

OKLAHOMA BREAST & CERVICAL CANCER  
PREVENTION & TREATMENT ADVISORY COMMITTEE  
ANNUAL REPORT · STATE FISCAL YEAR 2012

Dear Governor Fallin, Speaker Shannon, President Pro Tempore Bingman and State Board of Health:

I am pleased to present the Annual Report for State Fiscal Year (SFY) 2012. This report fulfills the requirements set forth by the Oklahoma Legislature (63 O.S. §1-556). This report contains the efforts of the Oklahoma Breast and Cervical Cancer Prevention and Treatment Advisory Committee (BCCPT) which include:

- Facilitate statewide early detection services that are accessible and acceptable;
- Refer for abnormal findings;
- Support epidemiological studies;
- Promote research studies;
- Partner with community groups;
- Promote healthcare professional trainings;
- Public education; and
- Develop public policy related to breast and cervical cancer.

I wish to thank our partners and legislators for their continued support as we work together to find the cure for breast and cervical cancer. I also wish to acknowledge the BCCPT Annual Report Committee for providing input for the development of the Annual Report SFY 2012 and special thanks to Amber Sheikh, MPH; Anne Pate, PhD; Susan Lamb, BA; Tia Yancey, MPH, CHES; and William Dooley, MD, FACS for preparing the Annual Report.

Respectfully,

A handwritten signature in cursive script that reads "Christy Southard".

Christy Southard, Chair  
Oklahoma Breast and Cervical Cancer Prevention and Treatment Advisory Committee

## **Executive Summary**

The Breast and Cervical Cancer Prevention and Treatment (BCCPT) Advisory Committee is comprised of legislators, breast and cervical cancer survivors, family members of those with cancer, healthcare providers, community organizations and state agencies working together tirelessly to reduce the burden of breast and cervical cancer in the lives of Oklahoma women.

The BCCPT Advisory Committee works directly with the Take Charge! program, located at the Oklahoma State Department of Health (OSDH). Take Charge! is one of three breast and cervical cancer screening programs located in Oklahoma. Cherokee Nation and Kaw Nation also have breast and cervical cancer screening programs. Each program has distinctive eligibility guidelines. Though the eligibility guidelines differ, the three programs have a shared overarching goal to provide breast and cervical cancer screening for Oklahoma women that are at highest risk and who meet program guidelines.

The populations at highest risk for breast and cervical cancer include women who have non-modifiable risk factors such as being female and increasing age, and modifiable risk factors such as lack of physical activity, poor nutrition, and tobacco use. The BCCPT Advisory Committee supports the efforts of the Oklahoma Health Improvement Plan (OHIP) to increase physical activity, encourage proper nutrition, and smoking cessation for all Oklahomans.

According to data reviewed from the Oklahoma Central Cancer Registry (OCCR), Centers for Disease Control and Prevention (CDC) and Behavioral Risk Factor Surveillance System (BRFSS), women in Oklahoma are receiving less breast and cervical cancer screenings than the rest of the United States (U.S.). Breast and cervical cancer incidence in Oklahoma is not decreasing at the same rate as the rest of the U.S. The BCCPT Advisory Committee respectively puts forward the recommendation that Oklahoma needs increased public awareness and public education in order to promote breast and cervical cancer screenings. Public education and outreach efforts should be targeted toward African American women and Native American women as the incidence of breast cancer is higher in these races in comparison to the other races and ethnicities in Oklahoma.

## Purpose

The “Oklahoma Breast and Cervical Cancer Act” was established in 1994 to implement breast and cervical cancer reduction plans to significantly decrease breast and cervical cancer morbidity and mortality in the state of Oklahoma (63 O.S. §1 554-558). The Oklahoma Breast and Cervical Cancer Act established the Breast and Cervical Cancer Prevention and Treatment Advisory Committee (BCCPT) and specific responsibilities of the BCCPT Advisory Committee, one of which includes an annual report. Overall, the mission of BCCPT Advisory Committee is to increase the quality of breast and cervical cancer prevention and treatment programs statewide. The objectives of the BCCPT Advisory Committee are as follows:

- Promote access to quality early detection services statewide;
- Promote epidemiological studies that reflect the trends of breast and cervical cancer, incidence, prevalence, and survival statewide;
- Promote breast and cervical cancer research studies;
- Collaborate with other breast, cervical, and other women’s cancer organizations and services to provide accessible, acceptable, and available early detection services statewide;
- Translate, develop, and promote public policy related to breast and cervical cancer; and
- Collaborate with breast and/or healthcare organizations to facilitate medical referral for women with abnormal findings for additional services or assistance.

In conjunction with the BCCPT Advisory Committee, the Oklahoma Breast and Cervical Cancer Act established the Breast and Cervical Cancer Act Revolving Fund. The monies in the revolving fund consist of gifts or donations, and contributions from individual income tax returns. Twenty dollars of each *Fight Breast Cancer License Plate* sold is put into the Breast and Cervical Cancer Act Revolving Fund. A sample of the *Fight Breast Cancer License Plate(s)* is provided below. All monies in the revolving fund are appropriated to the Oklahoma State Department of Health (OSDH) to support the implementation of the Oklahoma Breast and Cervical Cancer Act. Prior to expenditure of monies by OSDH, the BCCPT Advisory Committee reviews expenditure proposals and provides advisement. Past expenditures of funds have paid for breast and cervical cancer screening and diagnostic services for women enrolled in the Take Charge! program.



## Take Charge! Program

Take Charge! is a statewide program which provides breast and cervical cancer screening for eligible Oklahoma women. The main purposes of Take Charge! include: facilitating earlier screening, ensuring prompt diagnosis and improving access to treatment for breast and cervical cancer. Take Charge! services are provided through contracts with healthcare providers, federally qualified health centers, health care organizations, laboratories, surgical consultants, mammography facilities, and colposcopy providers. The list of current contracts with healthcare

providers is located on the Take Charge! website (<http://takecharge.health.ok.gov>) under the current provider information tab.

Take Charge! has screened over 55,000 eligible women since its implementation in 1995. Women screened through Take Charge! may receive a clinical breast exam, mammogram, pelvic examination, and Pap test as appropriate. The priority population for breast cancer screening (clinical breast exam and mammogram) through Take Charge! is Oklahoma women 50-65 years of age, with an income at or below 185% of the federal poverty level, and uninsured or underinsured. The priority population for cervical cancer screening (pelvic exam and Pap test) through Take Charge! are Oklahoma women 35-65 years of age who have not had a Pap test in five or more years, with the same income and insurance guidelines as breast cancer screening. Oklahoma women not included in the priority population may qualify for services based on appointment availability and funding resources.

Women with abnormal findings on breast and/or cervical cancer screening examinations through Take Charge! receive referral and access to diagnostic services. Take Charge! provides diagnostic services for women that are screened through Take Charge! who are ineligible for Oklahoma Cares. Take Charge! encourages women in need of diagnostic or treatment services to apply for the Oklahoma Cares program. Take Charge! funding is restricted to screening services and diagnostic services per guidance from Centers for Disease Control and Prevention (CDC) Cooperative Agreement.

### **Oklahoma Cares**

The Oklahoma Cares program is a Medicaid program administered through the Oklahoma Health Care Authority (OHCA). The program, which began in 2005, provides diagnostic and treatment services for eligible women with screened abnormalities indicating a breast or cervical pre-cancerous condition or cancer. To be eligible to enroll in Oklahoma Cares women must be screened by a healthcare provider in accordance with Take Charge!, Cherokee Nation Breast and Cervical Cancer Early Detection Program (BCCEDP) or Kaw Nation BCCEDP. Women must be between the ages of 19-65, not insured, low income, and meet medical eligibility guidelines. Women enrolled in the Oklahoma Cares program receive full scope Medicaid coverage inclusive of diagnostic and treatment services. Additional information about the Oklahoma Cares program can be found on the Oklahoma Health Care Authority website (<http://www.okhca.org>).

### **Populations at Highest Risk for Breast and Cervical Cancer**

The population at highest risk for breast and cervical cancer includes women who have modifiable and non-modifiable risk factors. It is important to understand that just having a risk factor does not necessarily mean a woman will get the disease.

#### *Breast Cancer*

According to the American Cancer Society (ACS), there are several factors that increase the risk for developing breast cancer. Some risk factors can be modified and some are non-modifiable. The non-modifiable risk factors for breast cancer include:

- Female gender - being a woman is the biggest risk factor for breast cancer. Men are diagnosed with breast cancer; however, women are diagnosed 100 times more frequently than men.
- Increasing age - as age increases, so does the risk of breast cancer. Two out of every three breast cancers are found in women over the age of 55.
- Genetic risk factors (mutation in BRCA1, BRCA2 genes, or other genetic changes) - BRCA mutations are more common in women in the U.S. that are Ashkenazi Jewish (Eastern European Ancestry).
- Family history of breast cancer or a personal history of breast cancer - having a mother, sister, or daughter with breast cancer doubles a woman's risk. Women with breast cancer have a three-fold to four-fold increased risk for developing cancer in the other breast or in another part of the same breast.
- Race and ethnicity - White women are more likely to develop breast cancer than African-American women; however, African American women are more likely to die from it. Breast cancer is common for African American women under 45 years of age. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer.

Take Charge! strives to serve women who are at highest risk for breast cancer, which includes women with increasing age and women in minority populations. In state fiscal year (SFY) 2011, Take Charge! served a greater proportion of minority populations than are represented in the general population of the State (Figure 1). Of particular note is the disproportionately larger population of Hispanic and African American women served in comparison to their population size in the general population.

**Figure 1: Racial/Ethnic Distribution of Take Charge! Clients and the Oklahoma Population, SFY 2011**

Race/Ethnicity	Program Percentage	Population Percentage
White	77.9%	72.2%
African American	13.3%	7.4%
Hispanic	28.0%	8.9%
Asian/Pacific Islander	1.4%	1.8%
American Indian	4.9%	8.6%
Other/Unknown	2.3%	NA
> 1 Race	0.2%	5.9%

Data Source: Cancer Screening and Tracking System (CaST)/ Census.gov

The modifiable risk factors related to breast cancer include:

- Combined hormone therapy after menopause (estrogen and progesterone) - women currently using combined hormone therapy have an increased risk of breast cancer and an increased risk of dying from breast cancer. Risk returns to the general population level within five years of stopping combined treatment.
- Alcohol use - risk of breast cancer increases with the amount of alcohol consumed. Women who have two to five drinks daily have about one and a half times the risk of women who don't drink alcohol.

- Sedentary lifestyle - physical activity reduces the risk of breast cancer.
- Being overweight or obese - women that are overweight or obese after menopause have increased risk for breast cancer.

Additional information and a complete listing of breast cancer risk factors can be found on the ACS website at <http://www.cancer.org>.

### *Cervical Cancer*

According to the ACS, there are several factors that increase the risk for developing cervical cancer. Some risk factors can be modified and some are non-modifiable. The non-modifiable risk factors related to cervical cancer include:

- Poverty - women with low incomes have less access to adequate health care services, so they may not get screened or treated for cervical pre-cancers.
- Diethylstilbestrol - women whose mothers took DES (when pregnant with them) develop clear-cell adenocarcinoma of the vagina or cervix more often than would normally be expected.
- Family history of cervical cancer - if a woman's mother or sister had cervical cancer, her chances of developing the disease are two to three times higher than if no one in the family had it.

The modifiable risk factors include:

- Behavior changes related to exposure to Human Papilloma Virus (HPV) and immunization  
- High risk types of HPV are strongly linked to cervical cancer and other cancers. Immunization for HPV vaccine is routinely given to girls ages 11-12. The high risk types include HPV 16, HPV 18, HPV 31, HPV 33, and HPV 45. About two-thirds of all cervical cancers are caused by HPV 16 and 18.  
- Immunization for HPV vaccine may be recommended for boys and girls 11-12 years of age. It may also be given starting at age 9.
- Smoking - women who smoke are twice as likely to develop cervical cancer.
- Immunosuppression - women with a weakened or damaged immune system are at higher risk for HPV infections, which may explain the increased risk of cervical cancer for women with AIDS.
- Diet - women with diets low in fruits and vegetables can be at increased risk for cervical cancer. Overweight women are more likely to develop adenocarcinoma of the cervix.

Significant efforts are underway to assist with modifiable lifestyle related risk factors such as promoting physical activity, increasing proper nutrition, reducing obesity and smoking cessation through the OSDH with the Oklahoma Health Improvement Plan (OHIP). Additional information about OHIP can be found on the OSDH website <http://www.ok.gov/health> and search for OHIP.

Additional information and a complete listing of cervical cancer risk factors can be found on the ACS website at <http://www.cancer.org> or the CDC website at <http://www.cdc.gov>.

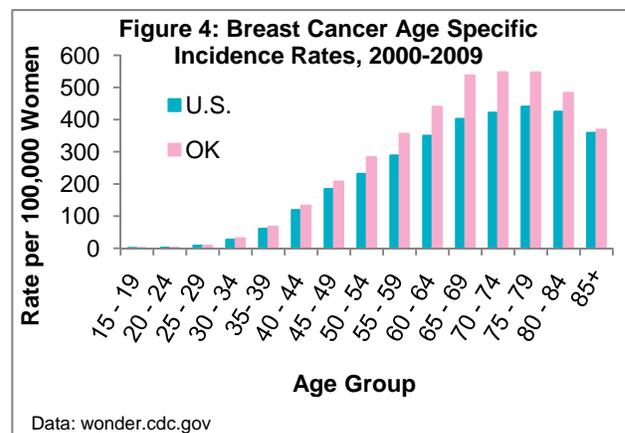
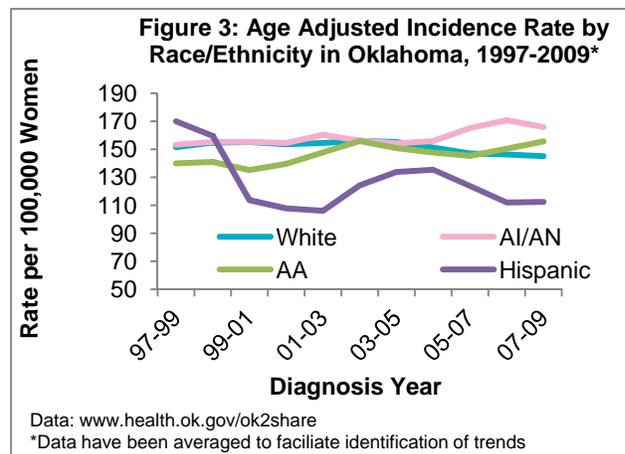
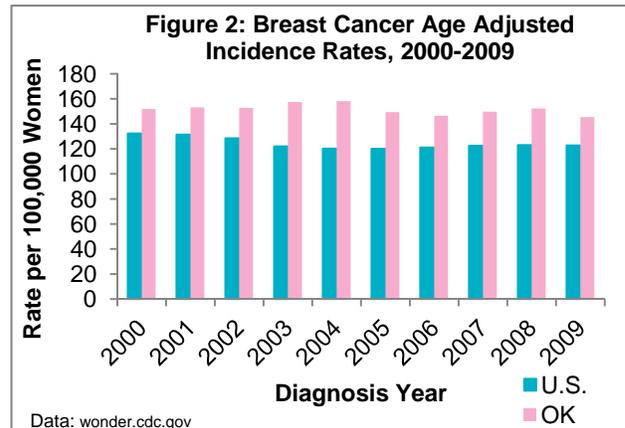
### Breast Cancer Burden in Oklahoma

The following figures represent data collected by the Oklahoma Central Cancer Registry (OCCR) which is representative of the population of Oklahoma, not limited to the population served by Take Charge!. OCCR is a statewide central database of information on all cancers diagnosed or treated in Oklahoma since January 1, 1997. The statewide registry enables researchers, policymakers, and consumers to obtain incidence data.

The national age-adjusted incidence rate for female breast cancer has gradually decreased by 7.1% between 2000 and 2009. In Oklahoma, the age-adjusted incidence for female breast cancer decreased by 4.2% between years 2000 to 2009 (Figure 2). The burden of breast cancer in Oklahoma is decreasing, but at a slower rate than the rest of the U.S.

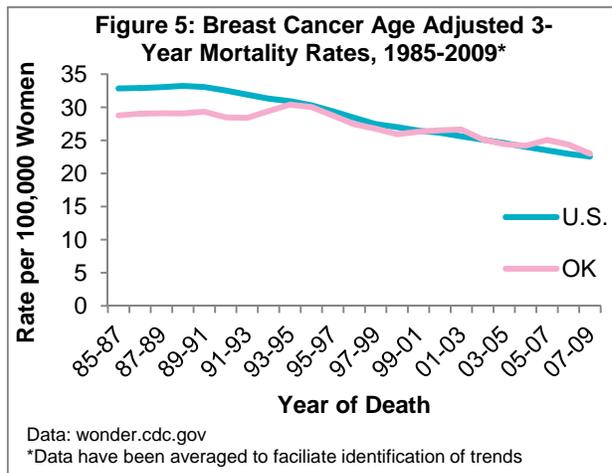
Incidence of breast cancer differs by race and ethnicity. Breast cancer incidence in Oklahoma is highest among American Indian/Alaska Native (AI/AN) women. Similar to the AI/AN incidence, rates have been steadily increasing among African American (AA) women in Oklahoma. As of 2006-2009, breast cancer incidence among both AI/AN and AA women exceeded White women for the first time in the last decade. Simultaneously, rates among White women have been declining since 2005. Hispanic women, however, have the lowest incidence of any racial/ethnic population in Oklahoma (Figure 3).

As a woman's age increases until the age of 80 years her risk of breast cancer also increases (Figure 4). Breast cancer incidence increases significantly with increasing age, peaking around 75-79 years old. These trends are similar in both Oklahoma and the U.S. In

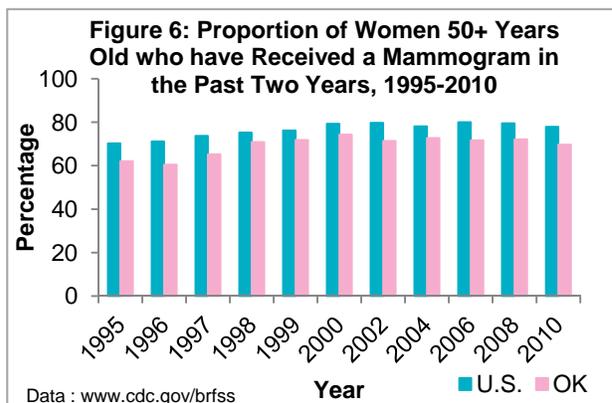


Oklahoma age specific incidence rates are higher than U.S. age specific rates.

Both national and Oklahoma breast cancer mortality rates have declined over time (Figure 5). The rates have declined at similar rates over time with national rates decreasing by 1.7% and Oklahoma rates decreasing by 2% since 2000. While the rates continue declining, there is still a need for improvement for detecting breast cancer at the earliest stage through high quality screening and receiving treatment for breast cancer effectively and efficiently.

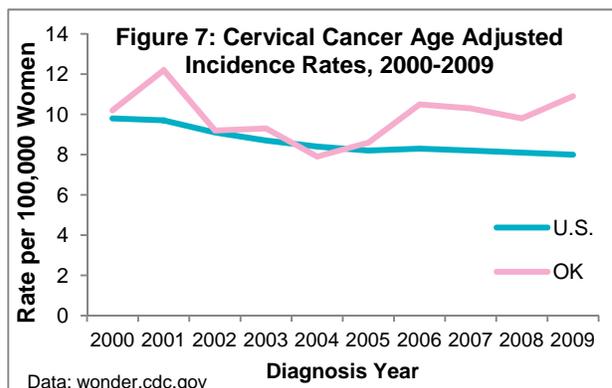


Screening rates for breast cancer have increased over time in both the U.S. and Oklahoma with a very slight decrease in recent years (between 2008 and 2010) (Figure 6). The proportion of women screened in the U.S. on average is 7% higher than in Oklahoma. The percentage of Oklahoma women receiving mammograms has consistently remained lower than women throughout the U.S. The Guide to Community Preventive Services (Community Guide) suggests that extended clinic hours and other evidence based recommendations may assist with reducing the barriers of women not receiving mammograms.



### Cervical Cancer Burden in Oklahoma

The national rate of cervical cancer has been steadily decreasing since 2000. In Oklahoma, however, the rates have not followed the same pattern, with rates of cervical cancer increasing over the last five years (Figure 7). This is of great concern due to the fact that cervical cancer can be prevented through appropriate use of the Pap test and HPV co-testing as well as the HPV vaccine.

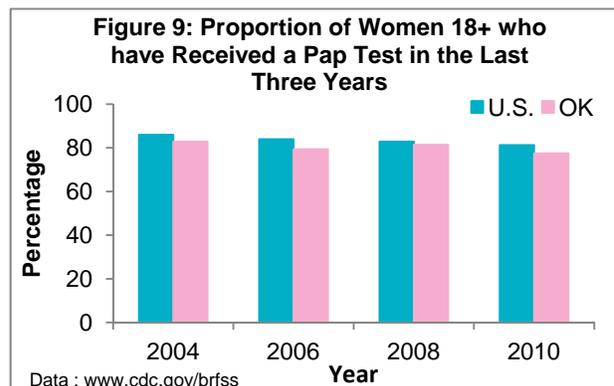
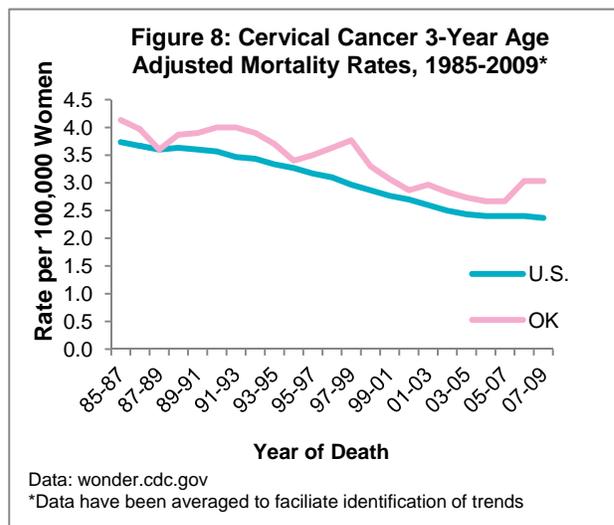


In Oklahoma, almost 50% of girls 13-17 years old received at least one dose of the HPV

vaccine in 2011. This is approximately 3% lower than the U.S. Additional information about HPV immunization can be found on the Immunization Service, Oklahoma State Department of Health website at <http://imm.health.ok.gov>.

Based on data from the Behavioral Risk Factor Surveillance System (BRFSS), there is a higher percentage of women 18 years and older in the U.S. that are being screened for cervical cancer than among women in Oklahoma. While there is an overall declining trend in mortality, Oklahoma's cervical cancer mortality rates remain higher than the U.S. (Figure 8).

Screening rates for cervical cancer in Oklahoma and in the U.S. appear to be declining (Figure 9). Screening for cervical cancer, a Pap test, appears to have declined from 2004 to 2010 in Oklahoma. The percentage of Oklahoma women receiving Pap tests has consistently remained lower than women throughout the U.S. The decrease in the proportion of women receiving a Pap test may need further evaluation. Pap test frequency may further decline in upcoming years, as the U.S. Preventive Services Task Force (USPSTF) recommends cervical cancer screening for women 21-65 every three years. USPSTF further recommends that women 30-65 years old who have a normal Pap test and HPV test may lengthen the testing interval to every five years.



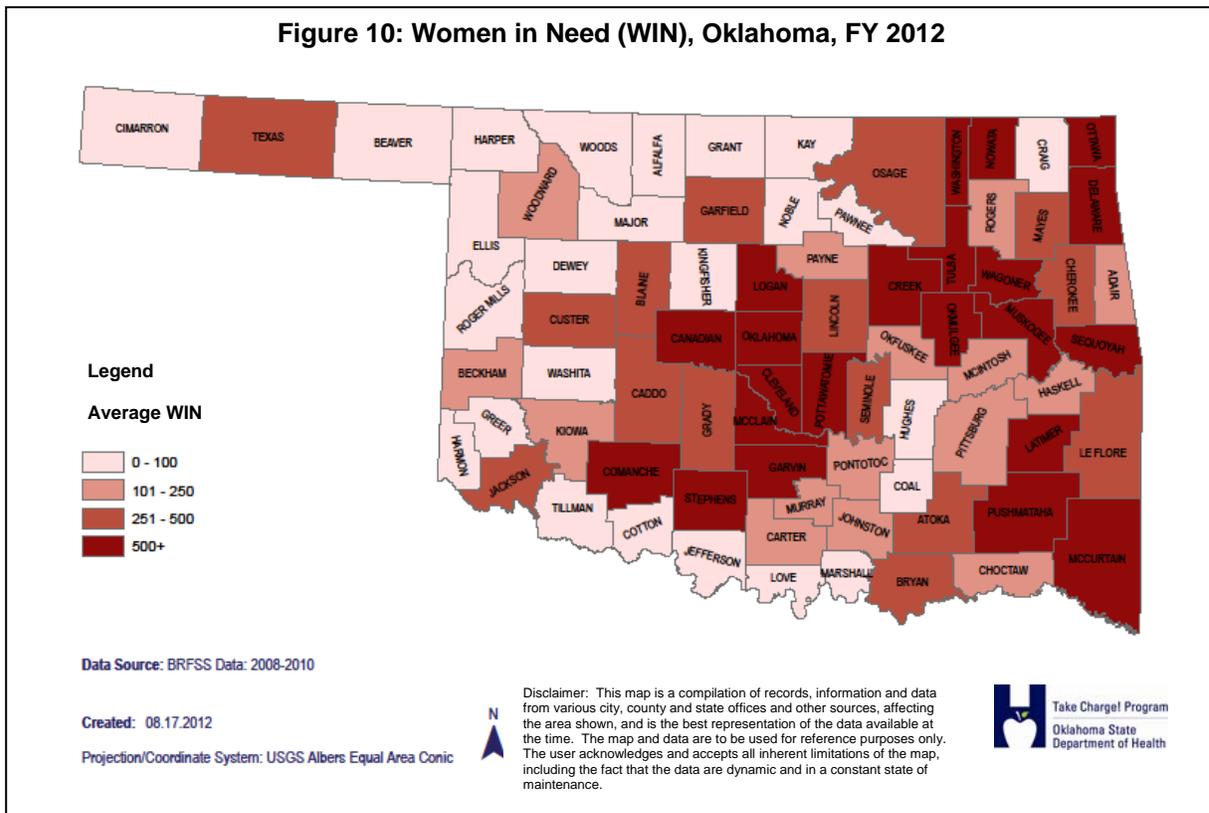
### Activities

The following information represents data collected by Take Charge! through SFY 2011.

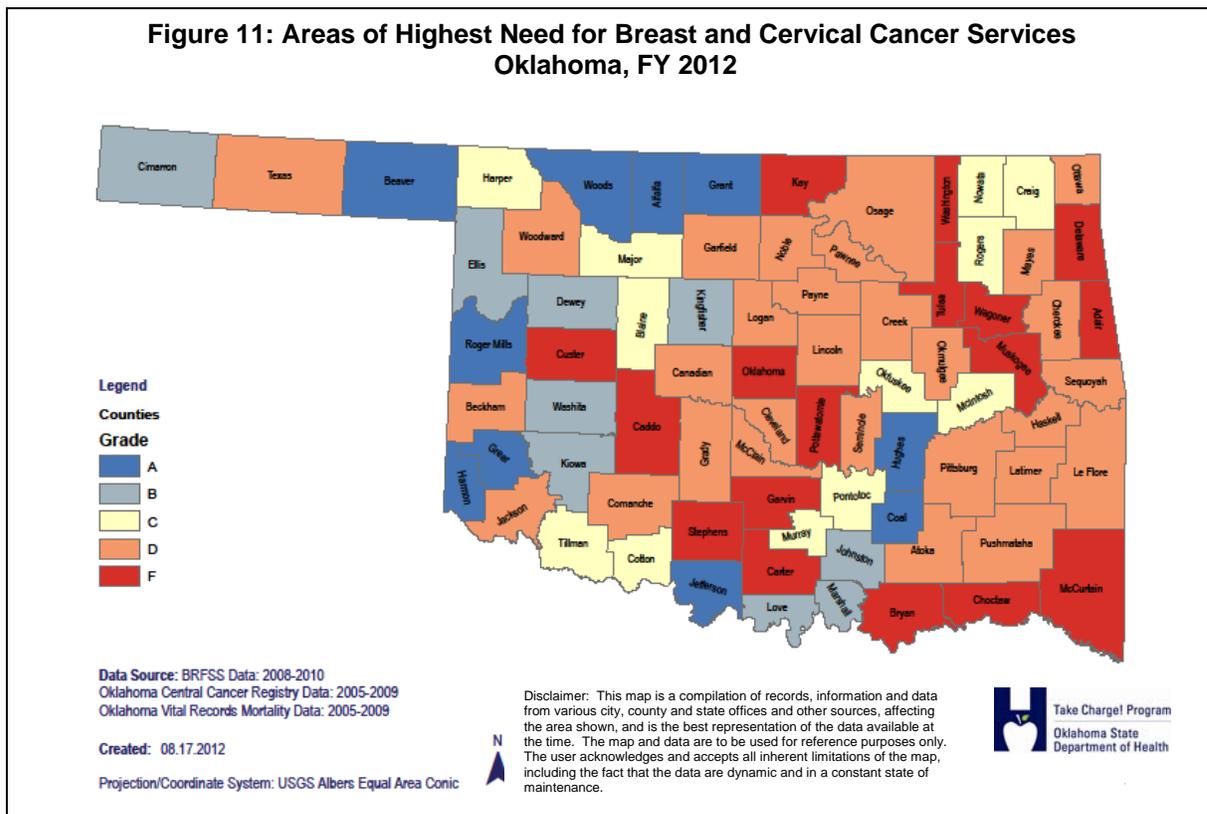
1. Take Charge! has provided over 7,217 breast cancer screenings (clinical breast exams and mammograms) and 5,804 cervical cancer screenings (pelvic exams and Pap tests) to Oklahoma women during SFY 2011.
2. Of the breast and cervical cancer screenings provided by Take Charge! during SFY 2011, 709 breast cancer screenings and 208 cervical cancer screenings required referral for further diagnostic tests for abnormal breast finding and/or abnormal Pap results. Women that needed further diagnostic testing and were eligible for Oklahoma Cares were referred to Oklahoma Cares. If women were not eligible for Oklahoma Cares, Take Charge! funded the diagnostic services and provided patient navigation to community healthcare providers. The Oklahoma Cares program served 5,141 Oklahoma women who required further diagnosis or treatment for breast and/or cervical cancer or precancerous conditions during SFY 2011.

The women served by the Oklahoma Cares program include women who were screened by all certified screeners located throughout Oklahoma.

3. Take Charge! Medical Advisory Board (MAB) in collaboration with the OSDH Nursing Services and Maternal and Child Health Service, compiles and maintains the clinical protocols for breast and cervical cancer screening used by the county health departments and contracted Take Charge! healthcare providers. The protocols are reviewed, updated, and disseminated annually. The Take Charge! MAB assists with training and technical assistance as needed on clinical protocols for the Take Charge! contracted healthcare providers. The MAB members are also available to the Take Charge! contracted healthcare providers for case review and guidance.
4. Take Charge! partnered with Susan G. Komen for the Cure Affiliates and the American Cancer Society for the annual public education and awareness campaigns to facilitate the delivery of clear and consistent messages about breast and cervical cancer screening. Educational materials were provided to county health departments and contracted healthcare providers to assist with consistent messaging about breast and cervical cancer. Take Charge! utilizes educational materials developed by the American Cancer Society, National Cancer Institute, and Susan G. Komen for the Cure.
5. Three epidemiological trend studies are currently being conducted using data from the OCCR, including data related to breast and cervical cancer.
  - A. Estimating complete prevalence by state
    - Investigator: Angela Mariotto
    - Description: Investigate the feasibility of estimating state-specific prevalence for major cancer sites including breast and cervical.
  - B. Comparing surveillance methods using county level cancer incidence data in the United States
    - Investigator: Ge Lin
    - Description: Compare the spatial scan and the Pearson residual Moran's I tests based on cancer incidence in the continental U.S. counties while controlling for ecological covariate. Surveillance outcomes of staging and treatment will be compared.
  - C. Identifying cancer disparities
    - Investigator: Thomas Tucker
    - Description: Identify states with a high burden of lung, breast, colorectal, and cervical cancers.
6. Take Charge! uses multiple methods to ensure screening services are provided to women in the geographic areas of highest need and in the most cost effective manner as possible. In order to determine which counties have the highest need, several sources of data are reviewed and analyzed. The following variables are used to identify counties of highest need, listed in order of importance: Women in Need (WIN), proportion of breast cancer cases diagnosed at late stage, mammography screening, breast cancer mortality, cervical cancer screening (Pap tests), and cervical cancer mortality. WIN is calculated by utilizing weighted Behavioral Risk Factor Surveillance System (BRFSS) data for income, insurance status, age, and sex. Figure 10 is a map of average WIN by county level, FY 2012.



Each variable used to identify the counties of highest need is ranked by county and weighted by importance. The resulting totals are split into five quintiles and assigned a letter grade from A to F. The counties with the worst grades are considered highest need (Figure 11). Once the counties are graded, the data is compared to a map of the existing Take Charge! contracted healthcare providers. By comparing the two maps, it becomes evident where contractors are needed in Oklahoma, thus recruitment efforts of healthcare providers continue in highest need counties. Identification of providers is performed by reviewing Oklahoma Cares screener lists, internet searches, referrals from county health department staff, and existing contracted healthcare providers' referral of potential providers.



## Funding for Take Charge! Program Related Activities

Take Charge! is funded by a Cooperative Agreement from the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program, State Funding, and the Breast and Cervical Cancer Act Revolving Fund. Federal BCCEDP funds require a \$3:\$1 match in the amount of \$550,777. A total of 60% of the Take Charge! funds are for direct services. Support services such as health education and data collection constitute up to 40% of the funds. No more than 10% are for administrative funds. Figure 12 displays funding allocations for SFY 2011.

**Figure 12: Funding of Take Charge! Program in SFY 2011**

Funding	SFY-11
State	\$470,000
Revolving	\$242,985
Federal	\$1,491,311
<b>Total</b>	<b>\$2,204,296</b>

## Upcoming Priority Strategies

- Increase high quality breast and cervical cancer screening in Oklahoma in collaboration with partners;
- Implement statewide public education and recruitment (targeted outreach and in-reach in collaboration with partners utilizing evidence-based strategies);
- Utilize policy approaches and health system changes to improve reinforcement of breast and cervical guidelines and practices for healthcare professionals;
- Maintain breast and cervical cancer screening services and diagnostic services for women ineligible for the Patient Protection and Affordable Care Act;
- Provide patient navigation services to assist with access to screening and diagnostic services for Take Charge! eligible women and provide resources for alternative screening services for those who are not eligible for Take Charge!

## Emerging Technology and Strategies to Reduce the Costs of Breast and Cervical Cancer

Risk reduction is an emerging technology for breast and cervical cancer that can assist women of all socioeconomic statuses. Risk reduction would highly benefit women who are low income, underinsured, or uninsured. Risk reduction for cervical cancer involves public health education as well as knowledge of and access to HPV vaccination. Risk reduction in breast cancer includes genetic counseling and testing, chemoprevention with hormonal agents, prophylactic oophorectomy (preventing cancer by removing ovaries), and prophylactic mastectomy. Genetic counseling and testing is a resource that can be used by women who are at increased risk of developing breast or cervical cancer. By testing for BRCA1, BRCA2, and HPV, which are linked to hereditary breast cancer and increased risk of cervical cancer, the risk of cancer may be reduced along with finding cancer in early stages. Chemoprevention with hormonal agents (tamoxifen or raloxifene) is used to reduce the risk of invasive breast cancer in high-risk women. The hormonal agents reduce the effects of estrogen in the body. In most cases, the hormonal agent must be taken for a total of five years. Diet and lifestyle modifications, such as obesity reduction, smoking prevention and cessation are additional activities that can lead to prevention of initial and secondary cancers as well as improve survivorship. The Oklahoma Health Improvement Plan contains flagship goals that include tobacco use prevention and cessation, along with obesity reduction, that will assist with diet and lifestyle modifications for all Oklahomans, including the priority population. Prophylactic oophorectomy and mastectomy may significantly reduce the odds of developing breast cancer, particularly in women with a BRCA mutation or in women with a high-risk personal or family history of atypical, potentially pre-malignant biopsies.

Participation in breast and cervical cancer clinical trials for treatment and prevention is another strategy that lacks financial resources for low income, uninsured or underinsured women. Clinical trials offer the opportunity for women with cancer to receive high quality cancer care. Women enrolled in clinical trials receive the best known standard of care or the new treatment that is being researched. Many of the treatments for breast and cervical cancer that are utilized today are a result of a clinical trial in the past. In a recent study at the University of Oklahoma Breast Institute, participation in a breast cancer clinical trial reduced the number of deaths by 38% and dramatically decreased the burden of increased deaths in disparate populations such as Native

American, African American, and financially disadvantaged. Unfortunately, most health insurance and managed care providers do not cover all routine standard patient care in clinical trials. Without insurance assistance or additional funding, some of these at-risk women are ineligible to participate in clinical trials since routine health care for non-cancer issues cannot be assured. Women that live in rural populations also have less access to clinical trials due to geographic location and transportation barriers. Additional funding for the risk reduction and clinical trial participation would assist with access for Oklahoma women that lack insurance or financial resources to receive risk reduction services and participate in clinical trials.

Other strategies to reduce the cost of breast and cervical cancer include increased public awareness and education in group settings or one-on-one education, small media products, client reminders or telephone messages, and assistance in scheduling appointments. Reduction of structural barriers such as reducing time or distance to receive screening services, modified healthcare provider's office hours, offering services near worksites or in residential communities, and transportation assistance to receive screening services can also assist with reducing the costs of breast and cervical cancer.

### **Future Directions**

The BCCPT Advisory Committee believes that the barriers and burdens of breast and cervical cancer can and will be reduced by working with legislators, survivors, community leaders, healthcare providers, researchers, screening programs, mammography facilities, and laboratories. By working together, policies can be changed and screening rates can be increased, which will promote early diagnoses of Oklahoma women, allowing them to care for themselves and their loved ones. The BCCPT Advisory Committee has begun appraisal of the potential implications of healthcare reform and the impact regarding breast and cervical cancer screening, diagnosis and treatment services for Oklahoma women.

### Sources:

American Cancer Society, Breast Cancer, Risk Factors for Breast Cancer  
<http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors>

American Cancer Society, Cervical Cancer, Risk Factors for Cervical Cancer  
<http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-risk-factors>

Centers for Disease Control and Prevention, Vaccine Information statement, HPV Vaccine  
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hpv-gardasil.pdf>

Oklahoma State Department of Health, Fact Sheet: How is Oklahoma Doing Immunizing Teens? Results from the National Immunization Survey for Teens 2009-2011

**Appointees**

Christy Southard, Chair  
Appointed by Commissioner of Health  
Secretary of Health and Human Services

Leslie Osborn,  
Representative  
Appointed by Speaker of House

Beth Cupp  
Cancer Survivor  
Appointed by Speaker of House

Lisa Wallace-Woods  
Cancer Survivor  
Appointed by Speaker of House

Deborah Mitchell, MD  
Appointed by President Pro Tempore

Lorna Palmer  
Appointed by Speaker of House

Felicia Gipson  
Cancer Survivor  
Appointed by Governor

Michael Gardner, MD  
Appointed by Speaker of House

Gretchen M. Wienecke, MD  
Cancer Survivor  
Appointed by President Pro Tempore

Michael Herndon, DO  
Appointed by Oklahoma Health Care  
Authority

Janet Pulliam  
Family Member  
Appointed by Governor

Rebecca Pasternik-Ikard, JD, MS, RN  
Appointed by Oklahoma Health Care  
Authority

Jennifer Smith, MS  
Family Member  
Appointed by President Pro Tempore

Regina Lewis, DO  
Appointed by Commissioner of Health  
Secretary of Health and Human Services

Joan Walker, MD  
Appointed by Commissioner of Health  
Secretary of Health and Human Services

Teri Tolbert  
Cancer Survivor  
Appointed by President Pro Tempore

Senator Judy Eason-McIntyre  
Cancer Survivor  
Appointed by President Pro Tempore

William Dooley, MD, FACS  
Appointed by Commissioner of Health  
Secretary of Health and Human Services

Kym Cravatt, JD, MPH, CHES  
Appointed by Governor

Yvonne Myers  
Appointed by Commissioner of Health  
Secretary of Health and Human Services

For additional copies of this report, contact the Chronic Disease Service, Oklahoma State Department of Health, (405) 271-4072 or [CancerPCP@health.ok.gov](mailto:CancerPCP@health.ok.gov).