. Benard et al. [7] examine the effectiveness of targeting cervical cancer screening among women never or

rarely screened for cervical cancer, while White et al. [8] examine the clinical outcomes of mammography among women aged 50 years or older.

Several articles examine the clinical characteristics of women served by the NBCCEDP. Ryerson et al. [9] examine the frequency of reported symptoms and the diagnostic outcomes associated with these symptoms. This information, which has not been previously characterized in the NBCCEDP, can be important in assisting with appropriate evaluation and diagnostic workup.

Stage of cancer at the time of diagnosis is one of the leading predictors of cancer morbidity and survival. Miller et al. [10] assess cancers diagnosed and the stage at diagnosis among women receiving services through the NBCCEDP. In addition, Wu et al. [11] provide the first population-based results comparing the distribution of early- and late-stage breast cancer diagnosed among women enrolled in the NBCCEDP to women diagnosed with breast cancer who are not enrolled in the program.

Watson et al. [12] describe the follow-up results of women screened by the NBCCEDP who have equivocal Pap test results (atypical squamous cells of undetermined significance). This article provides the first look at human papillomavirus (HPV) test use as part of screening in the NBCCEDP and offers important insights into the practices of thousands of NBCCEDP providers across the country.

Program evaluation can help identify practices with potential for population impact, improve understanding of current public health practices among NBCCEDP grantees, and bridge the divide between promising and evidence-based practices. DeGroff et al. [13] present results from a systematic screening and assessment process to identify promising public health practices used by NBCCEDP grantees.

Hall et al. [14] describe how the Persuasive Health Message framework was used to guide the formative evaluation that informed the development of messages and materials used in a community-based multimedia campaign designed to motivate low-income African-American women to get mammograms. In an additional article, Hall et al. [15] evaluate whether a culturally appropriate campaign that used black radio and print media increased the use of local mammography screening services provided by the NBCCEDP among African-American women.

Adams et al. [16] assess breast cancer screening and incidence patterns to identify women in Georgia who are repeat users of NBCCEDP services and to observe screening patterns as these women become eligible for and transition to Medicare. This article provides important insight into the role of targeted outreach and education provided through the NBCCEDP in sustaining high levels of regular and timely screening as women age out of the NBCCEDP and become eligible for Medicare.

Together, the articles in this special issue provide an in-depth analysis on the reach and health impact of the NBCCEDP and enhance our understanding of the challenges and opportunities for meeting the cancer screening needs of underserved women in the USA. The final article highlights these valuable insights and discusses future opportunities for the

NBCCEDP [17]. As the only nationally organized cancer screening program in the USA, the NBCCEDP provides a model to guide future efforts in improving the provision of preventive health services and understanding the impact of these services on reducing breast and cervical cancer mortality among all women in the USA.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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