

WEST VIRGINIA
Breast & Cervical
CANCER SCREENING PROGRAM

You're Worth It

You're Worth It . . .

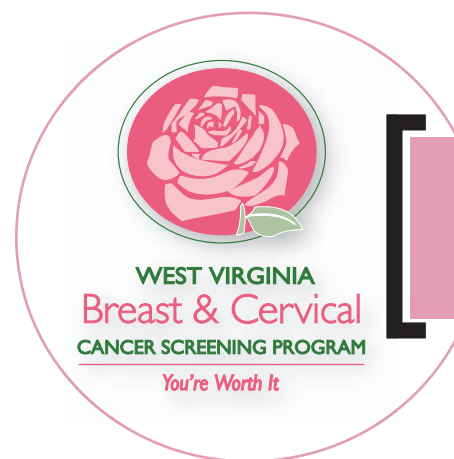
This newsletter is for providers participating in the WVBCCSP. If you would like to contribute information or article ideas for this newsletter, please contact:

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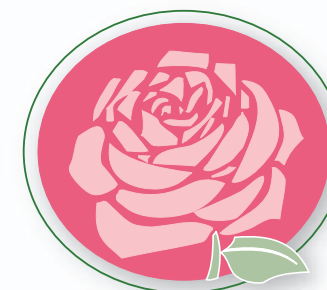
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WEST VIRGINIA
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You're Worth It

BCCSP's New Logo

The decade and a half “old rose” logo is no more.

The Program's once flat image with intertwining stems and outdated colors has been replaced with a new, modern twist of the rose. This rose seems to pop right off the page. The two-toned pink color blends nicely with the green accent, and the words “Breast” and “Cervical” catch the eye within seconds of looking at the logo.

What could be more pleasing to a group of individuals who have often shortened the title *West Virginia Breast and Cervical Cancer Screening Program* in their everyday use?

A new campaign to go along with the new logo, of course.

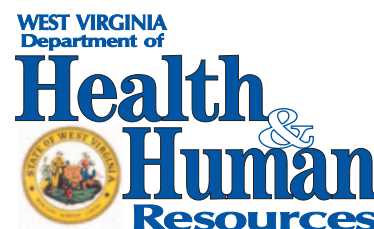
Fortunately this past summer, the WVBCCSP was able to work closely with an advertising agency to create their new look. Among the promotional items purchased were four bulletin boards, strategically located. They are simple, yet display the most important of messages... *You Need to Know*. A similar, yet more detailed message, was also displayed on posters and flyers distributed to WVBCCSP providers statewide.

It is our sincere hope that as the times change, the WVBCCSP will remain a permanent fixture among its network of healthcare providers and the women they serve.



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Robert C. Byrd Health Sciences Center

Mary Babb Randolph Cancer Center





Christina's Corner:

Through my office window, I can see that the seasons are changing in Davis Park [in Charleston]. The leaves have fallen from the trees and the pace of the office is changing like the seasons, rather quickly. There is a constant parade of staff coming in and out of my office asking questions and seeking input. I am pleased to overhear conversations that actively debate how our decisions will impact you as the provider and/or our women receiving services. After four years, I am still very impressed by the team of professionals that have been entrusted to me.

The change in pace partially results from funding the WVBCCSP received to implement a cardiovascular health screening project called Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN). This has become one of the most exciting projects that our staff has been involved with in a long time. Approximately forty providers will soon begin offering screening services to WVBCCSP enrolled women between the ages of 40-64 years old. I am happy to report that we have completed regional provider training sessions and will be finishing on-site training during the month of January. Currently, we are on schedule to launch WISEWOMAN on January 2, 2009.

Our schedule has also picked up due to the

revision of WVBCCSP forms. The Centers for Disease Control and Prevention (CDC) has updated the computer database that we use to track and follow women. This update included the deletion and addition of data elements. The forms had to be revised to align with CDC's new requirements. We used provider recommendations made at the spring 2008 Breast and Cervical Cancer Information Programs as guiding principles and then allowed several clinics to review the forms prior to implementation. All forms are one page and ask only the questions required by CDC. Overall, the required paperwork has decreased, and we hope these changes will benefit both the Program as well as our providers.

New forms were scheduled for shipment in mid-December. If you have not received your new WVBCCSP forms, please contact the WVBCCSP immediately. All clinics should begin using the new forms on January 2, 2009.

As we move through the winter, these changes may cause some stress for us all. I know they have certainly had a tremendous impact on our office. However, if we work together, I am confident that these modifications will benefit our state and the women we serve. As always, you are our partners in delivering quality screening services to West Virginia women, and we appreciate you more than words can express. Should you have any questions or concerns, please do not hesitate to contact our office at 1-800-642-8522.

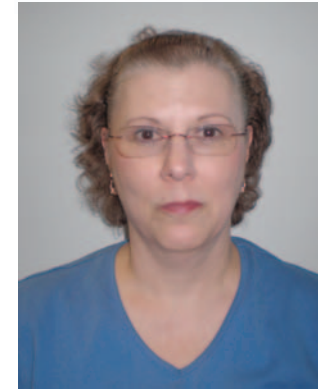
WVBCCSP Data Update

WVBCCSP from 1991 through June 29, 2008

Number of women enrolled:	112,943
Number of Pap tests provided:	222,971
Number of mammograms provided:	144,090
Number of clinical breast exams provided:	214,144
Number of invasive breast cancers diagnosed:	758
Number of invasive cervical cancers diagnosed:	123



Welcome to Our Staff, Pam!



great fit with WVBCCSP staff and the providers she serves.

Pam graduated from the University of Charleston with her nursing degree in 1982. Since then, she has worked in a variety of health care settings.

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is proud to announce a new addition to its staff. Pam Postalwait is the new tracking and follow-up nurse. Her local ties and impressive understanding of the Program ensures that she will be a

Most notably, she spent 15 years in home health care where she worked as the Quality/Education Director for seven of those. She also worked three years in long-term acute care. Pam began taking classes toward her bachelors' degree in nursing. Her goal in the coming years is to complete the remaining classes in her track.

Welcome to the Program, Pam!

Likes:

- Boating
- Old Music
- Quality time with husband and children
- Road trips with friends/family
- Fall weather

Dislikes:

- Breast cancer
- Being late
- Clutter
- Dishonesty
- High gas prices

Terms You Need to Know

Hyperplasia and Atypical Hyperplasia

The breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by fatty tissue and supportive tissue. Sometimes normal cells within the breast grow bigger and increase in number. This is called hyperplasia. It can occur in the ducts (ductal hyperplasia) or the lobules (lobular hyperplasia).

Hyperplasia is benign (non-cancerous) and usually develops naturally as the breast ages and changes. It can affect women of any age. Hyperplasia doesn't produce any symptoms.

Atypical hyperplasia is where the cells within the breast develop an unusual pattern and shape. Again, it can occur in the ducts (atypical ductal hyperplasia) and the lobules (atypical lobular hyperplasia).

Atypical hyperplasia is also benign (non-cancerous) and doesn't produce any symptoms or cause any pain.

However, since it is possible that the abnormal cells in the ducts or lobules may spread to the surrounding tissue, having atypical hyperplasia has been shown to slightly increase the risk of developing breast cancer in the future.

Both hyperplasia and atypical hyperplasia are

usually found by chance at the breast clinic when the tissue from a biopsy or breast surgery is examined under the microscope in the laboratory.

Dysplasia

According to MedlinePlus, dysplasia is the abnormal growth of cells on the surface of the cervix. Although it is not cancer, it is considered a precancerous condition.

Cervical dysplasia is grouped into three categories:


- CIN I—mild dysplasia (a few cells are abnormal)
- CIN II—moderate to marked dysplasia
- CIN III—severe dysplasia to carcinoma-in-situ (precancerous cells only in the top layer of the cervix)

There are usually no symptoms and it is generally detected through Pap tests and confirmed by cervical biopsy. Early diagnosis and prompt treatment cures nearly all cases of cervical dysplasia.

Hyperplasia. Retrieved December 1, 2008, from http://www.breastcancercare.org.uk/content.php?page_id=426.

Dysplasia. Retrieved December 1, 2008, from <http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/001491.htm>.

The West Virginia Cancer Clinical Trials Network



Residents of Appalachia, especially those in rural Appalachia, are generally considered medically underserved due to an array of significant challenges inherent to the region. Cancer mortality in Appalachia, especially in rural Appalachia, is higher than it is in the remainder of the United States while cancer clinical trial enrollment remains lower. West Virginians, like many Appalachians, tend to be older, poorer, less educated, and more likely to be uninsured than urban Americans. High rates of poverty, low education, high unemployment, an aging population, and limited access to health care and related clinical trials characterize many of the regions of Appalachia in general and more specifically, West Virginia.

In addition to factors related to rural health status and practices, there are systemic factors related to rural life in general, such as lack of public transportation, lower literacy rates, and lower levels of community services that contribute to limited access to health care as well as clinical trials. It is estimated that of the 12% to 44% of cancer patients eligible for participation in clinical trials, less than 3% actually enroll (Sateren, 2004). Participation is even lower in rural areas. Cancer patients in rural counties are less likely than those in suburban areas to participate in cancer clinical trials sponsored by the National Cancer

Institute due to numerous community and institutional barriers (Sateren, 2004).

In order to increase West Virginia cancer patients' access to cancer clinical trials, the Mary Babb Randolph Cancer Center (MBRCC) in Morgantown, WV, is working to establish a statewide clinical trials network. The idea is that by joining efforts of hospitals and oncology practices throughout the state, more cancer clinical trial protocols will become available for West Virginians. Through collaboration, the Network will be in a position to attract more clinical trials to the state because of its ability to ensure accrual of patients to studies. The Network will also work to conduct education for health care professionals and the public about cancer clinical trials.

The Network has secured funding from the Claude Worthington Benedum and Komen Foundations to partially fund cancer clinical trial research nurses in several network facilities. Working in conjunction with a cancer clinical trial coordinator at MBRCC, the nurses will assist physicians to identify and recruit cancer patients to available clinical trials.

The establishment of the West Virginia Cancer Clinical Trials Network is an innovative approach to meeting the ongoing needs of cancer patients throughout West Virginia. For more information, contact Jim Keresztury at (304) 293-0481 or by e-mail at jkeresztury@hsc.wvu.edu.

WISEWOMAN to Integrate with Cancer Screening Program



The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is set to take on a new and exciting project in early 2009 WISEWOMAN. Historically, the WISEWOMAN program began in 1993 when Congress authorized the Centers for Disease Control and Prevention (CDC) to extend the services that are provided to women as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Thus, in 1995, CDC used a portion of NBCCEDP funding to launch WISEWOMAN projects in select states.

As its success grew and the project expanded, so did the opportunities for other states to offer WISEWOMAN services. West Virginia received funding in 2003 to establish a WISEWOMAN program which screened and tested the effectiveness of lifestyle interventions designed especially for Appalachian women. After submitting a successful grant application in 2008, the West Virginia WISEWOMAN program was re-funded for

another five years and is currently being integrated with the WVBCCSP.

The program will provide WVBCCSP participants with access to additional preventative health services by screening for heart disease and stroke risk factors. Its mission is to provide low-income, uninsured or underinsured women ages 40-64 years old with the knowledge, skills and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases.

Services provided will include blood pressure, cholesterol, and blood glucose screening, body mass index (height and weight), evaluation of personal and family medical history, and health behavior and readiness to change assessments. In addition, women with abnormal screening values will be referred to healthcare providers for diagnostic services and medical management of their condition(s). Evidence-informed lifestyle interventions will be tailored to meet the needs of the different levels of heart disease, stroke risk, and readiness to make lifestyle behavior changes, and will link participants to free or low-cost community-based nutrition, physical activity and tobacco cessation resources.

In order to participate in West Virginia WISEWOMAN, a woman must be enrolled in the WVBCCSP, be 40-64 years of age, have an income at or below 200% of the Federal Poverty Level, and be uninsured or underinsured.

Screening services are scheduled to begin January 2, 2009. Approximately forty provider sites will be offering the WISEWOMAN services during the first year. For more information on WISEWOMAN, please call (304) 558-5388 or 1-800-642-8522.

Tracking is Essential to Timely Care



The overall mission of the CDC's National Breast and Cervical Cancer Early Detection Program is to reduce morbidity and mortality from breast and cervical cancer through the early identification of precancerous or cancerous lesions. Therefore, tracking is essential to ensure that women receive timely screening, follow-up, and treatment.

The CDC requires that providers track and follow WVBCCSP patients throughout their screening and diagnostic process in order to ensure that these women receive timely and complete services. Efficient patient tracking systems are required by the WVBCCSP to help prevent incomplete screening, and incomplete follow-up and treatment. To fulfill tracking and follow-up protocol and meet these requirements, providers must:

- Maintain a tracking system for annual rescreening notification.
- Maintain a tracking system to ensure that women with abnormal screening results complete diagnostic workup procedures in a timely manner. (Refer to the article *Ensuring Timely Diagnosis and Treatment of WVBCCSP Clients* in this edition of the Provider Press.)

Some suggested tracking tools include:

- WVBCCSP tracking logs which are available on our web site: www.wvd-hhr.org/bccsp
- Tickler file systems and reminder cards
- Computerized tracking systems
- Diagnostic Workup Report Forms (no longer reimbursable by WVBCCSP)

If you need assistance with revising or developing a tracking system, please call the WVBCCSP at (304) 558-5388 or 1-800-642-8522.

UPDATE:

The Breast and Cervical Cancer Information Programs will be held in the fall of 2009. Save the Date cards will be mailed prior to the programs.

Little Health Department with a BIG Message

After completing the Public Health Nurses Physical Assessment Training (PHNPAT) in Morgantown this past spring, I was confronted with a dilemma. How in the world was I going to be able to complete the 50 exams required for certification in the six months allotted? After some brainstorming, the idea of a health fair seemed the answer to my problem. On June 27, 2008, the Fayette County Health Department held its first ever Ladies Free Health Screening.

My co-worker Nora Smith, RN, and I created flyers and hit the pavement. We called upon our community for support and the response was amazing. Not only did we have over 20 door prizes and refreshments donated by local vendors, but we also had local pizza shops placing flyers on every pizza box that went out the door. Pharmacies agreed to put flyers in prescription bags for two days or until they ran out of flyers. The local 4-H troop passed out flyers at Wal-Mart.

Letters were faxed asking local healthcare providers to post our flyer in patient areas, and as a result, staff from those offices also attended the health fair. Being the country girl that I am, my husband drove me around on a 4-wheeler so I could put flyers in every paper box in our neighborhood. You should have seen some of the looks we received, but I didn't care. I was getting our message out one way or another.

Peggy Fink, FNP, and Debra Crowder, CNM, volunteered their time to help with this huge undertaking along with the Fayette Vo-Tech LPN and RHEP students. They directed patients to different stations, kept the room cleaned and stocked, and even took out the trash. Forty-two Pap tests were conducted, 21 mammograms scheduled, and over 50 breast exams performed. While this may not sound like a lot, only six women were not eligible for the Breast and Cervical Cancer Screening Program or Family Planning. The women who attended were treated to mini-facials, chair massages, bone density, blood pressure screenings, glucose testing, tetanus vaccines, refreshments, and reusable shopping totes donated by Krogers filled with health information, candy, pens, pencils, magazines, etc.

This event was probably one of the hardest undertakings we have ever attempted, but with all the volunteers and support staff, we could not have asked for a better turnout. The women who attended that day made the work seem minuscule. They were very grateful and voiced appreciation many times before leaving. We hope to make this an annual event and encourage others to give it a try. You would be amazed at what you can accomplish and the impact you can make on women and yourself.

Missy Brammer, RN, BSN
Fayette County Health Department

Partnering: The Key to Success

In May, Wood County was the site of the largest breast and cervical cancer free screening clinic held in West Virginia. The groundwork to the success of this clinic, now in its second year, was partnering with others. With the support of Harriet Dial, the Cancer Information Specialist in Region 5, Camden Clark Memorial Hospital ventured into new territory to move forward in the fight against breast and cervical cancer. Staff from Athena Health Center worked long hours and community vendors joined the effort by providing a variety of free and low cost screenings.

To ensure that no woman was turned away, Bettie Lucas of the West Virginia Family and Community Education used Susan G. Komen funds to assist with the cost of free screenings for uninsured women not eligible for the WV Breast and Cervical Cancer Screening Program.

Baskets of flowers donated by Home Depot created a comforting atmosphere for the May fair, while the American Cancer Society provided facial screenings. Free massages, healthy snacks, and door prizes completed the day.

Over 400 women attended with 135 of them receiving free Pap tests, pelvic exams, and clinical breast exams. Another 101 women received free bone density screening, 122 received facial cancer screening, 68 received vision screening, and 141 women received reduced-cost lipid screening. In addition to the free screening clinic, Camden Clark's mammography unit began screening qualified women the same day. The joint efforts of providers, partners, and other organizations only prove what a community can do when it pulls its resources together.

EDUCATION: A Required Component of WVBCCSP Screening

WVBCCSP screening providers are required to share information and education on the early detection of breast and cervical cancer with women enrolled in the Program. The purpose of the education component is to provide these women with information necessary to understand screening procedures and to motivate them to comply with recommended guidelines for rescreening.

Providers must make the education

appropriate to the patient's age, lifestyle, culture, and medical history and give patients the opportunity to ask questions. Encouraging patients to verbalize an understanding of the education presented also helps ensure that she is knowledgeable of why annual breast and cervical cancer screenings are necessary. The following are guidelines that providers are encouraged to follow when educating a patient.

Breast Cancer Education

Breast cancer education should include:

- Basic anatomy and physiology of the breast
- Risk factors associated with breast cancer
- Benefits of early detection
- Importance of regular rescreening
- Components of breast care, including:
 1. BSE education
 2. Yearly CBE
 3. Mammogram, when age appropriate

Cervical Cancer Education

Cervical cancer education should include:

- Basic anatomy and physiology of the cervix/female reproductive organs
- Risk factors associated with cervical cancer
- Benefits of Pap tests for prevention and early detection of cervical cancer
- Current recommended guidelines for screening
- Importance of regular rescreening



SAVE THE DATE

The Public Health Nurses Physical Assessment Training (PHNPAT) is just around the corner! Save the date for April 7-9, 2009. PHNPAT will be held at the Euro-Suites Hotel in Morgantown, WV. More information will follow at the beginning of the year.

Ensuring Timely Diagnosis and Treatment of WVBCCSP Clients

The Centers for Disease Control and Prevention (CDC) have set quality indicators for timely diagnosis and treatment of women receiving services through the National Breast and Cervical Cancer Early Detection Program. Receiving timely diagnosis and treatment helps increase treatment options, improves the success of treatment, and increases survival.

Twice a year, data on this indicator is submitted to CDC. The WVBCCSP is "graded" on its ability to provide services within these established guidelines and the outcomes are closely tied to funding. Below is an outline of the WVBCCSP's requirements from CDC:

Cervical Cancer Diagnostic Indicators:

- No more than 60 days can pass between the date of an abnormal cervical screening (Pap test) and final diagnosis.
- The time from diagnosis of invasive cervical cancer to treatment cannot exceed 60 days.
- The time from diagnosis of HSIL, CIN II, CIN III, or CIS to treatment cannot exceed 90 days.

Help Us Keep Updated

Please notify the WVBCCSP when a patient changes her address by sending us an update on the Client Enrollment form. No other information on the form needs to be filled out. Thank you!

Breast Cancer Diagnostic Indicators:

- No more than 60 days can pass between the date of an abnormal screening mammogram and the date of final diagnosis.
- The time from diagnosis of breast cancer to treatment cannot exceed 60 days.

Unfortunately, the WVBCCSP is not meeting the CDC mandates for timeliness of cervical screening (Pap test) to final diagnosis and timeliness for final diagnosis of invasive cervical cancer to treatment. We need your help to improve these cervical data indicators and help us meet our goals. The WVBCCSP has always been very successful in bringing our data into compliance when it makes providers aware of the struggles.

The provider network has always been there, willing to help. A great example of this is the WVBCCSP's never or rarely screened rate. With your help, the Program feels confident that it can improve these data indicators. If you have any suggestions that you would like to share with the Program on how we can improve timeliness, please feel free to contact us at (304) 558-5388 or 1-800-642-8522. Keep up the good work! Without you we could never provide services to more than 18,000 women each year.

REMINDER:

Don't forget to complete the patient's "Date Eligible for Next Pap Test" on the Patient Data form! This information will assist the WVBCCSP in developing a "next Pap due" report for our screening providers.

West Virginia Celebrates 16th Annual Breast Cancer Awareness Month!



Every year in October, Breast Cancer Awareness Month is filled with special activities to honor breast cancer survivors and remember those who have died from the disease, and every year, the WVBCCSP's providers, partners, volunteers, and other community organizations show a side of themselves that any person could admire. From hot dog sales to Walks for Women to courthouse and post office events, October is a month of hope and healing.

All donations raised benefit the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. This generous giving will continually allow uninsured West Virginia women to receive diagnostic and treatment services they might not otherwise seek. The WVBCCSP wants to thank you for your dedication, hard work, and commitment to this cause.

*More than \$70,000
was raised for
the West Virginia
Breast and Cervical
Cancer Diagnostic and
Treatment Fund!*

