



DATE: March 6, 2002  
TO: Members of the Senate Committee Health, Utilities, Veterans & Military Affairs  
FROM: Jeff Ranous  
Wisconsin Government Relations Director  
RE: Support for Senate Bill 447

The American Cancer Society supports Senate Bill 447 and believes that the revenue generated by this bill would aid in funding critical research projects aimed at eradicating breast cancer.

Breast cancer is one of the most common cancers among women and results in the second largest number of female cancer deaths. In 2002, an estimated 203,500 women will be diagnosed with breast cancer across the U.S. -- 3,900 new breast cancers cases are expected to be found in Wisconsin. Of the women previously diagnosed with this insidious disease an estimated 40,000 deaths are expected to result nationwide with approximately 800 deaths occurring in Wisconsin.

While these statistics are shocking there is some good news in the fight against breast cancer. Breast cancer death rates in women ages 20-69 have declined by 25 percent since 1990. Additionally, the five-year survival rate for localized breast cancer has increased from 72% in the 1940s to 97% today. Much of this progress is a direct result of research that has led to advances in treatments, especially Tamoxifen, and improved early detection through mammography.

Even though we have shown significant progress in the fight against breast cancer there are statistics that highlight that we must do more. If a woman has breast cancer that has spread regionally her survival rate declines to 77%. Women with distant metastases of their cancer have their survival rate decrease dramatically to 21%. While survival rates for women who find this cancer early are good, the chances of surviving an advanced stage of this disease are not as promising. As such, much more needs to be done in order eradicate this disease.

Research is one critical avenue that must be followed if we are to reduce the burden of breast cancer. There are many new and evolving research projects that will likely impact breast cancer prevention and treatment. Some breast cancer research areas that are considered especially promising include:

- **Chemoprevention.** Recent studies suggest that selective estrogen receptor modulators (SERMs) lower breast cancer risk in women with certain risk factors. Further research with SERMs is expected to lead to ways of preventing breast cancers.
- **Early Detection.** Detecting cancers early offers more treatment choices and a higher rate of survival. Many exciting new early detection techniques are being explored including research into improved mammography.
- **Angiogenesis.** In order for cancers to grow, blood vessels develop to nourish the cancer cells through a process called angiogenesis. New drugs are being developed that may be useful in stopping breast cancer growth by preventing new blood vessels from forming.

With additional resources directed toward these and other exciting research projects the burden of breast cancer can, and will, be dramatically reduced. The American Cancer Society believes that the revenue generated from the funding mechanism contained in Senate Bill 447 will provide critical revenue for research as well as help further highlight the importance of this critical issue. We encourage your to act favorably on this important legislation.

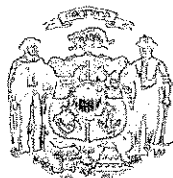
(A)

**TAX YEAR 1999 BREAST CANCER CHECK-OFF FUNDING BY STATE***This table compares the revenue raised in 1999 in twelve states with a breast cancer check-off.*

STATE	1999 POPULATION	TOTAL 1999 TAX RETURNS	1999 BREAST CANCER CHECKOFF PARTICIPANTS	1999 % OF TAX RETURNS USING CHECKOFF	\$ RAISED FOR FUND IN 1999	AVERAGE TAXPAYER CONTRIBUTION
CALIFORNIA	31,145,121	7,900,000	61,425	~0.8%	\$489,905	~\$8.00
ILLINOIS	12,128,370	5,599,284	24,957	~0.4%	\$244,968	~\$10.00
NEW JERSEY	8,143,412	3,600,000	34,696	~0.96%	\$264,502	~\$8.00
OKLAHOMA	3,358,044	1,400,000	8,615	~0.6%	\$54,227	~\$6.00
PENNSYLVANIA	11,994,016	5,612,315	26,321	~0.5%	\$199,003	~\$8.00
CONNECTICUT	3,282,031	1,329,211	14,302	~1.0%	\$102,751	~\$7.00
NEW YORK	18,196,601	8,533,768	60,820	~0.7%	\$622,181	~\$10.00
DELAWARE	753,538	448,000	1,762	~0.3%	\$17,944	~\$10.00
GEORGIA	7,788,240	3,500,000	32,151	~0.9%	\$235,993	~\$7.34
LOUISIANA	4,372,035	1,679,310	744	~0.044%	\$6,471	~\$8.70
VIRGINIA	6,872,912	NEW LAW	NEW LAW	NEW LAW	NEW LAW	NEW LAW
ALABAMA	4,369,862	NEW LAW	NEW LAW	NEW LAW	NEW LAW	NEW LAW
WISCONSIN	5,250,446	2,906,336	NA	NA	NA	NA

**ENDANGERED RESOURCES INCOME TAX CHECKOFF IN WISCONSIN***This table illustrates the funding raised through Wisconsin's Endangered Species check-off box in 1999 and 2000.*

TAX YEAR	TOTAL TAX RETURNS FILED	ENDANGERED SPECIES CHECKOFF PARTICIPANTS	AVERAGE TAXPAYER CONTRIBUTION	TOTAL AMOUNT RAISED
1999	2,906,336	42,475	\$13.20	\$560,567
2000	2,913,814	46,662	\$14.43	\$673,266



## KIMBERLY M. PLACHE

STATE SENATOR • TWENTY FIRST SENATE DISTRICT

March 6, 2002

TO Members of the Senate Committee on Health,  
Utilities, Veterans and Military Affairs

FROM Senator Kimberly Plache

RE Senate Bill 447, relating to creating an  
individual income tax check-off for a breast  
cancer research program

### **The Problem**

More than 3,700 Wisconsin women were diagnosed with breast cancer and 854 women died from breast cancer in 1998. The incidence of all stages of reported breast cancer has slowly increased over the last 15 years in Wisconsin. Generating additional resources for research will lead to better diagnosis, treatment and a cure for breast cancer.

### **Senate Bill 447**

Creates an income tax check-off to fund breast cancer research grants, similar to the endangered resources check-off. This voluntary check-off would deduct donations from taxpayers' refunds or add them to the taxes owed.

The cost of administering the program could be recouped using check-off dollars. The Department of Health and Family Services would appoint a breast cancer research advisory committee and consult with this committee before awarding a grant or establishing grant eligibility criteria and procedures.

### **Strong Bipartisan Support**

Senate Bill 447, and the companion bill, Assembly Bill 420, are co-authored and co-sponsored by both Democrats and Republicans.



**Testimony in support of SB447 – The Wisconsin Breast Cancer Research Fund  
Submitted to Senate Committee on Health, March 6, 2002**

The Wisconsin Cancer Council is a coalition of almost 30 statewide and regional organizations committed to advancing cancer control in Wisconsin. Founded in the early 1980's by the University of Wisconsin Comprehensive Cancer Center and American Cancer Society, the Council strives to improve communication and foster collaboration between our member organizations and others. We also advocate for increased cancer control efforts at the local, regional and state level. In fact, the attached "Blueprint for Action", published in 1999, called for more research dollars dedicated to breast cancer.

The Wisconsin Cancer Council supports the Breast Cancer Research Fund proposed in SB447 for several important reasons. Breast cancer is an important public health problem in Wisconsin. There continue to be many unanswered questions while breast cancer incidence continues to rise. Wisconsin is home to many outstanding research investigators. Such a fund allows for cancer research at the local level. And the fund raises awareness of breast cancer as an important issue in Wisconsin and gives everyone the opportunity to take a deliberate, yet modest, action towards preventing breast cancer or finding a cure.

Each year 3,600 women in Wisconsin are diagnosed with breast cancer and 700 women succumb to it, many of them young and in the prime of their lives. Their families, friends, neighbors and co-workers are profoundly effected, whether they live or die from the disease. It is a significant cancer in the state, the most commonly diagnosed cancer in women. Nearly everyone in Wisconsin has been affected in some way by this disease, and the tax return check off gives all taxpayers the opportunity to take voluntary action against breast cancer.

Although there is funding available nationally for breast cancer research, there continues to be much that we do not know related to prevention, screening and diagnosis, treatment, quality of life, and palliative care for breast cancer. Why are there disparities in cancer incidence between regions of the state? Are there occupational or environmental links to breast cancer? How can we increase screening rates in women who have been reluctant to see their doctor or have a mammogram? How can we reach poor, rural elderly women with life-saving messages? What motivates a Hmong woman to see her doctor about a lump in her breast? Why do black women have a lower incidence of breast cancer but higher death rate due to breast cancer? The Wisconsin Breast Cancer Research Fund offers Wisconsin based researchers the opportunity to address these questions and many more, while helping women in our own back yards.

We should be proud that there are several nationally known research institutions in our state. Beyond our larger research facilities, the Wisconsin Breast Cancer Research Fund also offers smaller institutions and organizations the opportunity to compete for cancer research dollars. Such a fund would allow local health departments, hospitals, and community organizations the chance to develop and implement an interesting idea at the local level.

SB447 requires that the Department of Health and Family Services administer the grant program and appoint a breast cancer research advisory committee. First, the Wisconsin Cancer Council agrees that the Department, through its Division of Public Health, is the logical agency to administer this program. However, it is imperative that administrative funds be provided to Department of Health and Family Services for program management of the Breast Cancer Research Fund, not unlike the provision for administrative expenses incurred by the Department of Revenue for collection of the money. The Wisconsin Cancer Council would support an additional provision that funds be appropriated to Department of Health and Family Services from the tax refund check off for administrative support and management of the Breast Cancer Research Fund program. The Wisconsin Cancer Council recommends this change to the draft legislation.

With regard to the requirement of a "breast cancer research advisory committee", the Wisconsin Cancer Council respectfully suggests that it be considered to play this role for Department of Health and Family Services, rather than establish yet another state advisory committee. For many years, the Council has served in a voluntary advisory capacity to the Division of Public Health and to the Cancer Reporting System of Division of Health Care Financing. The Council's membership is diverse, including major voluntary organizations such as American Cancer Society, professional societies such as the State Medical Society, advocacy groups such as the Wisconsin Breast Cancer Coalition, major treatment centers such as Gundersen Lutheran, third party payers such as Associated Health Care, Inc., and both medical schools. Almost 30 organizations with missions related to all aspects of cancer – prevention, diagnosis, treatment, quality of life, and monitoring and surveillance of the disease – belong to the Wisconsin Cancer Council. By tapping the resources available through our members and networking with others, the Council is able to recruit and coordinate advisory committees as needed in a timely fashion. Staffing of the Breast Cancer Research Fund Advisory Committee would be provided in collaboration with the Department's Division of Public Health.

In summary, the Wisconsin Cancer Council feels that the Wisconsin Breast Cancer Research Fund provides institutions, organizations and taxpayers a wonderful opportunity to actively contribute in the fight against breast cancer. We support SB447 with our recommended revisions.

Submitted by:



Patrick L. Remington, M.D., M.P.H.  
Chairperson



Nancy Freeman CHES  
Executive Director

# Breast and Cervical Cancer Control in Wisconsin: A Blueprint for Action

*A Public Health Agenda  
for Women's Cancers in  
Year 2000 and Beyond*



Proceedings  
and recomen-  
dations from a  
statewide conference,  
"Breast and Cervical Cancer in Wisconsin: A Blueprint for  
Action," held June 25, 1998 in Oconomowoc, Wisconsin.

A project of the Wisconsin Cancer Council, the Wisconsin Women's Cancer  
Advisory Committee, the State of Wisconsin Department of Health and  
Family Services Wisconsin Women's Cancer Control Program, and the  
University of Wisconsin Comprehensive Cancer Center.



## Introduction

A decade ago, objectives to reduce mortality from breast and cervical cancer in Wisconsin were set forth in Healthier People in Wisconsin: A Public Health Agenda for the Year 2000.<sup>1</sup> To achieve these objectives, the Agenda called for programs to increase public and health provider awareness, promote screening and early detection practices, and assure access to screening and state-of-the-art cancer treatments.

Throughout the past decade, public awareness of the importance of breast and cervical cancer increased dramatically. The Breast and Cervical Cancer Mortality Prevention Act of 1990 authorized the Centers for Disease Control and Prevention (CDC) to grant funds to states to screen women for breast and cervical cancer, to provide referrals for treatment, and to educate women about early detection and risk reduction.<sup>2</sup> The federal government rose to the challenge and began to cover the cost of mammograms for older women through the Medicare program. New quality assurance standards to improve cancer detection technologies were adopted. These standards required federal certification of mammography screening facilities and established testing standards for cytology laboratories. Lastly, major strides were made in understanding the biology of cancer and the role of cancer genetics, which have contributed to improved diagnosis and better treatments.

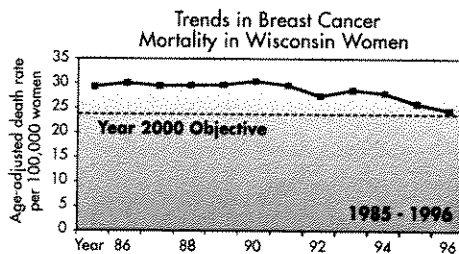
## Assessing Progress Toward the Year 2000 Objectives

The Wisconsin Division of Health, now the Division of Public Health, convened a series of planning meetings in summer 1995 to assess Wisconsin's progress in meeting the health objectives set forth in the Public Health Agenda and to provide impetus for new programs designed to meet the objectives.<sup>3</sup>

### Objective 1:

By 2000, the 3-year average age-adjusted mortality rate due to breast cancer will be reduced by 20% to 24 per 100,000 women or less.

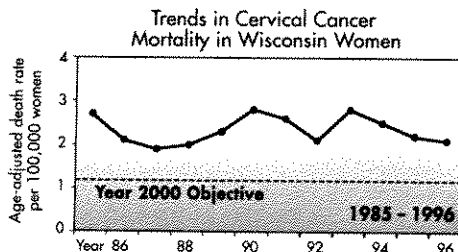
The age-adjusted death rate from breast cancer has declined from 29.3 in 1985 to 24.5 in 1996. If this trend continues, the objective for the Year 2000 will be reached.



### Objective 2:

By 2000, the 3-year average age-adjusted mortality rate due to cervical cancer will be reduced by 50% to 1.2 per 100,000 women.

The age-adjusted death rate from cervical cancer has declined from 2.7 in 1985 to 2.1 in 1996. If this trend continues, it appears that the objective for the Year 2000 will not be reached.



## Challenges for the Next Decade

Despite the progress made in the past decade, more needs to be done to reduce the burden from cancer. Primary prevention and risk reduction practices, including not smoking and practicing safe sex, are known to reduce a woman's risk for cancer of the cervix. Early detection practices, including regular Pap tests, can find cancer early when it is easily treated. Although what we know about cervical cancer prevention and early detection can save lives, women are still dying from this disease.

Increased availability of mammography, new technological advances, and improved treatments have increased cure rates for breast cancer. Although women can improve their chances of surviving breast cancer by having regular mammograms and clinical breast exams, little is known about ways to prevent the occurrence of the disease. Despite the increased access to breast cancer screening and the knowledge that regular mammograms can reduce the death rate from breast cancer by one third, many women still do not seek routine breast screening exams.

## A Blueprint for Action

The Wisconsin Women's Cancer Advisory Committee, under the auspices of the Wisconsin Cancer Council, met throughout 1995 and 1996 to review the Public Health Agenda breast and cervical cancer objectives, to identify progress achieved toward meeting these objectives, and to make recommendations for further action in prevention/ risk reduction, early detection, and quality of life for cancer patients.

In June 1998, the Wisconsin Cancer Council, Wisconsin Women's Cancer Control Program, and the University of Wisconsin Comprehensive Cancer Center sponsored a conference, "Breast and Cervical Cancer Control in Wisconsin: A Blueprint for Action," to solicit input and to gain broad support for the recommendations set forth by the Wisconsin Women's Cancer Advisory Committee.

Over eighty people met to review the goals and objectives suggested by the Wisconsin Women's Cancer Advisory Committee and to develop an action plan for breast and cervical cancer prevention and control in our state. The group represented a cross-section of Wisconsin's population and health care community: African-American, Hispanic/Latino, and Caucasian women; cancer patients and survivors; pathologists, surgeons and oncologists; public health nurses and educators; clinic and hospital nurses and administrators; and staff and volunteers from voluntary health agencies and advocacy organizations.

Prior to the conference, participants reviewed a draft of the breast and cervical cancer action plan developed by the Wisconsin Women's Cancer Advisory Committee. Work groups then reviewed goals and objectives and made recommendations for action in six areas:

- primary prevention/risk reduction
- screening, early detection and diagnosis
- treatment services
- quality of life/survivorship issues
- education, outreach and health communications
- surveillance/evaluation.

The work groups added and deleted objectives and revised recommendations. Each group suggested action steps, identified potential partners to achieve the various recommendations, and chose a priority recommendation for each of the six areas. Two recommendations were identified in the area of primary prevention and risk reduction - one for breast cancer and one for cervical cancer.



## Priority Recommendations: The Blueprint



### *Increase research to determine the causes of breast cancer.*

Great strides have recently been made in understanding what causes a normal cell to develop into a cancer cell. These discoveries have raised new research opportunities in cancer genetics, the biology of how and why cancer develops, biological markers that can measure predisposition to cancer, and environmental and lifestyle risk factors that can cause cancer to develop. It is hoped that this research will lead to safe and practical methods to prevent breast cancer from occurring.



### *Implement a public education campaign to increase public awareness of the preventable causes of cervical cancer.*

Sexually transmitted human papillomavirus (HPV) is associated with 90% of cervical cancers, and young, sexually active women are at highest risk for infection. Educational programs about the cause and prevention of cervical cancer and importance of regular Pap tests can prevent many cases of cervical cancer each year.



### *Encourage health professionals to adopt American Cancer Society screening guidelines for breast and cervical cancer in Wisconsin.*

Education of physicians, nurses, and other health care providers is critical to ensuring that screening is recommended for women. The most frequently cited reason for failure to receive mammography is that a woman's physician did not recommend it. Clear recommendations for screening guidelines and an understanding of their importance by primary health care providers can ensure that appropriate, routine screening is incorporated in patient care visits.



### *Ensure access to timely and appropriate cancer treatment.*

The sheer number of different types of cancers and the biological complexity of individual cancers present extraordinary challenges for treatment. New anti-cancer drugs, ranging from cancer vaccines to agents that prevent tumor blood vessel development, are being developed. New treatment strategies, such as neoadjuvant therapy to shrink breast cancer before surgery, have become the new standard. These advances have resulted from clinical trials research, which compares the best current treatment with a new treatment. Innovative ways to allow all cancer patients access to state-of-the-art cancer treatments through enrollment in clinical trials need to be found.



### *Implement programs to improve the quality of life of women diagnosed with breast or cervical cancer.*

Cancer patients and cancer survivors face unique physical, social, psychological, and economic issues. Cancer treatment has both an immediate effect on emotion and function, such as fatigue or hair loss, and a long-term effect, such as breast reconstruction. Cancer survivors are more likely to develop a second cancer at the same or other body sites. Pain control is a major quality-of-life issue faced by cancer patients. Additional research and services can help meet the complex needs of this growing population.



### *Implement gender and culturally sensitive outreach and education strategies to increase the participation of all women in breast and cervical cancer screenings.*

While women of color are less likely to develop breast cancer, they are more likely to die from the disease than Caucasian women. Native American women are more likely to develop cervical cancer than Caucasian women. More than one half of women over age 50 do not get regular screening mammograms. The answer to these discrepancies is likely found in differences based on knowledge, attitudes, beliefs, and practices. Effective outreach programs can help bridge these gaps.



### *Increase the timeliness, completeness and accuracy of data provided to the Wisconsin Cancer Reporting System.*

The Wisconsin Cancer Reporting System (WCRS), started in 1976, collects cancer incidence and mortality data on state residents. WCRS collects reports of all newly diagnosed cancer cases from over 300 Wisconsin hospitals, clinics and physician offices. In addition, 16 out-of-state cancer registries exchange cancer data with Wisconsin. WCRS data is used for public health planning and epidemiologic research to identify cancer risks and counties with a higher or lower than expected incidence of cancer. There is some variation in compliance rates, timeliness and completeness of this data. A means to improve compliance would enhance quality assurance and improve reliability of data critical to scientific analysis of cancer trends in our state.

## ***A Call to Action!***

In October 1998, the Wisconsin Cancer Council reviewed and adopted the priority recommendations identified at the planning conference. The Wisconsin Cancer Council agreed to disseminate the Conference Report and to encourage key organizations to focus their resources on addressing one of the six recommendations over the next two years. The Wisconsin Cancer Council will disseminate, coordinate, and evaluate recommendations and monitor the progress made toward these objectives. This undertaking can only be achieved through the commitment and partnership of many organizations and individuals devoted to reducing the burden of breast and cervical cancer in Wisconsin.

There is hope. In Wisconsin, we have the resources and outreach services to improve access to breast and cervical cancer screening for women who are less likely to get screened - the uninsured, underinsured, women of color, minorities, elderly, and rural women. We need to increase our efforts to reach underserved women and we need to do it now, before more women - our mothers, sisters, daughters, friends - die prematurely and needlessly of these diseases.



## References

1. Healthier People in Wisconsin: A Public Health Agenda for the Year 2000, Wisconsin Department of Health and Social Services, February 1990.
2. Implementation of the Breast and Cervical Cancer Mortality Prevention Act, U.S. Department of Health and Human Services, PHS, CDCP, 1991.
3. Healthier People in Wisconsin: Mid-Course Review, Wisconsin Department of Health and Social Services, May 1995.

*For more information or additional copies of this document, please contact the*

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<http://www.medsch.wisc.edu/cancer/wcc.html>

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## *The Wisconsin Cancer Council expresses appreciation to:*

### *Wisconsin Women's Cancer Advisory Committee:*

Ann Bicha, Maebe Brown, Maria Gamez, Susan Haag, Linda Hardy, Kathleen Harris, Stanley Inhorn, Gale Johnson, Jennifer Kolla, Linda Kollenberg Irwin, Susan Latton, Nancy Miller-Korth, Sandy O'Neill, Wendy Schell, Jean Scott, Judith Stitt, Mary Vassalotti, and Richard Yoast.

### *Speakers and facilitators:*

Tom Anderson, Sylvia Garcia, Susan Haag, Linda Hardy, Oza Holmes, Karen Julesberg, Nina Miller, Ann Nattinger, Barbara Nehls-Lowe, Solomy Ntambi, and Hazel Tookes.

### *Planning Committee:*

Jeanne Connors, Nancy Freeman, Gale Johnson, Frank Lochner, Patrick Remington, Wendy Schell, and Kathleen Wiese.

### *Cooperating sponsors:*

Division of Public Health-Wisconsin Department of Health and Family Services/Wisconsin Women's Cancer Control Program, Wisconsin Women's Cancer Advisory Committee, University of Wisconsin Comprehensive Cancer Center, American Cancer Society/Wisconsin Division and Wisconsin Breast Cancer Coalition.

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 3/6/02  
Bill Number: SB 447  
Moved by: Robson      Seconded by: Breske  
Motion: passage

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Rodney Moen, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Roger Breske	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Judith Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Mark Meyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Peggy Rosenzweig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Cowles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Scott Fitzgerald	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Mary Lazich	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<hr/>	<hr/>	<hr/>	<hr/>

Motion Carried

Motion Failed