OKLAHOMA

Breast & Cervical Cancer Annual Report

State Fiscal Year
2026

OKLAHOMA
State Department
of Health

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Purpose & Background

PURPOSE

The Oklahoma Breast and Cervical Cancer Act (OBCCA) was established in 1994 to implement plans to significantly decrease breast and cervical cancer morbidity and mortality in the state (63 O.S. §1-554). In 2013, the OBCCA was amended and shifted the responsibility of annual reporting from the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Advisory Committee to the Oklahoma State Department of Health (OSDH). The following items in this report are mandated in the OBCCA:

- Identification of populations at highest risk for breast and cervical cancer.
- Identification of priority strategies and emerging technologies, to include newly introduced therapies and preventive vaccines that are effective in preventing and controlling the risk of breast and cervical cancer.
- Funding information for breast and cervical cancer screening activities.
- Recommendations for additional funding, if necessary, to provide screenings and treatment for breast and cervical cancer for uninsured and underinsured women.
- Strategies or actions to reduce the financial burden of breast and cervical cancer in Oklahoma.

BACKGROUND

The OBCCA established the Breast and Cervical Cancer Act Revolving Fund. The monies in the revolving fund consist of gifts, donations, and contributions from individual income tax returns. In addition, $20 of each Fight Breast Cancer license plate sold is deposited into the Breast and Cervical Cancer Act Revolving Fund. Samples of the Fight Breast Cancer license plates are shown to the right. All monies in the revolving fund are appropriated to the OSDH to support the implementation of the OBCCA. Past expenditures of funds have paid for breast and cervical cancer screening and diagnostic services for women enrolled in the Take Charge program, Oklahoma's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).





Burden of Cancer

IN OKLAHOMA

BEHAVIORAL RISK FACTORS

Behavioral risk factors are modifiable lifestyle choices that can have a detrimental effect on health outcomes. A notable negative health outcome that has been associated with poor lifestyle choices is cancer diagnosis. Diet, physical activity, alcohol consumption and tobacco use are some of the most-studied risk factors for cancer.[1,2] The Behavioral Risk Factor Surveillance System (BRFSS) is a nationwide health survey that collects data on self-reported lifestyle choices, demographics, disease, illness, cancer screenings, and more. Oklahoma BRFSS data has been an integral part of determining the health of the state to lead interventions, policy development and, ultimately, change.

ALCOHOL CONSUMPTION

Increased alcohol consumption has been linked to negative health outcomes including cancer and other chronic health conditions. Oklahoma ranked below the United States average for binge and heavy drinking in 2024.[3]

12.8% **OKLAHOMA ADULTS**

Reported **binge drinking** in 2024
vs. 15.5% of adults in the US.[3]



4.9% **OKLAHOMA ADULTS**

Reported **heavy drinking** in 2024
vs. 6.2% of adults in the US.[3]

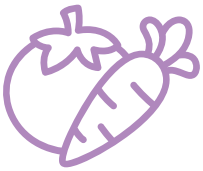


DIETARY CHOICES

Diet is one of the most modifiable behavioral risk factors, yet most Oklahomans generally do not eat fruits and/or vegetables more than one time per day. Unhealthy dietary choices have been linked to cancer, obesity, diabetes, and more.[3]

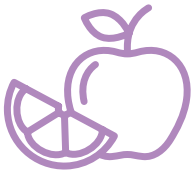
22.3% **OKLAHOMA ADULTS**

Consumed vegetables more than one time per day in 2023.[3]



46.4% **OKLAHOMA ADULTS**

Consumed fruit more than one time per day in 2023.[3]



CARDIOVASCULAR HEALTH

Physical activity and tobacco use have opposite effects on the cardiovascular system. Physical activity is a protective factor against illness and disease, whereas smoking is a risk factor for many negative health outcomes. In 2024, Oklahomans engaged in less exercise and smoked more cigarettes compared to the U.S. average.[3]

72% **OKLAHOMA ADULTS**

Participated in any **physical activity** during the past month in 2024 **vs. 78.2% of adults in the US.**[3]



9.7% **OKLAHOMA ADULTS**

Smoked every day in 2024 **vs. 7.9% of adults in the US.**[3]



CANCER SCREENINGS

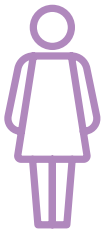
Some types of cancers have preventative screening tests available that detect cancer in its early stages. Preventative cancer screenings are potentially life-saving tests that can detect abnormal cells before symptoms appear. Early detection of pre-cancerous and cancerous cells gives the diagnosed individual the best chance at preventing cancer, achieving remission, and/or living a cancer-free life. The BRFSS collects data on self-reported screenings for several of these, including colorectal, prostate, breast, lung, and cervical cancers. For information on the Oklahoma Comprehensive Cancer Network's efforts to improve screening rates and modifiable risk factors, visit the Oklahoma State Cancer Plan.

BREAST CANCER SCREENINGS

The most common breast cancer screening test is a mammogram. Screening via MRI may be necessary for those at high risk or with dense breast tissue.[3]

68.8% **OKLAHOMA FEMALES**

Age 40+ received a mammogram in the past two years **vs. 72.2% of females in the US** (2024).[3]



PROSTATE CANCER SCREENINGS

While there are not currently any standard screening tests for prostate cancer, digital rectal exams and prostate-specific antigen (PSA) tests are recommended to detect abnormalities and potential prostate cancer.[3]

28.7% **OKLAHOMA MALES**

Age 40+ received a PSA (prostate specific antigen) test in the past three years **vs. 31.8% of males in the US** (2020).[3]

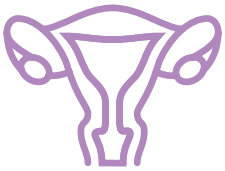


CERVICAL CANCER SCREENINGS

Human Papillomavirus (HPV) and Papanicolaou (Pap) tests are recommended for females to screen for abnormal cells on the cervix that may cause cancer.[3]

72.7% **OKLAHOMA FEMALES**

Aged 21-65 meet USPSTF recommendations for cervical cancer screening **vs. 77.7% of females in the US** (2020).[3]

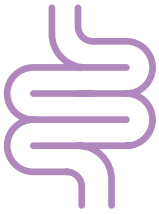


COLORECTAL CANCER SCREENINGS

Colorectal cancer is one of the most preventable cancers when screenings are routinely completed. This can be done by sigmoidoscopy, colonoscopy, and stool tests.[3]

66.3% **OKLAHOMA ADULTS**

Aged 45-75 years were up-to-date with colorectal cancer screening **vs. 71.1% of adults in the US** (2024).[3]

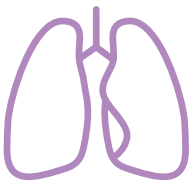


LUNG CANCER SCREENINGS

Low-dose computed tomography (LDCT) scans are used to screen for lung cancer in current and former smokers. The U.S. Preventive Services Task Force (Task Force) recommends yearly lung cancer screening with LDCT for people who:

- Have a 20 pack-year or more smoking history, and
- Smoke now or have quit within the past 15 years, and
- Are between 50 and 80 years old.

A pack-year is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 20 pack-year history by smoking one pack a day for 20 years or two packs a day for 10 years.[3]



15.9%

OKLAHOMA ADULTS

Had a CT or CAT scan in 2024 to check for lung cancer **vs. 22.1% of adults in the US.**[3]

CANCER INCIDENCE IN OKLAHOMA



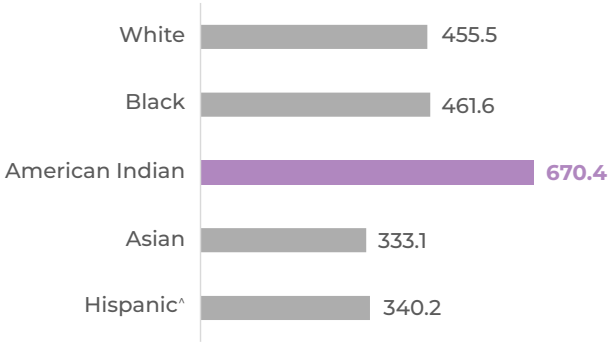
Breast cancer is the **most common cancer** among **females**.[4]

American Indian and **Black** females have higher breast cancer rates than other racial and ethnic groups. Breast cancer among **Asian women** in Oklahoma has increased since 2018.[4]

The highest overall incidence* of cancer by race in Oklahoma was **670.4** among **American Indians**. The age group with the highest incidence of cancer was **80-84 years**.[4]

Age-Adjusted Overall Cancer Incidence Rate* by Race

per 100,000 Population, 2014-2023[4]

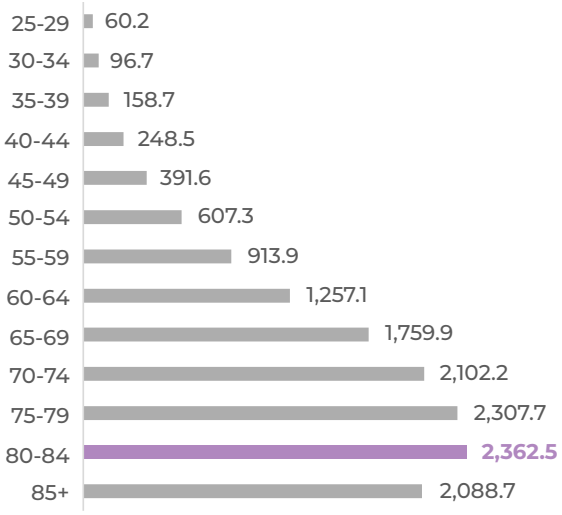


*Incidence rate is per 100,000 and age adjusted to the 2000 U.S. population, 2014-2023.[4]

^Hispanic origin drill level was used to determine rate, while other races used Indian Health Services (IHS) linked race.[4]

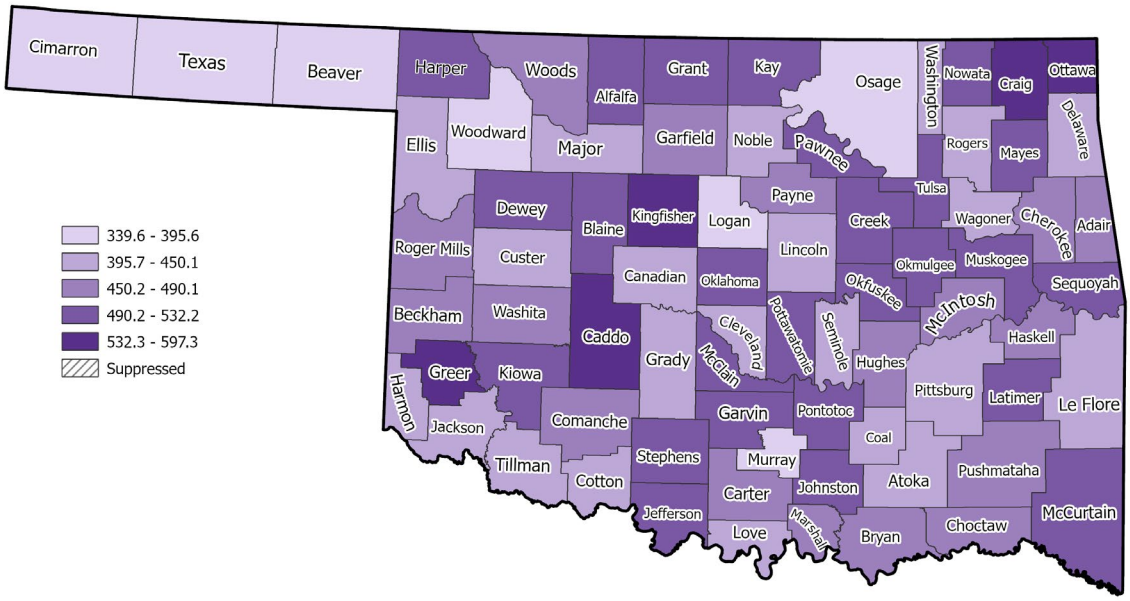
Overall Cancer Incidence Rate* by Age

per 100,000 Population, 2014-2023[4]



Attention users: Use caution when interpreting 2020 data. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting to some central cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020.

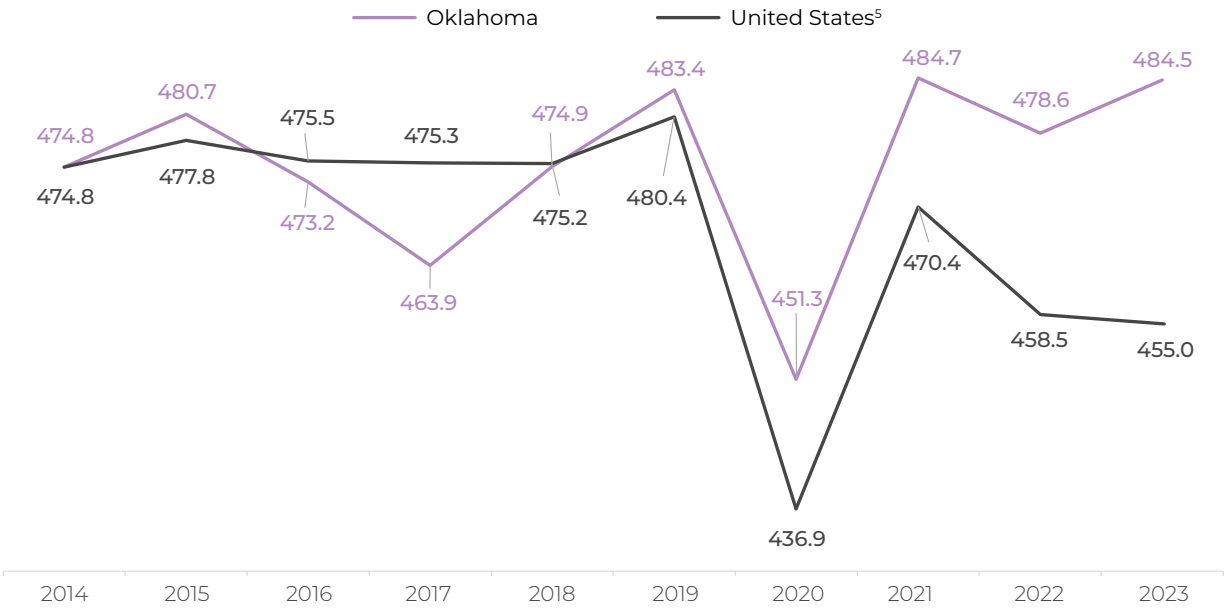
Age-Adjusted Overall Cancer Incidence Rate*
per 100,000 Population, 2014-2023[4]



Overall cancer incidence rate* was **lowest in Osage County** [339.6/100,000] and **highest in Greer County** [597.3/100,000].[4]

*Incidence rate is per 100,000 population and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

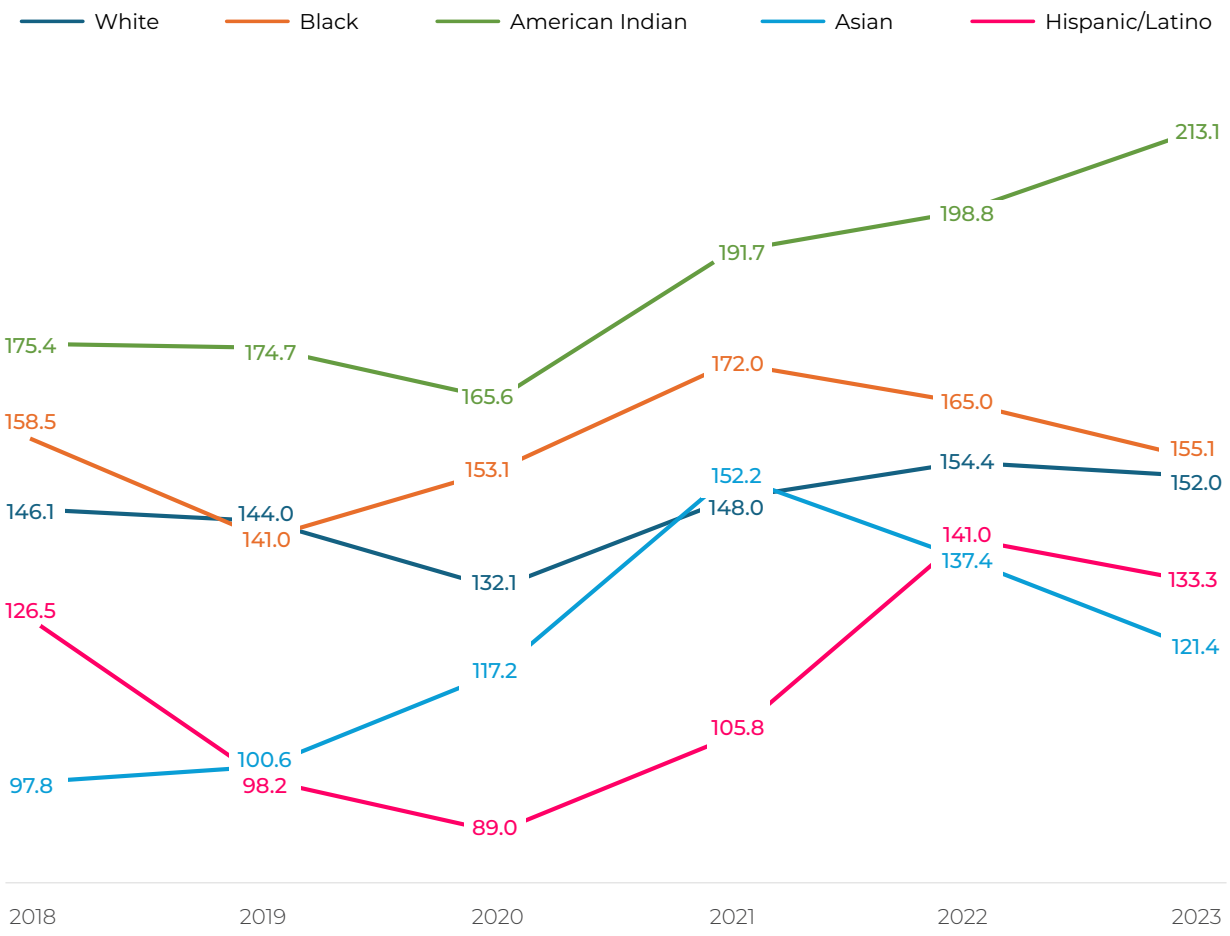
Age-Adjusted Overall Cancer Incidence Rate
per 100,000 Population, 2014-2023[4]



Attention users: Use caution when interpreting 2020 data. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting to some central cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020.

Age-Adjusted Breast Cancer Incidence Rate by IHS Linked Race

per 100,000 Population, 2018-2023[4]



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CANCER MORTALITY IN OKLAHOMA



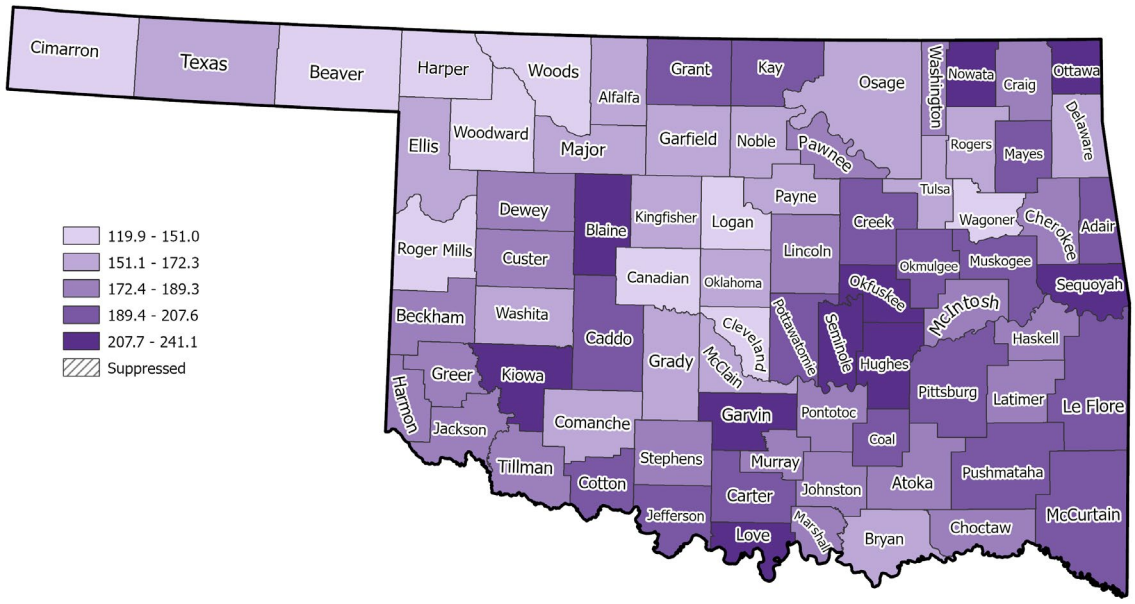
Cancer is the **second leading cause of death** in Oklahoma, accounting for 1 in 5 deaths.[6]

Oklahoma has the **fourth highest cancer death rate** in the nation.[7]

Breast cancer is the **second most common cause** of cancer mortality among females after lung cancer.[6]

Black females have **higher age-adjusted breast cancer mortality rates** than other racial and ethnic groups.[6]

Age-Adjusted Overall Cancer Mortality Rate*
per 100,000 Population, 2015-2024[6]

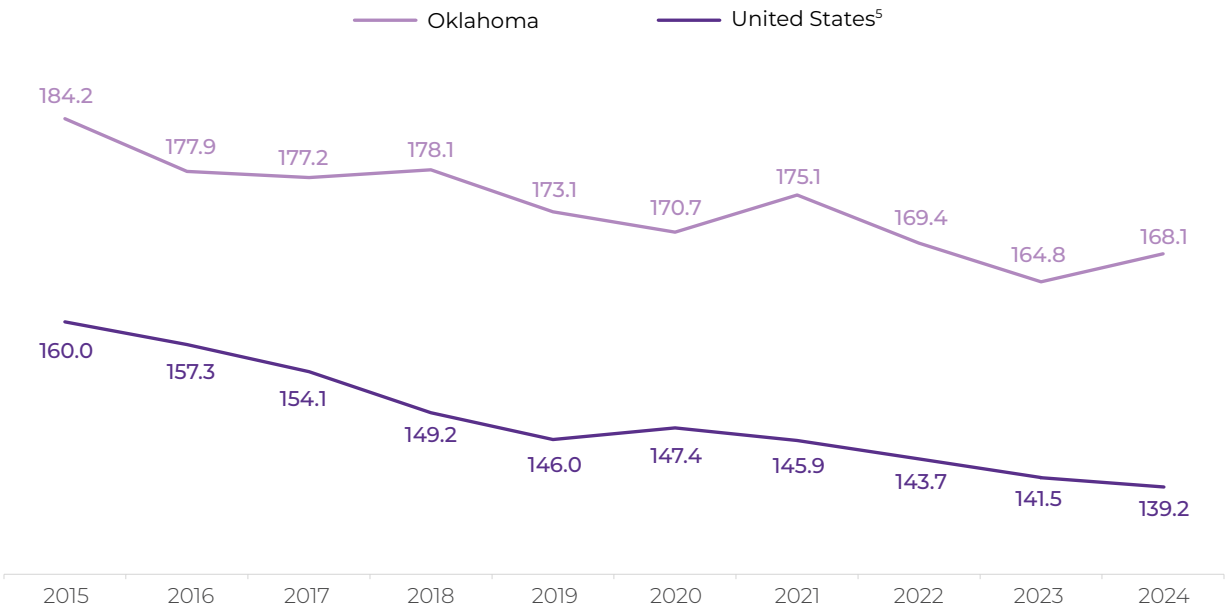


Overall cancer mortality rate* was **lowest in Beaver County** [119.9/100,000] and **highest in Okfuskee County** [241.1/100,000].[6]

*Mortality rate is per 100,000 population and age-adjusted to the 2000 U.S. population, 2015-2024.[6]

Attention users: Use caution when interpreting 2020 data. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting to some central cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020.

Age-Adjusted Overall Cancer Mortality Rate
per 100,000 Population, 2015-2024[6]



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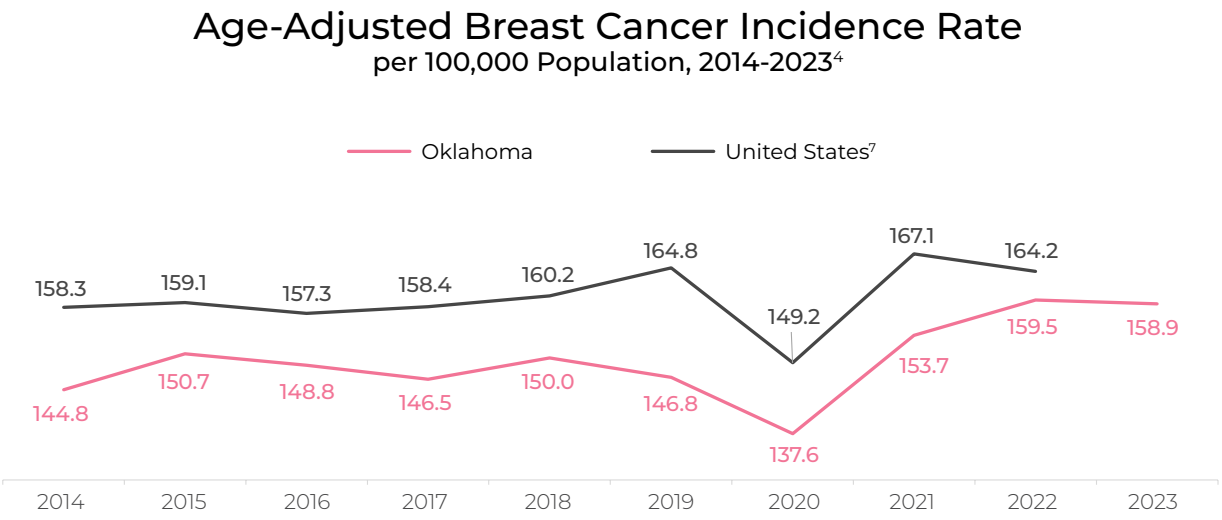
Burden of Breast Cancer

IN OKLAHOMA

RISK FACTORS FOR BREAST CANCER[8]

- Female Gender
- Age >50 Years
- Genetic Mutations
- Early Menstrual Cycle
- Family History
- Overweight or Obese
- Sedentary Lifestyle
- Drinking Alcohol

BREAST CANCER INCIDENCE

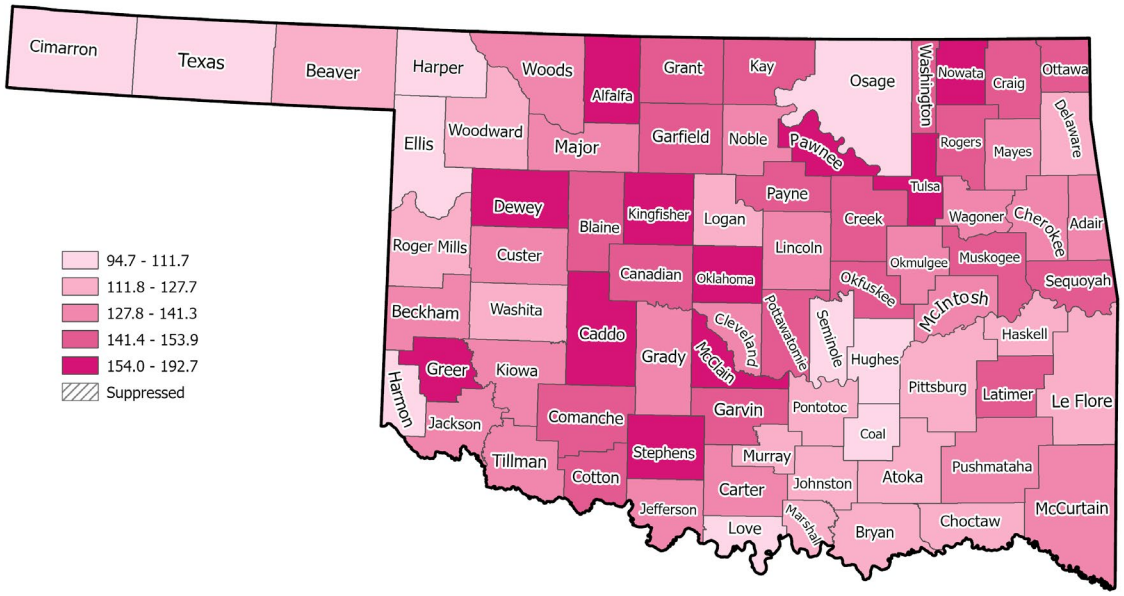


The breast cancer incidence rate (including in situ)* is **lower in Oklahoma** compared to the **United States**. In 2023, Oklahoma's breast cancer incidence rate was **158.9**; U.S. data is not yet available for 2023.[4]

*Incidence rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

Attention users: Use caution when interpreting 2020 data. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting to some central cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020.

Age-Adjusted Breast Cancer Incidence Rate*
(Including In Situ) per 100,000 Female Population, 2014-2023[4]



Breast cancer incidence rate* was **lowest in Love County** [94.7/100,000] and **highest in Greer County** [192.7/100,000].[4]

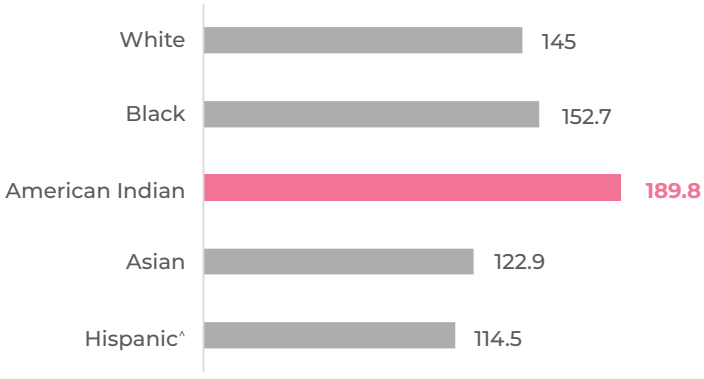
*Incidence rate (including in situ) is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

Age-Adjusted Breast Cancer Incidence Rate* by Race
per 100,000 Female Population, 2014-2023[4]

The highest incidence* of breast cancer (including in situ) in Oklahoma was **189.8** among **American Indian** females.[4]

*Incidence rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

^Hispanic origin drill level was used to determine rate, while other races used IHS linked race.[4]



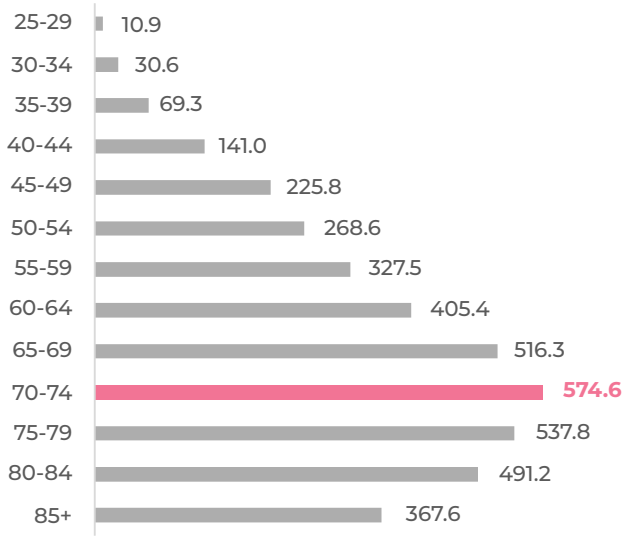
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Breast Cancer Incidence Rate* by Age

per 100,000 Female Population, 2014-2023[4]

The highest incidence* of breast cancer (including in situ) in Oklahoma was **574.6** among females age **70-74**.[4]

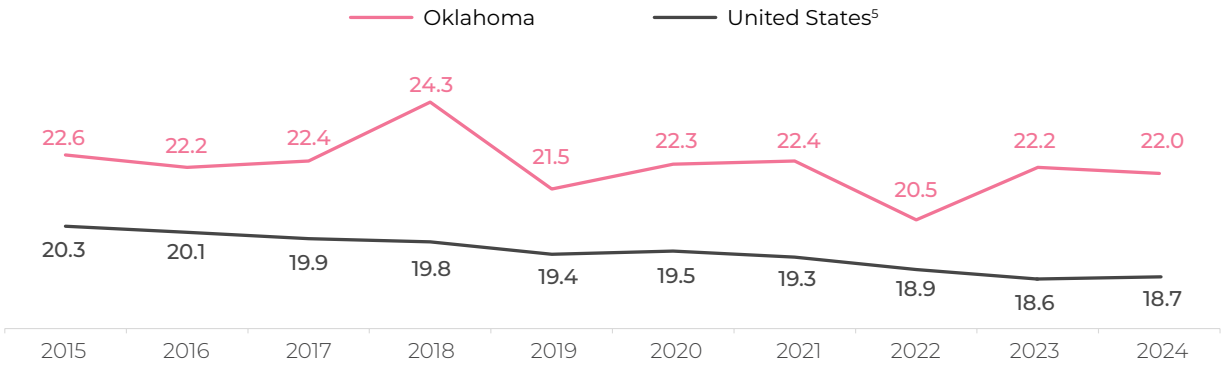
*Incidence rate is per 100,000 females.[4]



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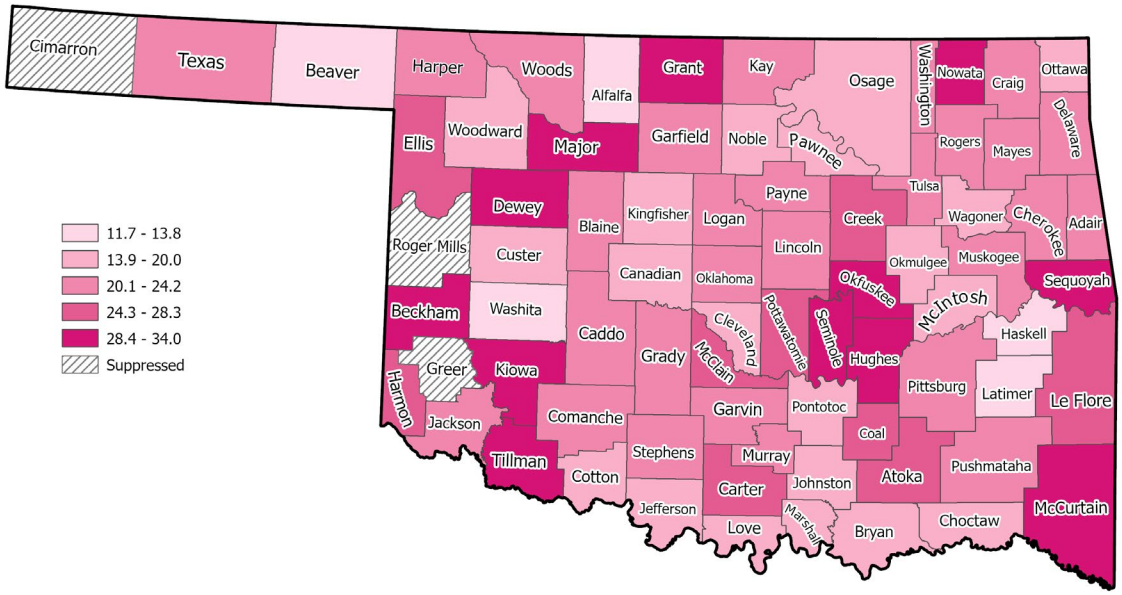
BREAST CANCER MORTALITY

Age-Adjusted Breast Cancer Mortality Rate
per 100,000 Female Population, 2015-2024[6]



The breast cancer mortality rate in **Oklahoma** has remained **higher** than the **United States** rate since 2015.[6]

Age-Adjusted Breast Cancer Mortality Rate*
per 100,000 Female Population, 2015-2024[6]



Breast cancer mortality rate* was **lowest in Alfalfa County** [11.7/100,000] and **highest in Okfuskee County** [34.0/100,000].[6]

*Mortality rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2015-2024.[6]

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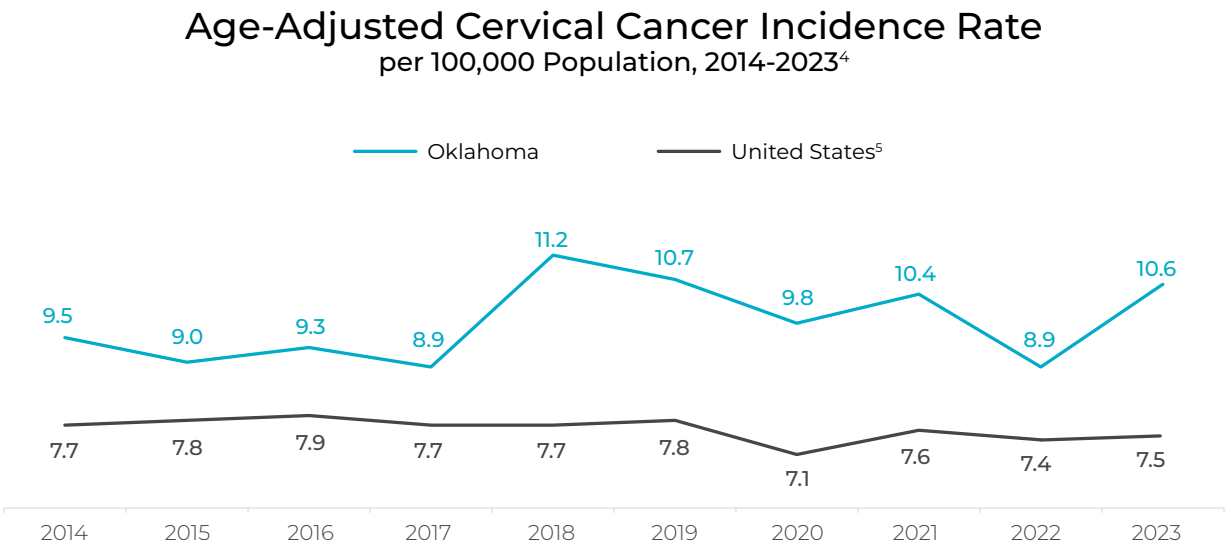
Burden of Cervical Cancer

IN OKLAHOMA

RISK FACTORS FOR CERVICAL CANCER[9]

- Lack of HPV Vaccination
- Smoking
- Multiple Sexual Partners
- Immunosuppresion
- 5+ Years on Birth Control Pills

CERVICAL CANCER INCIDENCE

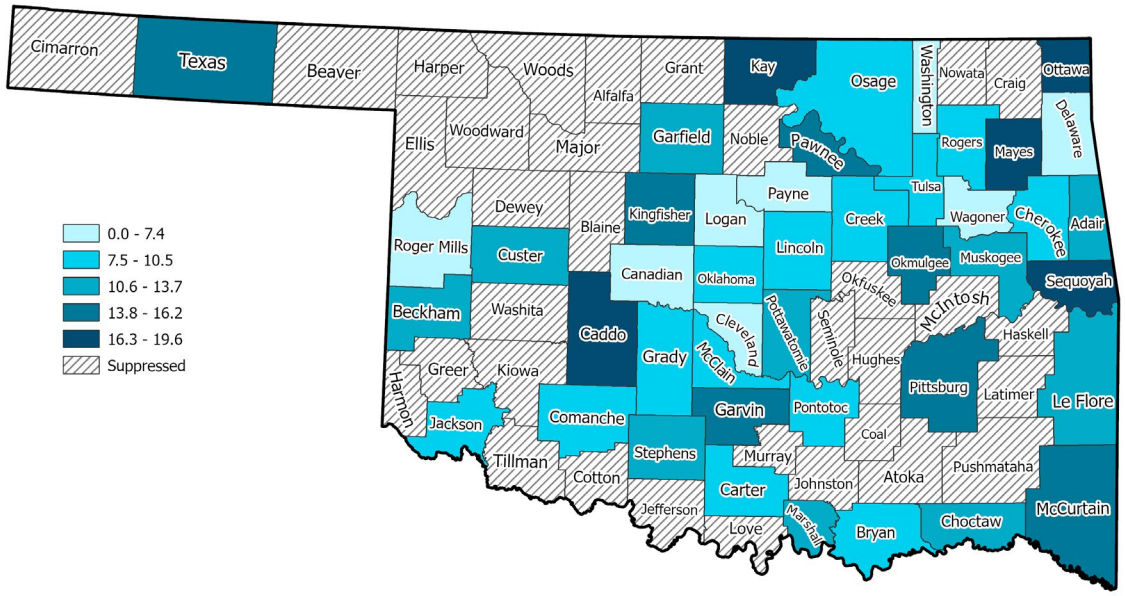


The **Oklahoma** cervical cancer incidence rate* is **higher** compared to the **United States**. In 2023, Oklahoma's cervical cancer incidence rate was **10.6**; U.S. data is not yet available for 2023.[4]

*Incidence rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

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Age-Adjusted Cervical Cancer Incidence Rate
per 100,000 Population, 2014-2023[4]

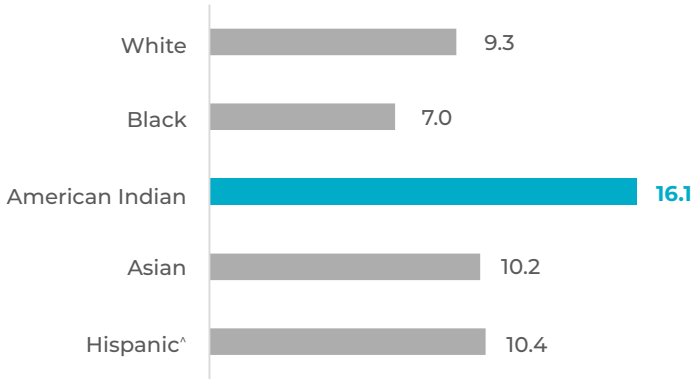


Cervical cancer incidence rate* was
lowest in Roger Mills County [0 cases] and **highest in Ottawa County** [18.9/100,000].[4]

*Incidence rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

Age-Adjusted Cervical Cancer Incidence Rate* by Race
per 100,000 Population, 2014-2023[4]

The highest incidence* of cervical cancer in Oklahoma was **16.1** among **American Indian** females.[4]



*Incidence rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2014-2023.[4]

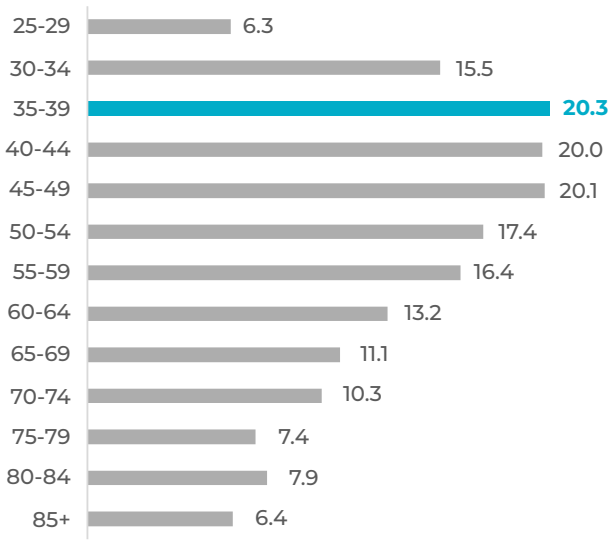
^Hispanic origin drill level was used to determine rate, while other races used IHS linked race.[4]

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Cervical Cancer Incidence Rate* by Age
per 100,000 Population, 2014-2023[4]

The highest incidence* of cervical cancer in Oklahoma was **20.3** among females age **35-39**.[4]

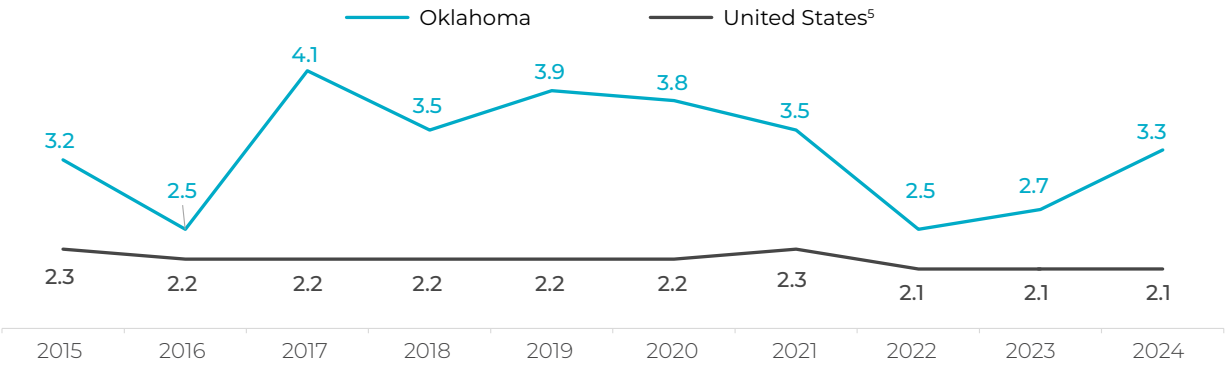
*Incidence rate is per 100,000 females.[4]



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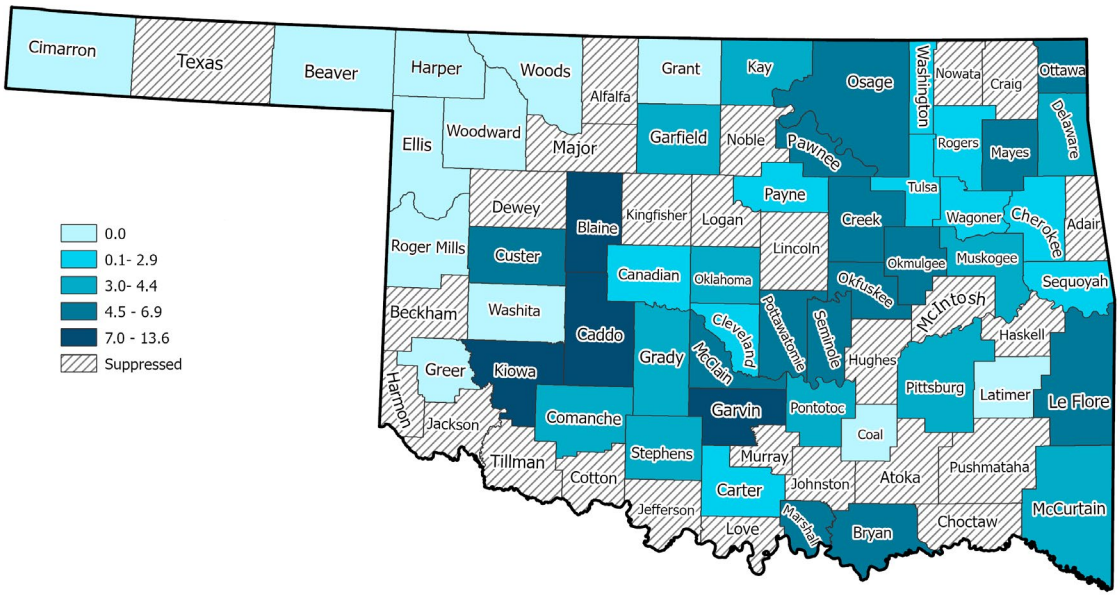
CERVICAL CANCER MORTALITY

Age-Adjusted Cervical Cancer Mortality Rate
per 100,000 Population, 2015-2024[6]



While the cervical cancer mortality rate has remained relatively constant in the **United States** over the last 10 years, **Oklahoma's rates** have fluctuated while remaining **higher** than the nation.[6]

Age-Adjusted Cervical Cancer Mortality Rate*
per 100,000 Population, 2015-2024[6]



Cervical cancer mortality rate* was **highest in Blaine County** [13.6/100,000].[6]

*Mortality rate is per 100,000 females and age-adjusted to the 2000 U.S. population, 2015-2024.[6]

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Priority Strategies:

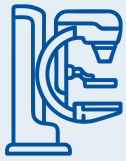
PROGRAMS & ACTIVITIES

BREAST & CERVICAL CANCER EARLY DETECTION PROGRAMS (BCCEDP)

Oklahoma has three BCCEDP screening programs serving low-income, uninsured and underinsured women:

- Oklahoma State Department of Health Take Charge Program
- Cherokee Nation Breast & Cervical Cancer Early Detection Program
- Kaw Nation Women's Health Program

PURPOSE



Facilitate
early screening



Ensure
prompt diagnosis



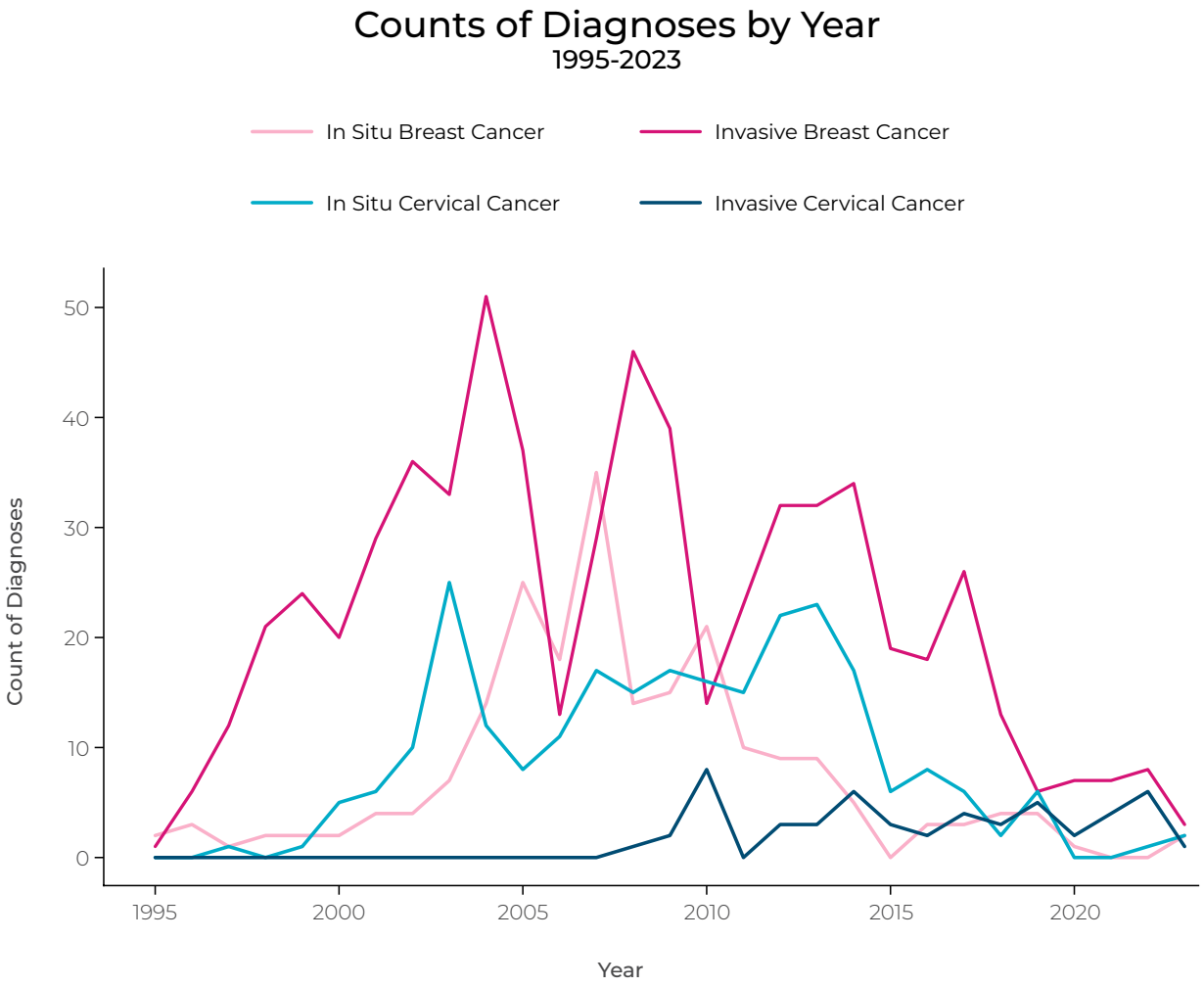
Improve
access to care

NBCCEDP grantees provide access to cancer screening services:

- Clinical breast exam
- Mammogram
- Pelvic Exam
- Pap test
- HPV co-testing and self-collection testing

CANCER CASES DISCOVERED BY TAKE CHARGE

The Take Charge Program helps save the lives of Oklahoma women who are uninsured and/or underinsured every year. The chart below shows the number of cancer cases that Take Charge funding has allowed to be identified between 1995 and 2023 by paying for cancer screening. Each cancer case that was diagnosed represents an Oklahoma woman who did not have insurance to pay for preventative cancer screening or a woman who was underinsured and did not have resources for additional diagnostic screenings to identify or diagnose her cancer.



Attention users: Use caution when interpreting 2020 data. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting to some central cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020.

OKLAHOMA DIAGNOSTIC AND TREATMENT PROGRAM: OKLAHOMA CARES

Women with abnormal findings on breast and/or cervical cancer screening examinations receive a referral and access to diagnostic treatment services through Oklahoma Cares, a SoonerCare Medicaid program.

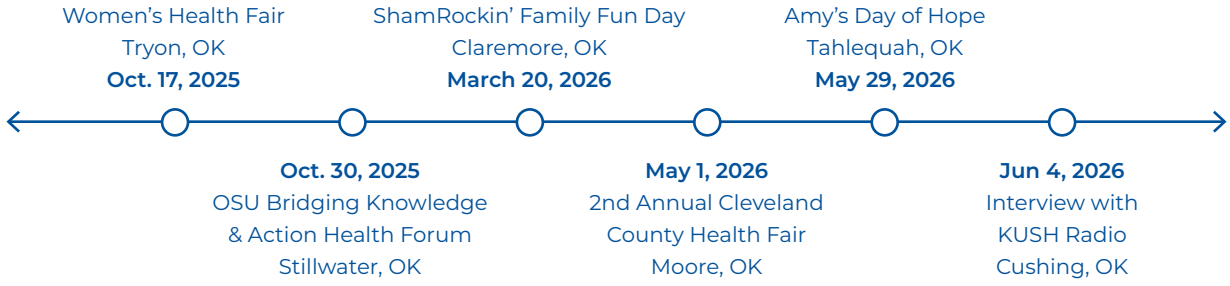
To be eligible for Oklahoma Cares, women must:

- Be 19-64 years of age
- Be uninsured
- Be low income (at or below 185% of the Federal Poverty Level)
- Meet medical eligibility requirements

Oklahoma's three BCCEDP screening programs — Take Charge, Cherokee Nation Breast & Cervical Cancer Early Detection Program, and Kaw Nation Women's Health — encourage women in need of diagnostic or treatment services to apply for Oklahoma Cares. Additionally, the Take Charge Program provides diagnostic services for women who are ineligible for Oklahoma Cares.

BREAST AND CERVICAL CANCER ACTIVITIES/ EDUCATIONAL OPPORTUNITIES

- Take Charge participated in several public events around Oklahoma (timeline below). Additionally, staff attended National Breast and Cervical Cancer Early Detection Program educational events such as the P2P Call Series hosted by the National Association of Chronic Disease Directors and Communities of Practice hosted by national organizations like Susan G. Komen and the American Cancer Society. Take Charge staff engaged in learning opportunities to increase knowledge of resources and ways to help individuals in need of cancer screening or who have been recently diagnosed with pre-cancer or cancer.



- The Oklahoma Comprehensive Cancer Network (OCCN) is the state's cancer coalition. The OCCN provides a resource directory on their website.

Community Organizations, Program Partners and Educational Opportunities

- Cleveland County Health Department
- Cherokee County Health Department
- Rogers County Health Department
- Comanche County Health Department
- Kingfisher County Health Department
- Garfield County Health Department
- LeFlore County Health Department
- Sequoyah County Health Department
- Tulsa Health Department
- Integris Southwest Medical Center
- Eastern Oklahoma Medical Center
- Northeastern Health System - Sequoyah
- The Breast Center - Lawton
- University of Oklahoma – Stephenson Cancer Center
- OU Mobile Mammography Unit
- Stigler Health & Wellness
- Variety Care
- Variety Care Mobile Mammography Unit
- Shortgrass Community Health Center
- Lawton Community Health Center
- Oklahoma Health Care Authority
- OK Project Woman
- Oklahoma Comprehensive Care Network
- Oklahoma Comprehensive Cancer Control Program
- Oklahoma Central Cancer Registry
- American Cancer Society National Navigation Roundtable
- Scaling What Works Communities of Practice
- Human Papilloma Virus Roundtable
- 2026 Prevent Cancer Dialogue: Community Impact Through Collaboration
- Oklahoma Department of Transportation
- National Association of Chronic Disease Directors

OKLAHOMA BCCEDPs SUMMARY

Take Charge	Cherokee Nation	Kaw Nation
Established: 1995	Established: 1996	Established: 2001

PRIORITY POPULATION

Breast Cancer Screening

Oklahoma women ages 40-64 with an income at 185% of the Federal Poverty Level (FPL), who are uninsured or underinsured.	American Indian women ages 40-64, enrolled in a federally recognized tribe, with an income at or below 250% of the FPL, who are uninsured or underinsured.	American Indian women ages 40-64 with an income at 250% of the FPL, who are uninsured or underinsured.

Cervical Cancer Screening

Oklahoma women ages 21-64 who have not had a Pap test in 5+ years, with income at or below 185% of the FPL, who are uninsured or underinsured.	American Indian women ages 21-64, enrollled in a federally recognized tribe, who have not had a Pap test in 5+ years, with an income at or below 250% of the FPL, who are uninsured or underinsured.	American Indian women ages 21-64 who have not had a Pap test in 5+ years, with an income at 250% of the FPL, who are uninsured or underinsured.

SERVICES PROVIDED THROUGH

Contracts with: • Federally Qualified Health Centers • Healthcare organizations • Laboratories • Surgical consultations • Mammography facilities • Mobile mammography units • Colposcopy providers	• Cherokee Nation health facilities and providers • Cherokee Nation W.W. Hastings Hospital • Mammography facilities	Memorandums of Understanding (MOUs) with: • Kanza Health Clinic • Ponca Tribe clinics • Pawnee Tribe clinics • Osage Tribe clinics • Iowa Tribe clinics

PROGRAM HIGHLIGHT: TAKE CHARGE

Services Provided in 2025

73,494
eligible women screened since inception*

766
breast cancer screenings

334
cervical cancer screenings

*Data varations from previous years related to switch to Med-IT in December 2022; not all data was transferable.

Funding SFY 2025

$890,571.00
FEDERAL

$293,888.00
STATE

$46,761.00
REVOLVING

$1,231,220.00
TOTAL

NOTE: The CDC requires the State of Oklahoma to provide $1.00 of match for every $3.00 supplied by CDC.

Emerging Technologies

PREVENTION & CONTROL

This section covers newly introduced therapies and preventive vaccines that appear to be effective in preventing and controlling the risk for breast and cervical cancers.

BREAST CANCER

- AI-Assisted Diagnostics & Risk Assessment
  - ArteraAI Breast: An FDA-cleared software that utilizes digital pathology. This software allows for enhanced same-day risk scores in early-stage patients, additionally predicting future disease progression.[10,11]
  - AI Mammography: Enhances the five-year cancer rate predictions by discovering numerous obscured irregularities that are unable to be visualized by standard methods, thereby increasing detection rates via incorporation of artificial intelligence into 3D mammography.[10]
  - Contrast-Enhanced Mammography & Automated Ultrasound: Cutting-edge technology that is extremely successful at identifying cancer in those with dense breast tissue.[10]
- Breakthrough Therapeutics & Targeted Therapies
  - Antibody-Drug Conjugates (ADCs): Drugs developed to target and obliterate cancer cells (like Enhertu) are able to eradicate cancer cells while limiting damage to vital tissues; these ADCs have benefitted early-stage and HER2-low tumors.[12,16]
  - Liquid Biopsies: Utilize blood to discover tumor DNA (ctDNA) that may be moving through the bloodstream; the tumor DNA allows clinicians to observe tumor development tangibly while also detecting minimal residual disease (MRD).[16]

CERVICAL CANCER

- Advanced Immunotherapies and Precision Radiation
  - Tumor Infiltrating Lymphocyte (TIL) Therapy: Utlizes a person's own individualized immune cells to attack cancer. The cells are harvested; large amounts are grown in a lab and then put back into the patient.[16]
  - Checkpoint Inhibitors: A combination of radiation and drugs known as targeted immunotherapies that have been allowed for use in new and chronic metastatic cases.[12,13,16]
  - Extended Reality and AI Radiotherapy: AI-powered assistants used to optimize and plan advanced radiation workflows, making treatments quicker and increasingly accurate; extended reality (XR) is being utilized to ensure the correct areas are receiving the focus during radiation treatments.[14,15,16]

Recommendations

FOR ADDITIONAL FUNDING



Promote the **Breast and Cervical Cancer Revolving Fund**, which **provides mammograms** for **uninsured** and **underinsured women**.

Recommended

COST-REDUCING STRATEGIES



Increase high-quality breast and cervical cancer **screening** in Oklahoma in **collaboration with partners**, using data to guide the **expansion** of **Take Charge services** into the Oklahoma State Department of Health's **county health departments**.



Utilize Take Charge services and partners to help **reduce barriers** to care, allowing increased reach — such as **mobile screening services** (mammogram/clinical cancer screening) and/or **transportation** (using local transit providers) — for those in areas of the state that suffer from **inaccessibility**, **lack of transportation** and/or **service unavailability**.



Encourage **shared use of resources** to reach more women, including **mobile wellness units**, **mobile mammogram units** and other resources that may become available from other partnerships or funding, such as the Rural Health Transformation Program.



Encourage **patient navigation services** to assist with access to screening and diagnostic services.



Partner with nonprofits, communities, state agencies and health providers and organizations **to identify populations** with **barriers** or **limited resources** and work to ensure that **cancer screenings** and **necessary care** are **accessible to them**.

References

1. Islami, F., Goding Sauer, A., Miller, K.D., Siegel, R.L., Fedewa, S.A., Jacobs, E.J., McCullough, M.L., Patel, A.V., Ma, J., Soerjomataram, I., Flanders, W.D., Brawley, O.W., Gapstur, S.M. and Jemal, A. (2018), Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA: A Cancer Journal for Clinicians, 68: 31-54. https://doi.org/10.3322/caac.21440

2. American Cancer Society (ACS). (2025). Genetics and Cancer Risk. Genetics and Cancer Risk | American Cancer Society

3. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2024, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

4. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Oklahoma Central Cancer Registry (OCCR) cancer incidence data 2014 to 2023.

5. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2026.

6. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Oklahoma Central Cancer Registry (OCCR) cancer mortality data 2015 to 2024.

7. United States Cancer Statistics - Mortality Data: 2018-2023, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2025.

8. “What Are the Risk Factors for Breast Cancer?” *Breast Cancer*, Centers for Disease Control and Prevention, Breast Cancer Risk Factors | Breast Cancer | CDC

9. “What Are the Risk Factors for Cervical Cancer?” *Cervical Cancer*, Centers for Disease Control and Prevention, Cervical Cancer | Cervical Cancer |CDC

10. Preetam S, Bhattacharjee S, Mishra R, Muduli K, Rustagi S, Bora J, Deshwal RK, Malik S, Gundamaraju R. Next-gen diagnostics: artificial intelligence-powered imaging in breast cancer care. *J Cancer Metastasis Treat*. 2025; 11:29. https://dx.doi.org/10.20517/2394-4722.2025.74

11. Staff, C. E., & Staff, C. E. (2026, May 13). *FDA Clears AI-Based Risk Stratification Tool for Breast Cancer | Clinical Lab Products*. Clinical Lab Products; Clinical Lab Products. https://clpmag.com/disease-states/cancer/fda-clears-ai-breast-cancer-risk-stratification-tool/

12. Muzzarelli A, Paderno M, Lorusso D. New developments in the treatment of cervical cancer in 2026. Curr Opin Obstet Gynecol. 2026 Feb 1;38(1):14-21. doi: 10.1097/GCO.0000000000001079. Epub 2025 Nov 18. PMID: 41247725. New developments in the treatment of cervical cancer in 2026 - PubMed

References

13. Tasnim Ria, Rubi Roy, Uma Sankar Mandal, Ugir Hossain Sk, Prospects of nano-theranostic approaches against breast and cervical cancer, Biochimica et Biophysica Acta (BBA) - Reviews on Cancer, Volume 1879, Issue 6, 2024,189227, ISSN 0304-419X, Prospects of nano-theranostic approaches against breast and cervical cancer - ScienceDirect

14. (2026, May 18). *International trial proves AI can design gold-standard cancer treatment plans*. News-Medical. https://www.news-medical.net/news/20260518/International-trial-proves-AI-can-design-gold-standard-cancer-treatment-plans.aspx

15. Medical Xpress powered by Science X Network, edit, Lock, L., reviewed, Egan, R. (2026, May 17). *AI tool for radiotherapy can support the global effort to eliminate cervical cancer*. Medicalxpress; University College London. https://medicalxpress.com/news/2026-05-ai-tool-radiotherapy-global-effort.html

16. Hirschfeld Oncology. (2025, November 07). *Emerging Technologies in Cancer Therapy*. Honcology; Hirschfeld Oncology. https://honcology.com/blog/emerging-technologies-in-cancer-therapy

Contact Nursing Services at the Oklahoma State Department of Health, (405) 426-8734, or visit the Take Charge website under the heading Take Charge Annual Reports – Fiscal Year 2026, Breast and Cervical Cancer Annual Report to view or download an electronic copy.

This report was developed by Meagan Carter, MS; Mahalaxmi Das, MPH; Jennifer Gingerich, LPN, MPA; Yi-Jhen Li, PhD, MBA; Francis Ramirez, MPH, CHES; Logan Webb; and Ashley White, MPH.



OKLAHOMA
State Department of Health

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