

# 2006-2007 Annual Report



## West Virginia Breast and Cervical Cancer Screening Program



*Bureau for Public Health  
Office of Maternal, Child and Family Health  
350 Capitol Street, Room 427  
Charleston, WV 25301*

*Joe Manchin III, Governor  
Martha Yeager Walker, Secretary*

# **West Virginia Breast and Cervical Cancer Screening Program Annual Report**

**2006-2007**



**You're Worth It...**



# West Virginia Breast and Cervical Cancer Screening Program Annual Report 2006-2007

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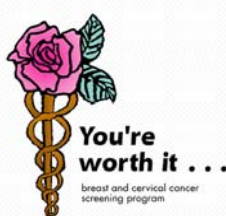
## Timeline

- 1991** West Virginia was one of eight states chosen to screen underserved women as part of the National Breast and Cervical Cancer Early Detection Program.
- 1996** House Bill 4181 established the Breast and Cervical Cancer Diagnostic and Treatment Fund.
- 2000** West Virginia was one of the first states to provide coverage of treatment for breast and cervical cancer through Medicaid.
- 2003** The WVBCCSP began providing liquid-based Pap tests and hrHPV testing to clients meeting specific clinical guidelines.
- 2004** Program is highlighted in the CDC publication, *The National Breast and Cervical Cancer Early Detection Program 1991-2002 National Report*.
- 2006** The WVBCCSP reaches a record high of 44.6% of newly enrolled clients being never or rarely screened for cervical cancer.

## Overview of the Program

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is a comprehensive public health program that helps uninsured/underinsured women gain access to screening services for the early detection of breast and cervical cancer. The Program is directed to low-income, uninsured/underinsured women aged 25-64 from priority populations. The Program provides clinical breast examinations (CBEs), mammograms, and Pap tests for eligible women, as well as diagnostic testing for women whose screening outcome is abnormal. The WVBCCSP is implemented through a network of more than 300 physicians and healthcare providers throughout West Virginia (WV).

West Virginia was one of the first states to begin screening women in April 1991 with funds from a cooperative agreement from the Centers for Disease Control and Prevention (CDC). Since that time, WVBCCSP has provided services to more than 106,000 women. Because of these screening services, 682 cases of invasive breast cancer, 7,070 cervical intraepithelial neoplasias (precancers), and 115 cases of invasive cervical cancer were diagnosed.



In 1996, the West Virginia Legislature enacted House Bill 4181, establishing the Breast and Cervical Cancer Diagnostic and Treatment Fund for the purpose of assisting medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer. The Fund provides resources to offset the cost of diagnostic care not otherwise available to the WVBCCSP by the CDC.

To assist programs in providing treatment to women diagnosed with breast and/or cervical cancer, the 2000 Congress gave the states the option to provide medical assistance for treatment through Medicaid (PL106-354). West Virginia was one of the first states to take advantage of this opportunity. When an uninsured woman under the age of 65 is diagnosed with breast and/or cervical cancer, she may be eligible to have her medical costs paid through Medicaid.

While screening services are key to early detection, their existence alone is insufficient to achieve a reduction in the illness and death associated with these diseases. The WVBCCSP engages in the following activities to implement a comprehensive program:

- Program Management
- Screening and Diagnostic Services
- Education and Outreach (Public Education and Outreach and Professional Education)
- Partnership and Collaboration
- Evaluation (Surveillance, Quality Assurance, and Technical Assistance)



### **Enrollment and Screening**

Since the Program's inception in 1991, the WVBCCSPP has enrolled more than 106,000 women and provided in excess of 209,000 Pap tests, 136,000 mammograms, and 197,000 CBEs to low income, uninsured/underinsured women. During this time, 2.2% of all Pap tests performed on WVBCCSPP clients were abnormal, 10.1% of all mammograms had an abnormal result, and 5.3% of all CBEs were abnormal. Abnormal results are defined by the Program as procedural results that require additional diagnostic work-up.

### **Breast and Cervical Cancer Detection**

To date, the WVBCCSPP has detected 682 cases of invasive breast cancer and 115 cases of invasive cervical cancer.

Of the 682 total cases of invasive breast cancer detected through the Program, 68.6% were early stage and 28.3% were late stage. Data on the 115 cases of invasive cervical cancer diagnosed through the WVBCCSPP indicated that 70.4% were early stage versus 23.5% late stage. The cost of medical care for treating these patients is strongly related to the clinical stage at diagnosis. Studies have indicated that medical costs are higher for patients diagnosed with stage III and IV (late stage) compared with stages 0 and I (early stage)<sup>1</sup>. Screening mammography has also been linked to a significant decrease in the cost of medical care because it helps achieve downstaged results and reduces cancer mortality, which results in a reduction of healthcare resources for treatment.

### **Accomplishments of the National Breast and Cervical Cancer Early Detection Program**

The WVBCCSPP is part of the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Programs exist in all 50 states, Washington D.C., 4 U.S. territories, and 13 American Indian/Alaskan Native tribes or tribal organizations. The WVBCCSPP was one of the original 8 states to be funded through the NBCCEDP to offer its residents free or low-cost breast and cervical cancer screening services. The NBCCEDP estimates that nationally, it screens 12.6% of all program eligible women.



Since 1991, the NBCCEDP has:

- Served more than 2.7 million women
- Provided more than 6.5 million screening exams
- Diagnosed over 26,000 breast cancers, 88,000 precancerous cervical lesions, and 1,700 cervical cancers



Two of the many WVBCCSPP volunteers honored at the 2006 Volunteer Luncheon in Flatwoods, WV.



Having fun during Breast Cancer Awareness Month activities at Pullman Square in Huntington, WV.



Pretty in pink—raising awareness in Huntington, WV.



Remembering those who have lost their battle.

## Breast Cancer

### Did you know?

- Four West Virginia women are diagnosed with breast cancer every day.
- Six West Virginia women die every week from breast cancer.
- Mammograms are the best method for detecting breast cancer at an early stage.
- Nearly 3 out of 4 (74.5%) West Virginia women aged 40 and older have had a mammogram within the past two years.
- The WVBCCSP has provided over 136,000 mammograms and 197,000 CBEs.

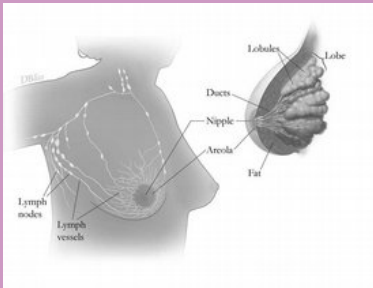
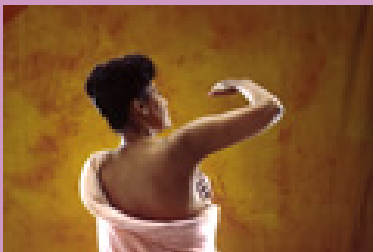


Diagram of the female breast.



Photograph of a woman performing a breast self exam.

Illustration and photo courtesy of the National Cancer Institute.

## Definition of the Problem

### Breast Cancer

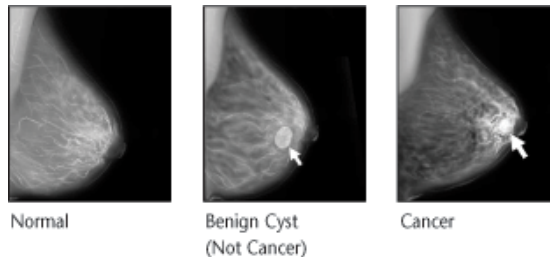
#### Prevalence

During 2007, the American Cancer Society estimates that 178,480 women will be diagnosed with invasive breast cancer in the United States. Data from the West Virginia Cancer Registry indicate that nearly 1,300 of those women will be West Virginians<sup>3</sup>. The most current cancer data for West Virginia indicates that between 1999 and 2003, breast cancer was the most commonly diagnosed cancer among women, with incidence increasing with age. More specifically, women 45-64 years of age were over four times more likely to be diagnosed with breast cancer than women 25-44 years of age. It is estimated that a woman has a 1:8 lifetime risk of developing the disease.

#### Mortality

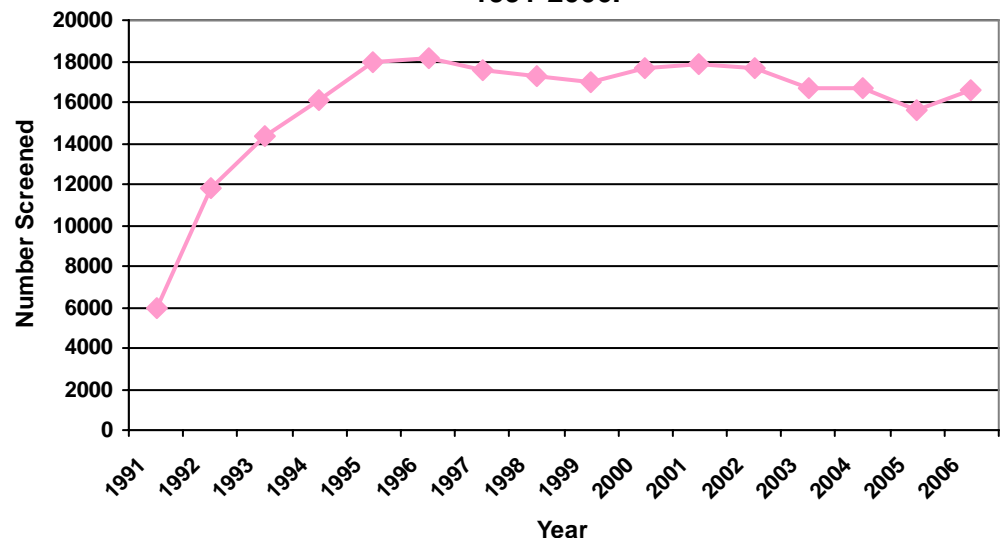
In 2007, a projected 40,460 women will die from breast cancer across the United States. An estimated 300 of those deaths will be among West Virginia women. From 1999-2003, breast cancer was the leading cause of cancer related deaths among West Virginia women aged 25-44. According to 2003 United States Cancer statistics, West Virginia ranks 22<sup>nd</sup> in the nation for breast cancer mortality rates<sup>4</sup>. A woman's risk of dying from breast cancer is approximately 1:33.

#### Early Detection



The CDC defines breast screening as both mammography and CBE for its National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Currently, mammography is the best method for early detection of breast

Number of women screened by the WVBCCSP per calendar year<sup>a</sup> 1991-2006.



<sup>a</sup>Calendar year runs from January 1 through December 31.

cancer. Early detection of the disease not only increases a woman's chance of survival, but also increases treatment options. On average, a mammogram can detect a breast lump one to three years before the woman can feel the lump<sup>5</sup>. Clinical breast examinations are useful in detecting lumps that may be missed with mammography<sup>6</sup>. The WVBCCSP provides these breast screening procedures to eligible women.

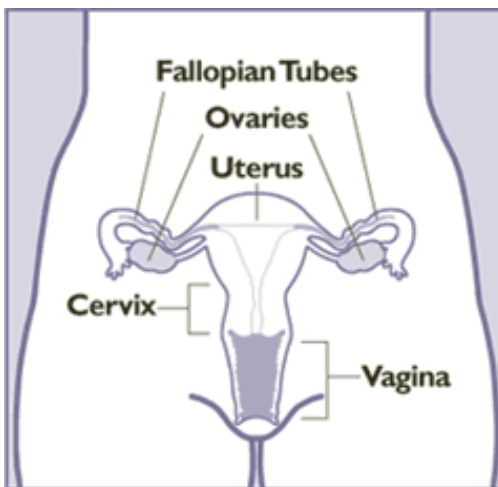
**Many women who develop breast cancer have no family history of the disease.  
Remember that your risk is influenced by many factors.**

According to the 2006 Behavior Risk Factor Surveillance System, nearly three out of four (74.5%) West Virginia women aged 40 and older had a mammogram in the past two years<sup>7</sup>. Those least likely to have had a mammogram in the past two years included women 40-49 years of age, women without a high school diploma, and women with household incomes of less than \$15,000.

## **Cervical Cancer**

### ***Prevalence***

The American Cancer Society estimates that in 2007, approximately 11,150 women in the United States will be diagnosed with invasive cervical cancer. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer<sup>8</sup>. An estimated 100 West Virginia women will be diagnosed with invasive cervical cancer. During 1999-2003, invasive cervical cancer was the tenth leading cause of cancer incidence among West Virginia women. However, invasive cervical cancer was the third most commonly diagnosed cancer among women aged 25-44.



## **Cervical Cancer**

### **Did you know?**

- Cervical cancer was the third most commonly diagnosed cancer in women aged 25-44, from 1999-2003.
- Cervical cancer was the third leading cause of cancer related mortality in women aged 24-44 from 1999-2003.
- With routine Pap tests, most cases of cervical cancer can be prevented.
- The WVBCCSP has provided over 209,000 Pap tests.

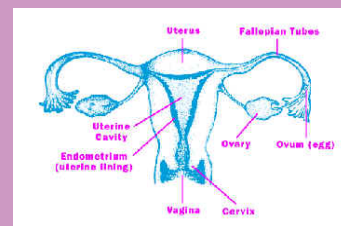
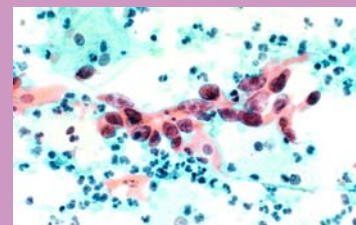


Illustration of female reproductive system.

Illustration courtesy of The National Women's Health Information Center; U.S. Department of Health and Human Services; [www.4woman.gov](http://www.4woman.gov)

### ***Mortality***

A projected 3,670 women will die from invasive cervical cancer in the United States during 2007. Approximately 43 of those women will be West Virginians. During 1999-2003, invasive cervical cancer was the third leading cause of cancer-related mortality among West Virginia women aged 25-44. Data from the U.S. Cancer Statistics Reports indicates that West Virginia leads the nation in cervical cancer mortality rates. Cervical cancer was once among the most common causes of cancer death among American women. Since the advent of the Pap smear in 1955, the number of deaths due to invasive cervical cancer has declined significantly.



Microscopic view of a Pap test specimen of cervical cancer.

Photo courtesy of the National Cancer Institute; [www.cancer.gov](http://www.cancer.gov)



## Definitions

### Pap Test

Procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer, as well as non-cancerous conditions, such as infection or inflammation.

### Clinical Breast Exam

Exam of the breast performed by a healthcare provider to check for lumps or other changes.

### Mammogram

An x-ray of the breast.



Mammography machine.

### Biopsy

The removal of cells or tissue for examination by a pathologist.

### HPV

Human papillomavirus. A member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV may increase the risk of developing some types of cancer.

Definitions and photo courtesy of the National Cancer Institute; [www.cancer.gov](http://www.cancer.gov)

## Early Detection

If routine cervical screening is followed, most cases of cervical cancer can be prevented. The best method of early detection for cervical cancer is the Pap test. The Pap test can detect cervical abnormalities in their earliest stage before the disease progresses and allows the woman to seek appropriate treatment.

Approximately 16.2% of West Virginia women ages 18 and older have not had a Pap test in the past three years. This percentage has improved from 17.4% in 2004. The 2006 West Virginia Behavioral Risk Factor Survey Report found that women aged 65 and older were the least likely to have a Pap test in the past three years; women aged 25 to 34 were the most likely. Additionally, women without a high school diploma and women in households with incomes between \$15,000 and \$24,999 were less likely to have had a

Pap test in the preceding three years. The frequency of screenings improved with higher educational levels.

*"I take charge of my health by asking questions and getting as much information as I can."*

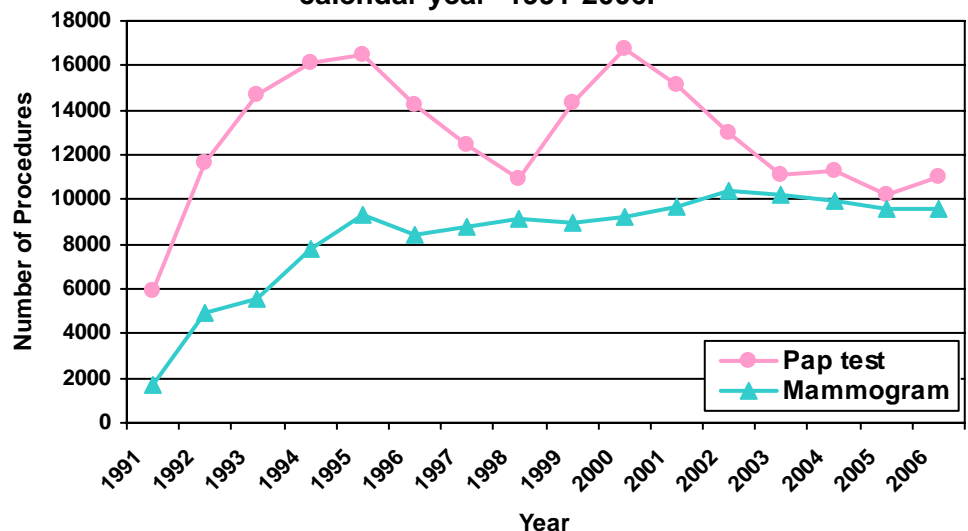
[www.cdc.gov](http://www.cdc.gov)



## Screening and Diagnostic Services

Screening and diagnostic services are the core of the WVBCSP. These services include: screening/rescreening, tracking, follow-up, and case management. The WVBCSP contracts with a variety of healthcare practitioners to provide CBEs, mammograms, pelvic exams, Pap tests, and diagnostic procedures.

Number of Pap tests and mammograms paid for by the WVBCSP per calendar year<sup>a</sup> 1991-2006.



<sup>a</sup>Calendar year runs from January 1 through December 31.

Once a woman is enrolled into WVBCCSP, the Program is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted healthcare provider agrees to work in coordination with the Program to notify women of their results and arrange for timely follow-up. In addition, the WVBCCSP database is monitored on a weekly basis to identify women with incomplete records.



Once these records are identified, Tracking and Follow-Up Nurses contact the client's healthcare provider to identify and resolve any problems.

Healthcare providers are required to monitor women enrolled in the Program and contact them by mail or telephone to schedule their routine screening examinations and follow-up visits. When a woman refuses follow-up services or treatment, providers and WVBCCSP staff work together to help the woman overcome identified barriers and return for medical care.

When a woman is diagnosed with breast cancer, cervical cancer, or certain precancerous cervical conditions she may be eligible to have her medical costs paid for through Medicaid. Once eligibility is assessed and granted, the woman is enrolled in the WV Medicaid Treatment Act (MTA). As part of the MTA, enrolled women receive case management services through a network of four regional Case Managers who are responsible for assessing their needs, developing a care plan, monitoring them throughout their treatment, and assisting them in resolving barriers, such as transportation, that may interfere with their receipt of treatment. Once the woman has completed active treatment, the Case Manager disenrolls her from the MTA. The woman is then referred back to the WVBCCSP for screening services pending eligibility.



## Education and Outreach

### **Public Education and Outreach**

The purpose of public education is to increase the number of women receiving screening services by raising awareness, addressing barriers, and motivating women to use these services. This is

accomplished through the systematic design and delivery of clear and concise messages about breast and cervical cancer and the importance of early detection.

Each year WVBCCSP conducts numerous outreach activities designed to educate the general public and recruit program eligible women for screening. Some of the most successful campaigns include:



Showing their support for breast cancer in Huntington.



Participants warm up before the Walk.



Members of the community attending a Breast Cancer Survivor Dinner in Cabell County.



Pocahontas County Quilts of Hope quilters celebrating Breast Cancer Awareness Day.



Rain or shine, Camden on Gauley residents walk for cancer.

## **WVBCCSP Successes**

- West Virginia has provided breast and cervical cancer screening services to more than 100,000 women.
- A total of 682 cases of invasive breast cancer and 115 cases of invasive cervical cancer have been diagnosed through the Program.
- In May 2007, the WVBCCSP and the WV Comprehensive Cancer Control Program worked together to offer the first ever comprehensive cancer conference in Charleston. As part of the conference, the new WV Cancer Plan was launched.
- All Program eligible women will begin receiving liquid-based Paps on July 1, 2007.
- Patient Data, Client Enrollment, and Informed Consent forms are being revised. The Program will make the new forms available to providers by Fall 2007.



- **Take a Step Against Breast Cancer...Walk for Women**  
Walks are conducted every October to raise awareness, honor survivors, and remember those who have lost their battle with the disease. Volunteers raise funds to support the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. Each year, more than 1,000 people Walk for Women. In 2006, a record 23 walks were conducted.
- **Breast Cancer Awareness Day**  
Awareness events are held in all 55 counties throughout the month of October with each county choosing a day. Activities include wreath hangings, proclamations, and luncheons. More than 150 events were held in October 2006.
- **Quilts of Hope**  
Every two years, quilters from around the state create beautiful masterpieces that serve as symbols of hope to women in their fight against cancer. This project is designed to increase awareness and raise funds to support the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund.
- **Free Screening Clinics**  
One way to reach women and ensure that they receive screening is through the use of free screening clinics. Each year, WVBCCSP partners with healthcare providers, laboratories, and community volunteers to screen women. In 2006, seventy-five free clinics were conducted, including five free CBE clinics, and three free mammography clinics.



These broad-based campaigns are enhanced by one-on-one outreach conducted at the community level. This involves talking with women face-to-face about their healthcare concerns and educating them about available screening services. This work is completed by regional Cancer Information Specialists (CIS) and community volunteers. These individuals educate women at health fairs, community events, local businesses, and churches.

### ***Professional Education***

Professional education activities are designed to improve the ability of healthcare providers to screen for and diagnose breast and cervical cancer so that women receive appropriate and high-quality screening and diagnostic services. The WVBCCSP provides a number of professional education training sessions including:

- **Breast and Cervical Cancer Information Programs (BCCIPs)**  
The WVBCCSP provides regional workshops and seminars on a variety of topics related to women's health and Program policy. These continuing education sessions are available for physicians, nurses, radiological



technologists, and other healthcare professionals.

- **Professional Education Newsletter**

The WVBCCSP publishes a biannual newsletter, the *Provider Press*, for screening providers. The newsletter includes Program updates, educational information, and announcements.

- **Public Health Nurses Physical Assessment Training (PHNPAT)**

The WVBCCSP partners with the Robert C. Byrd Health Sciences Center at West Virginia University to offer this three-day training course to public health nurses. This innovative course trains nurses in anatomy and physiology of the female breast and reproductive organs, pelvic examinations, Pap test collection, and clinical and self breast examinations. For those nurses seeking certification, they apply their training in a six-month supervised preceptorship.

## Partnership and Collaboration

Partnerships are critical to the WVBCCSP's cancer control efforts. Success depends on the involvement of a variety of committed partners at the local, state, and national levels. These partners help strengthen the Program through their expertise, connections, resources and enthusiasm. The WVBCCSP is proud to have a strong, committed group of partners that provide the following resources:

- **Healthcare Professionals**

Healthcare professionals are the backbone of the WVBCCSP. Physicians, nurses, nurse practitioners, and physician assistants provide life-saving screening, diagnostic services, and competent care to West Virginia women. The WVBCCSP has a statewide network of screening and referral providers that includes more than 300 professionals. Since the Program's inception, this number has tripled, resulting in easier access and timely provision of services. These dedicated professionals not only provide compensated care to women, but also volunteer to participate in free screening clinics, serve as preceptors, and train/teach other healthcare providers.



- **Volunteers**

Each year more than 300 volunteers assist in outreach activities for the WVBCCSP. These activities include Walks for Women, Breast Cancer Awareness Day activities, Quilts of Hope, health fairs, free screening clinics, awareness

## After the Diagnosis:

### WV Medicaid Treatment Act (MTA)

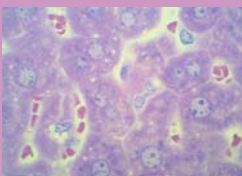
- West Virginians who meet certain eligibility requirements may receive full benefit coverage if diagnosed with breast and/or cervical cancer, including certain precancerous conditions.
- Eligibility requirements include being under the age of 65, uninsured or lacking credible coverage, and in need of breast/cervical cancer treatment.
- More than 2,051 women have received services through the MTA since its inception in 2001. Roughly 934 had an eligible breast diagnosis and 1,061 had an eligible cervical diagnosis.
- Currently, there are 408 women actively enrolled in the MTA who are receiving treatment for eligible diagnoses.
- Four Case Managers monitor the treatment status of patients and assist them in navigating the healthcare system.



## **HPV and Cervical Cancer**

- Genital HPV infection is a sexually transmitted virus that is caused by the human papillomavirus.
- An estimated 20 million Americans are infected with HPV.
- By the age of 50, 80% of all women will have acquired a genital HPV infection.
- Most people who have genital HPV do not know they are infected.
- All types of HPV can lead to mild Pap test abnormalities.
- Only about 10 of the 30 identified genital HPV types can lead to the development of cervical cancer.
- A Pap test can detect precancerous and cancerous cervical cells.
- Routine Pap tests can help ensure that precancerous changes of the cervix are caught early, when they are the most treatable.
- For more information on HPV, go to:

[www.cdc.gov/std/HPV/](http://www.cdc.gov/std/HPV/)



luncheons, and survivor events. Volunteers help distribute Program literature and also talk with community members, family, and friends about the importance of early detection and the services available through WVBCCSP.

- **Organizations**

The WVBCCSP partners with groups and organizations that share the Program's goals and vision. Collaboration on this level allows resources to be combined without duplicating efforts. Partnering with groups such as the American Cancer Society, Appalachian Community Cancer Network, Mid-Atlantic Region's Cancer Information Service, Susan G. Komen Breast Cancer Foundation, and the West Virginia Comprehensive Cancer Control Program allows all parties to work together on prevention, early detection, and survivorship issues affecting West Virginia residents.

## **Evaluation**

### ***Surveillance***

Surveillance is the continuous, proactive, timely and systematic collection, analysis, interpretation, and dissemination of health data. The purpose of surveillance is to use relevant data to plan, monitor, and evaluate Program activities. The WVBCCSP uses data to help make sound Program decisions, such as determining where to implement pilot studies in order to use limited resources effectively. Data is also used to determine the types of activities that will increase enrollment and impact hard to reach women, design studies to understand the targeted population, and plan marketing and advertising strategies. Data is monitored and analyzed using several databases that collect a variety of information.



The WVBCCSP continues to use penetration rates to strategically place radio advertisements promoting the WVBCCSP in underserved areas, identify where CIS outreach strategies should be more heavily focused, and to identify counties to pilot test new projects aimed at increasing services to the eligible population. The Epidemiologist designed a poster presentation that was displayed at the August 2007 CDC Cancer Conference in Atlanta, Georgia to highlight the Program's success using these rates. The Program has also implemented an outreach events tracking log to better evaluate the impact the rates have on recruiting eligible women into the West Virginia Breast and Cervical Cancer Screening Program.

The WVBCCSP has an evaluation team that meets quarterly to review work plans submitted to CDC and determine if proposed activities and objectives have been completed within the specified time period. Any activity or objective that has not been completed is reviewed and a deadline for completion is established. The goal of the evaluation team is



to make sure that all activities and objectives outlined in the work plans are completed within the specified timeframes given to CDC.

### **Quality Assurance**

Quality assurance is defined as the use of established standards, systems, policies and procedures to monitor, assess, and identify practical methods for improvement. The purpose of this component is to ensure the quality of services delivered to women through the WVBCCSP.

The WVBCCSP has an active Medical Advisory Committee (MAC) comprised of medical experts in the field of women's health and oncology. The MAC ensures that clinical practice guidelines set forth by the WVBCCSP are performed in accordance with best practices.



Quality assurance monitoring is performed on all WVBCCSP providers. Monitoring may include, but is not limited to, meetings with consumers, review of medical records, review of service policies and procedures, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services. On-site reviews may also be incorporated into a quality assurance monitoring visit. During an on-site review, the Office of Maternal, Child and Family Health Monitoring Team is given access to all necessary information and is allowed to observe WVBCCSP examinations to ensure patient care standards are met and services are provided in accordance with WVBCCSP policy. All quality assurance monitoring reports are submitted to OMCFH and are carefully reviewed. Areas of provider deficiency are noted and a corrective course of action is put into place. The Clinical Services Coordinator visits the provider to discuss the deficiency and work with them to ensure the deficiency is successfully corrected.

The Epidemiologist reviews Program data on a routine basis and identifies and reports potential problems to the Program Director and Clinical Services Coordinator. Problems are reviewed and the method for resolving the situation is determined. The identified problem area will continue to be monitored by the Epidemiologist to ensure that the situation is resolved effectively and efficiently.

### **Technical Assistance**

All technical assistance needs, such as trainings on the MammaCare method of CBE, forms completion, outreach techniques, and WVBCCSP policies and procedures, are performed by WVBCCSP staff.

The Clinical Services Coordinator, a certified MammaCare Breast Self-Examination Instructor and MammaCare Clinical Breast Examiner, provides MammaCare training to WVBCCSP providers. The MammaCare method of CBE has been clinically proven to be the most

## **Guide to Community Preventive Services**

- The Guide to Community Preventive Services summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease.
- The Guide is sponsored by the CDC.
- Interventions recommended to increase breast and cervical cancer screening include client reminders and reducing structural barriers.
- Breast cancer screening can be increased through small media, reduced out-of-pocket expense, and one-on-one education.
- There is insufficient evidence to support that incentives and mass media alone increase breast and cervical cancer screening rates.
- For more information, go to:

[www.thecommunityguide.org](http://www.thecommunityguide.org)



## **Reaching Out... Raising Ovarian Cancer Awareness in WV**

- The Reaching Out program is sponsored by CDC through the WV Comprehensive Cancer Program and is a statewide ovarian cancer awareness program.
- Reaching Out is dedicated to providing WV women with information about ovarian cancer symptoms, risk factors, and ways to reduce risk of developing the disease.
- Reaching Out partners with the WVBCCSP and local communities to plan community awareness programs for women. Over 2,500 women have attended 32 community events. Women are increasing their knowledge and understanding of ovarian cancer by approximately 62%.
- For more information, contact the Program Coordinator at (304) 399-6562.



thorough, systematic, and efficient method of examining breast tissue. Currently, there are only four certified MammaCare specialists in West Virginia and the WVBCCSP is proud to have one of them on staff.

Training on WVBCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and the nine regional CIS. Providers seeking technical assistance should contact their local CIS or the Clinical Services Coordinator to set up an appointment.

## **Future Directions**

There are many activities planned for the 2007-2008 grant year. Screening and diagnostic services will continue to be the number one priority, but a number of activities will support these efforts including implementation of a new cervical screening policy, pilot testing a recruitment project with one of its partners, and assisting with the implementation of the West Virginia Cancer Plan.



During the summer of 2007, CDC allowed the WVBCCSP to begin reimbursing for liquid-based cervical cytology for primary cervical cancer screening. While both conventional Pap tests and liquid-based Pap tests are good at detecting cancer and pre-cancerous conditions, the benefits of changing to liquid-based cytology include: decreased unsatisfactory results, decreased false negative results, the ability to easily test for HPV without a second Pap test, a reduction in healthcare disparities for the uninsured, and long-term cost savings for WVBCCSP. Provider training sessions were completed during the spring of 2007 and full policy implementation occurred on July 1, 2007.

The WVBCCSP has been working to identify counties where WVBCCSP utilization is lower so that outreach efforts can be developed to target these women where they live. As a result of these efforts, the Program is planning a pilot project with the West Virginia Ovarian Cancer Initiative. This project will target utilization of free screening clinics paired with ovarian cancer education sessions as a way to increase screening in counties with low WVBCCSP utilization rates. This project will specifically target non-urban areas by partnering with community groups, healthcare providers and utilization of small media.

Over the last year, there has been much effort to revise the West Virginia Cancer Plan. Organizations and community members from all over the state have been working together to develop goals, objectives, and strategies to reduce the prevalence of cancer, increase utilization of screening, improve quality of life, and reduce the number of deaths. The WVBCCSP has committed to working with the Comprehensive Cancer

Control Program, Mountains of Hope, and its partners to offer technical expertise, program resources, and staff support to the focus area of early detection.

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## Diagnostic and Treatment Fund

- The Diagnostic and Treatment Fund was established in 1996 by the West Virginia Legislature.
- Annual appropriations for the Fund have ranged from \$200,000 to \$400,000.
- Approximately 10,800 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 40,389 potentially life saving procedures.
- On average, \$561 per woman (or \$150 per procedure) was spent on diagnostic and treatment services from the Fund.
- Funds raised through Quilts of Hope and Walks for Women are donated to the Diagnostic and Treatment Fund.

