VOLUME 2 ISSUE 1



PROVIDER PRES S

WINTER 2004

Partnerships: Supporting One Another For A Common Goal

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The West Virginia Breast and Cervical Cancer Screening Program is not an entity that stands alone. Without its partners, the program's success and effectiveness would be impossible.

Major health problems affecting West Virginia women, including breast and cervical cancer, result from a complex combination of medical, social, cultural and systemic causes. It is through partner-

ships, that the program is able to assist in preventing these causes. Our common goal is to create a healthier life for all West Virginians.

The WVBCCSP is fortunate to have a diverse and extensive network of partners throughout the state and nation. Working with these partners in our shared goal of disease prevention, allows for a more effective use of resources, builds on the strengths and differences of the various organizations and ideally achieves what no one organization can do alone. A few of our partners are highlighted in this issue of The Provider Press. With the support of national groups and societies, academic institutions, providers and volunteers reaching and screening West Virginia women becomes more prolific. Only by working together, can we begin to solve the complex health issues that lead to disease.



Constance's Corner

Ever feel like you're a contestant on Survivor? The complicated endurance tests have been compared to successfully filling out the BCCSP forms for new client enrollment, or for finding that never or rarely screened woman and getting her screened at your clinic. The "real" difference is that you can call for assistance at any time! Use the power of a positive attitude, get to know your Clinical Services Coordinator DeeAnn Price, RN, and your local Cancer Information Specialist, and hopefully you won't want to "vote us off."

Now, news about recent changes . . . an Information Update regarding revised reimbursement rates for referral procedures (mammograms, ultrasounds, etc) was distributed to all screening and referral providers with an effective date of December 1, 2003 (screening rates changed in June 2003). Pay close attention to the CPT code changes and reimbursement rates for colposcopy procedures, as BCCSP has adopted the new Medicare descriptive codes and rates. Another big change will be the inclusion and payment of breast biopsy procedures in the screening program, instead of the Diagnostic and Treatment Fund. We're in the process of finalizing this revision, so watch for an Information Update in the next few weeks.

In the last issue, we highlighted our policy regarding Pap test results of ASC-US and liquid based cytology. By now most of you have performed your first liquid based technology Pap test to determine the need for hrHPV DNA testing. Many great questions are being raised as a result of this policy



Constance Harvey, Director

implementation. Our Medical Advisory Committee members are reviewing your questions, and our staff is working hard to compile a Question and Answer guide to assist you. We hope to get this out to you in our next edition. Please continue to forward your questions to Professional Education Coordinator Stephanie Graham-Sims at sgrahamsim@hsc.wvu.edu, or (304) 293-2370.

Mark your calendars for the April PHNPAT training and an exciting 7th Annual BCCSP conference scheduled for May 25-26. We have a great agenda lined up for you at Stonewall Resort, so take advantage of the opportunity for networking, continuing education, great food, fun and atmosphere!

We hope that you'll find this issue packed with tons of helpful and inspiring information. I could go on and on about the great things happening in BCCSP, but I've run out of space, so turn the page and start reading!

Getting to Know the WVBCCSP Staff

Each "Provider Press" will feature a different WVBCCSP staffer to help our readers get to know us a little better.

Rachel Campbell

Job:

Cancer Information Specialist, Region 3 (Putnam, Boone, Kanawha, Clay)

Education:

Bachelors in Nursing from WVU

Hobbies/interests:

Cooking, scrap booking, and reading

Favorite food:

Peanut butter

Favorite TV show:

X-files

Favorite movie:

Anything funny

Favorite book:

I like any medical mystery/suspense novel or anything from John Grisham.

Favorite music:

Classic rock/alternative

Favorite vacation spot:

The beach



Rachel being interviewed by a local news station during Breast Cancer Awareness Day event at the Charleston Town Center Mall.

If I won the lottery:

I would take a long vacation to a beach resort/spa with my husband, close friends, and family and then I would get my Masters in Nursing.

Someone who has inspired me:

My mother has inspired me most of my life because she is very educated and professional, and was always the most caring person. She truly is a role model.



A New NCI Planning Tool For Comprehensive Cancer Control

By Judith Ballangee

The National Cancer Institute recently introduced a new Web site – <u>http://cancercontrolplanet.cancer.</u> <u>gov</u> — *designed for health educators, program staff, researchers and cancer control planners.*

Full of resources for planners, the site will help speed the translation of science into practice and close the gap between research, discovery and program delivery. The Mid-Atlantic Cancer Information Service helped test the site during its early development and was among the first organizations to be trained in its use.

"Comprehensive cancer control and prevention is a priority for us. We welcome this innovative tool and look forward to training our partners and others throughout our region in its use," said Mid-Atlantic CIS Director, Amy Reasinger Allen.

The voice of the NCI, the Cancer Information Service is the nation's premiere sources of cancer information for patients, providers and the public. The Mid-Atlantic region comprises Maryland, Virginia, West Virginia and the District of Columbia.

According to John Kerner of the NCI, who heads PLANET's development team,



"Cancer control programs at the state and community level are often developed on an 'ad hoc' basis. PLANET helps take the guesswork out of program planning and implementation by providing easy access to a set of evidence-based tools, including the latest cancer and risk factor statistics and research-tested programs."

PLANET is part of a public-private partnership of the National Cancer Institute (NCI), including the Cancer Information Service, the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and American Cancer Society.

For more information about PLANET, contact Mid-Atlantic Partnership Program Manager Becky Hartt-Minor, at <u>bhminor@hsc.vcu.edu</u> or (804) 828-3998.

Appalachian Cancer Research Consortium: A Joint Effort With WVU and University of Kentucky

By Jim Keresztury

The Appalachian Cancer Research Consortium (ACRC) is a joint effort of the West Virginia University and the University of Kentucky. It is located in the Mary Babb Randolph Cancer Center at West Virginia University. The ACRC consists of a group of cancer prevention and control researchers who are working to address cancer prevention and control issues that affect residents of West Virginia and Appalachian Kentucky.

The ACRC is funded by the Centers for Disease Control and Prevention and the National Cancer Institute. The ACRC is one of five regional Centers that are part of the Cancer Prevention and Control Research Network (CPCRN), a federally funded network of academic, public health, and community partnerships across the nation. Network members include Prevention Research Centers at Harvard University-Boston University, University of South Carolina, University of Texas-Houston, University of Washington, and West Virginia University-University of Kentucky. CPCRN Centers are geographically distributed across the Nation, enhancing opportunities to develop community partnerships and to conduct community-based assessments, evaluation and research with populations that represent nearly all medicallyunderserved, racial and ethnic minority groups (priority populations) in the U.S.

The ACRC's efforts will encourage community-based research and dissemination related to cancer prevention and

control efforts in breast and cervical cancer as well as other important cancers prevalent in Appalachia. For example, in the area of breast and cervical cancer, these efforts can lead to the translation of effective inter-

. . . working to address cancer prevention and control issues that affect residents of West Virginia and Appalachian Kentucky.

ventions into practice by developing and testing new strategies for increasing screening rates for Appalachian women.

The overall goal of the ACRC is to develop effective communication of cancer prevention and control messages to communicate prevention and control science in a manner that is understandable to the public.

Future expectations for the Appalachian Cancer Research Consortium include the mentorship of new researchers and the broadening of the scope of research related to survivorship to include the management of cancer pain and palliative care.

'Mountains of Hope' Program Explained

By Linda Jacknowitz

Mountains of Hope is a collaborative effort of individuals and organizations throughout West Virginia who are committed to comprehensive cancer control.

The mission of Mountains of Hope, the West Virginia Comprehensive Cancer Control Coalition, is to provide leadership by facilitating and coordinating statewide and community level collaboration to reduce the human and economic impact of cancer in West Virginia. Mountains of Hope is funded by the West



Virginia Department of Health and Human Resources by a cooperative agreement with the CDC.

In the spring of 2003, the coalition authored a cancer plan, now in the implementation phase. Early detection, one of the subcommittees of the coalition chaired/ vice chaired by WVBCCSP program staff, focuses on educating the public and health professionals about benefits of early detection and screening. The MOH and WVBCCSP partnership has resulted in significant support and outcomes. As a founding member, the WVBCCSP provided leadership, along with Mountains of Hope, the WV Cancer Registry and the WV Comprehensive Cancer Control Program in getting Mountains of Hope off the ground. The WVBCCSP provided staff and financial support during the formative stage of the coalition.

Currently Mountains of Hope and the WVBCCSP collaborate in many activities such as the Walks for Women and other activities held throughout the state during breast cancer awareness month. WVBCCSP plays a large role during many of the Mountains of Hope quarterly meetings. The two programs work cohesively to develop and implement ideas regarding cancer prevention, detection and education strategies in order to cerate a healthier West Virginia population.

Three year old Mountains of Hope, West Virginia's Comprehensive Cancer Coalition has its roots in the original WVBCCSP coalition. While Mountains of Hope is relatively new on the cancer control scene, it continues to make its mark in cancer prevention and control in our state and on the national scene. The coalition and its facilitator, Linda Jacknowitz, were recently featured in the 2003 Cancer Research and Prevention Foundation's Annual Report as an example

West Virginia Comprehensive Cancer Control Coalition of an innovative coalition that is making a difference. The Lance Armstrong Foundation has also acknowledged the coalition's work with an award to support travel to coalition events by selected West Virginia cancer survivors.

With the publication of the *West Virginia Comprehensive*

Cancer Plan (2000), a blueprint for statewide action, the fledgling coalition became eligible to compete for and win CDC funds to implement the plan. The CDC implementation dollars support activities and projects in all of the coalition's nine priority areas: advocacy; cervical cancer; clinical trials; colorectal cancer; growing the coalition; health disparities; ovarian cancer; prostate cancer; tobacco prevention and cessation.

In two of these priority areas, ovarian and colorectal cancer, the coalition, partnering with two of its academic partners, Joan C. Edwards School of Medicine of Marshall University and Mary Babb Randolph Cancer Center of West Virginia University, secured supplemental CDC funding. These additional dollars support ambitious efforts to: Educate women and increase their awareness about the dangers of ovarian cancer; and to increase knowledge about colorectal cancer and raise screening rates in the Mountain State.

Ovarian Cancer

Marshall University's Joan C. Edwards School of Medicine partners with community organizations to devise programs of interest to women in that community. The programs may include fashion shows, gardening demonstrations, lectures, however they must also feature presentations about ovarian cancer and other related gynecologic conditions. Recent programs include: Harvest for

Announcind

At PHNPAT you will learn to:

- Explain basic anatomy & physiology of the breast and female reproductive organs.
- Teach breast selfexamination that can detect lumps as small as ½ cm and distinguish them from normal breast lumpiness.
- Explain risks for breast and cervical cancer.
- Counsel clients about mammography and a variety of breast procedures.
- Effectively help a woman who has been diagnosed with breast cancer.
- Recognize components of a good gynecologic exam and accurately document findings.
- Understand mammography and pap result reports, and initiate appropriate follow-up.
- Recognize a variety of cervical lesions and STDs, and be familiar with implications for patient education and treatment.

2004 PHNPAT Public Health Nurse Physical Assessment Training

March 30–April 2, 2004 Euro-Suites Hotel Morgantown, WV

> PHNPAT provides in-depth instruction regarding breast and gynecologic cancer screening, diagnosis and treatment. The goal is to expand the number of health care practitioners providing quality breast and cervical cancer screening to underserved women in West Virginia. Registered nurses who complete PHNPAT and also complete a preceptorship of 50 supervised examinations will be certified to perform Pap tests, breast examinations, and teach breast selfexamination to their clients.

For registration information, contact: Mary Babb Randolph Cancer Center Cancer Prevention & Control P.O. Box 9350 Morgantown, WV 26506-2370





WVBCCSP Data Profile Profile Period: 7/16/91 to 9/25/03

By Nikki Lyttle

Total Enrollment: 88,459 Women

Screening Activity Cumulative: Includes initial and re-	screening procedures		
Breast Screenings Total Mammograms: 10 Abnormal Mammograms ¹ :	00,434 6,705 (6.7%)	Cervical Screenings Total Pap smears: Abnormal Pap smears ³ :	167,981 3,574 (2.1%)
Clinical Breast Exams (CBEs): 14 Abnormal CBEs ² :	40,449 7,522 (5.4%)		
Cancer Detections (Detected by the BCCSP to date)			
Breast Cancers In Situ Cancers ⁴ : Invasive Cancers: Total:	232 419 651	Cervical Cancers In Situ Cancers⁵: Invasive Cancers: Total:	2,617 77 2,694
Patient Demographics			
Racial Distribution Caucasian: 85,191 (96.3%) African American: 2,584 (2.9%) Asian: 217 (0.2%) American Indian: 124 (0.1%) Other: 197 (0.2%) Unknown: 152 (0.2%)	Ethnic Distribution Non-Hispanic: 87 Hispanic: Unknown:	Age Distribu (980 (99.5%) Under 18: 425 (0.5%) 18-24: 54 (0.1%) 25-39: 40-49: 50-64: 65 and older: Unknown:	Ition (Current Age) 2 (0.0%) 620 (0.7%) 22,116 (25.0%) 25,502 (28.8%) 28,604 (32.3%) 12,866 (14.5%) 8 (0.0%)
Initial Screenings Breast Screenings Initial Mammograms:	42,419	Cervical Screenings Initial Pap smears:	72,436
Screening History (Screenings prior to BCCSP enrollment)			
	31,735 28,515 7,888	Cervical Screenings Prior Pap smear: Yes: No: Unknown:	53,811 2,974 17,675

¹ Abnormal mammogram refers to a result of Suspicious for Abnormality, Highly Suggestive of Malignancy, or Assessment Incomplete.

² Abnormal clinical breast exam (CBE) refers to a result of Discrete Palpable Mass (Suspicious of Cancer) Bloody or Serous Nipple Discharge, Nipple or Areolar Scaliness, or Skin Dimpling or Retraction.

³ Abnormal Pap smear refers to a result of Low-Grade Intraepithelial Lesion (LSIL), High-Grade Intraepithelial Lesion (HSIL), Atypical Glandular Cells of Undetermined Significance (AGUS), Adenocarcinoma, or Squamous Cell Carcinoma.

⁴ In Situ breast cancer includes Carcinoma In Situ, Ductal Carcinoma In Situ, and Lobular Carcinoma In Situ.

⁵ In Situ cervical cancer includes CIN II/moderate dysplasia and CIN III/severe dysplasia.

Mountains of Hope (Continued from page 6)

Life (Wayne County); "Celebration of Women" (McDowell County); and Women's Expo (Bluefield). For more information about this project and partnership opportunities, contact: Caroline Roberts, Program Coordinator (304) 691-1471 or robert26@marshall.edu.

Colorectal Cancer

This multi-pronged effort to increase screening rates among West Virginians fifty years of age and older includes:

- Capacity, knowledge, and attitude surveys of primary physicians, community pharmacists, advanced practice nurses, and physician assistants;
- Annual colorectal cancer leadership summits;
- Development of community pharmacies and pharmacists as a channel for CRC screening counseling.

The synergy from these efforts has spawned several related projects including a partnership with PEIA to explore why more of their eligible insured have not availed themselves of the fully covered colorectal screening benefits; interest in establishing community pharmacy counseling initiatives; and a visit to Wheeling, WV (September 2004) by the Colossal Colon, supported by a partnership with Wheeling Hospital; and several invited presentations at CDC and other national meetings. For more information about this project and partnership opportunities, contact: Linda Jacknowitz, (304) 293-2370 or <u>ljacknowitz@hsc.wvu.edu</u>.

Contact Jacknowitz or Rebecca Vincent, Program Manager, (304) 293-2370 or r<u>vincent@hsc.wvu.edu</u> for information on how your organization can help make a difference by joining Mountain of Hope.

Medicaid Treatment Act Serves Over 1000 Clients

By Carrie Mallory

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Medicaid Treatment Act) has allowed Medicaid to provide funding for treatment to over 1000 clients with breast or cervical cancer since its passage on April 1, 2001. The State of West Virginia was one of the first states to take advantage of this significant legislation.

The Medicaid Treatment Act provides funding to West Virginia women, under the age of 65, diagnosed with breast or cervical cancer and with no creditable insurance. Women who meet these requirements will receive full Medicaid benefits until active cancer care is concluded.

Who is eligible for the Medicaid Treatment Act?

To qualify, a woman must:

- Be a West Virginia resident
- Be enrolled in the West Virginia Breast and Cervical Cancer Screening program
- Be under the age of 65
- Be in need of treatment for the diagnosis of breast or cervical cancer
- Have no creditable insurance
- Not be eligible for any other Medicaid program

What does Medicaid pay for?

A woman will receive full Medicaid benefits, not just coverage for cancer treatment.

What is considered active treatment?

Active treatment includes, but is not limited to, chemotherapy, radiation therapy, surgery, cervical cancer treatment such as LEEP, cryotherapy. It does not include diagnostics such as colposcopies or breast biopsies, which are paid for through the screening program and the Diagnostic and Treatment Fund.

How does a woman apply?

To apply for benefits, a woman must be enrolled in the WVBCCSP and obtain a Medicaid application, CDC certificate of diagnosis and the Case Management/Medicaid referral form from this



provider. A completed Medicaid application and CDC certificate of diagnosis, signed by her treating physician or the screening provider, must be taken to the



Medicaid office in her county of residence. A Medicaid card will be mailed to the client within 7-10 days from application. The Case Management/ Medicaid referral form will be completed, as much as possible, by the screening provider and faxed to the WVBCCSP office. A Case Manager will be assigned to each client enrolled.

How will the client benefit from Case Management?

As soon as the WVBCCSP office is notified of a clients enrollment in the Medicaid Treatment Act, a Case Manager from her region will be assigned. This Case Manager will contact the client within 72 hours. A meeting will be planned for completion of a Needs Assessment, which will determine any needs this client has in obtaining her treatment, as recommended by her physician. The Case Manager will work with the client in determining the resources needed to successfully complete her course of treatment. The Case Manager will be available through out her treatment, for education questions or concerns.

Who do I call for questions about the Medicaid Treatment Act?

Any questions concerning the Medicaid Treatment Act can be directed to 1-800-642-8522, or speak with the Case Manager in your region.

Regions 1 & 4	Cathy Chadwell, RN, 304-256-6777
Regions 2 & 3	Kyla Nelson, RN, 304-558-7208
Regions 5 & 6	Sissy Price, RN, 304-765-7344
Regions 7 & 8	Dottie Snyder, RN, 304-637-0378

ACN Established by NCI to Address Heavy Cancer Burden in Eight Appalachian States

By Mary Ellen Conn

Overall cancer rates in Appalachian states exceed the national average, with particularly high incidences of lung, cervical, and colorectal

cancers. This heavy cancer burden can be linked to limited access to health information and health care services, low incomes, low education levels, high unemployment rates, and other socioeconomic



Sponsored by the National Cancer Institute

factors that negatively impact public health.

The Appalachia Cancer Network (ACN) is a collaborative consortium established to address specific cancer control issues of these populations within an eight state region of

ACN works with community and clinical partners to identify and address disparities in access, information, and treatment for the rural, medically underserved. Appalachia. As part of the National Cancer Institute's (NCI) Special Populations Networks, ACN's efforts are to reduce cancer risk, incidence, and mortality through research, education, and community capacity-building programs.

As an important part of the NCI Strategic Plan to

Reduce Health Disparities, ACN works with community and clinical partners to identify and address disparities in access, information, and treatment for the rural, medically underserved population it serves. Develop and implement regional, state, and local cancer control interventions

ACN priority areas include community-

based participatory research, clinical trials

- Identify barriers to participation in clinical trials, as perceived by health care institutions, providers and Appalachian residents
- * Increase community awareness, recruitment and retention in clinical trials
- Enhance and expand regional data collection and cancer research efforts in Appalachia
- Serve as a bridge between NCI and community-based research by mentoring junior researchers and increasing R01 and other grant submissions

The ACN coordinating center is based at the University of Kentucky with regional programs at West Virginia University and Pennsylvania State University. The North Central ACN serves all of West Virginia, 29 counties in southeastern Ohio, and 3 counties of western Maryland.

For more information or partnering opportunities, please contact Appalachia Cancer Network, Mary Babb Randolph Cancer Center/ West Virginia University, P.O. Box 9350, Morgantown, WV 26506. Phone 304-293-2370. You may e-mail at <u>acn@hsc.wvu.edu</u>

education, tobacco awareness & control, and prevention & treatment for cancers of the breast, cervix, colorectal, and lung. To address these priority areas, ACN

- has the following objectives:Create an integrated
- Create an integrated network of cancer control partners

Screening Provider Alert:

Computer-Aided Detection (CAD) Not Presently Covered by WVBCCSP

"Please be advised that WVBCCSP does not currently reimburse for Computer Aided Detection (CAD)." This notice was issued December 23, 2003, by Constance Harvey, Director of the Brest and Cervical Cancer Screening Program.

However, it is important to emphasize that this is a procedure that can enhance detection of lesions in suspicious mammography, but is not intended for routine use in all screening situations. "Computeraided detection (CAD) technology is a recent advance in the field of breast imaging.

The CAD technology basically works like a second pair of eyes, reviewing a patient's mammogram film *after* the radiologist has made an initial interpretation.

If the computer software detects any breast abnormalities or "regions of interest" on the mammogram film, it marks them. The radiologist can then go back and review the mammogram film again to determine whether the marked areas are suspicious and require further examination (with additional tests or biopsy). With the CAD technology, the radiologist still makes the final interpretation of the mammogram."

Considered "promising" new technology for breast imaging, independent studies suggest that CAD is a useful adjunct to conventional film mammography when suspicious abnormalities are detected.

However, it is important to emphasize that this is a procedure that can enhance detection of lesions in suspicious mammography, but is not intended for routine use in all screening situations.

At this time, CDC's policy regarding the use of CAD does not allow WVBCCSP to reimburse for this procedure, as there is no confirmation that the added expense leads to reduction in mortality. We are well aware that many mammography providers have made the decision to perform CAD on all mammography exams.

Facilities should disclose to the patient when CAD will be utilized, and that it will be an additional cost directly to the patient. Patients may assume this financial responsibility, or have their mammogram performed at an alternative WVBCCSP mammography provider. Please check with your local mammography providers to determine their use of CAD, and advise your patients accordingly.



West Virginia Breast and Cervical Cancer Screening Program 7th Annual Statewide Conference

Sponsored in part by the WVU School of Medicine, Office of CME

Attend the WVBCCSP Conference for the latest outreach strategies, breast and cervical issues, comprehensive cancer initiatives, program updates and networking opportunities. *Keynote speaker: Lillie Shockney, RN*

Lillie is the Education and Outreach Director of the Johns Hopkins Breast Center.

2003 Breast Cancer



Lewis County showed its "support" with pink bras and raised \$329.00 for the D & T fund!



\$65,761.42 raised for the D&T Fund! WOW!

More than 200 people visited the WVBCCSP tent at the WVU football Game.



Dee Ann Price speaks at the BCAD event at the Charleston Town Center Mall.

The quilt raffle did well at the "Walk for Women" in Parkersburg!

Providers received 17 calls from women who qualified for WVBCCSP services after seeing this "Pink Float" filled with breast and ovarian cancer survivors in a Doddrige County Homecoming Parade. All 17 women had not had a Pap test in over six years!



Staff Departures







Carrie Mallory

Maureen Barte

Research Staff Nurse, Carrie Mallory and Cancer Information Specialists Maureen Barte (Region 6) and Donna Riffle (Region 7) recently stepped away from their positions with WVBCCSP. We thank them for their effective years of service and wish them the best in all future endeavors.









This newsletter is for providers participating in the West Virginia Breast & Cervical Cancer Screening Program. If you would like to contribute information or article ideas for this newsletter, please contact:

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Editor

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sgraham-sims@hsc.wvu.edu

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