

THE DETECTOR

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Alabama Breast and
Cervical Cancer
Early Detection
Program Newsletter



WOMEN SCREENED AND SAVED

SINCE THE PROGRAM'S BEGINNING IN 1996:

- 61,119 Women Screened
- 94,639 CBEs
- 69,774 Mammograms
- 55,544 Pap smears
- 1,048 Breast Cancers Detected
- 302 Cervical Cancers Detected

LAST GRANT YEAR:

- 11,036 Women Screened
- 9,139 CBEs
- 9,407 Mammograms
- 4,410 Pap smears
- 139 Breast Cancers Detected
- 21 Cervical Cancers Detected

ABCCEDP CONTRACTS FOR 2009-2011

Your facility's regional coordinator will be contacting you soon to assist in completing the next two-year contract. Our current contracts which began June 30, 2007, will end June 29, 2009. In order to be able to continue providing reimbursable services for the program, we must have the new contract in prior to June 29, 2009

PARTNERS

Several organizations in Alabama contribute time, resources, and money to help ABCCEDP reach and serve women in Alabama. Often our partners recruit providers to participate, educate women about the importance of screening, refer women to our program and provide money for screening and diagnostic services. Without their work across the state and in each community, the program would not be successful.

- Alabama Breast Cancer Roundtable
- American Cancer Society
- Avon – Butterfly Project
- Deep South Network
- Joy to Life Foundation
- Mitchell Cancer Institute
- National Breast Cancer Foundation
- REACH US
- Susan G. Komen for the Cure
- UAB Comprehensive Cancer Center
- UAB HealthFinders

CONTACT INFORMATION

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PHYSICIANS CORNER

A Medical Advisory Committee guides the ABCCEDP in patient and financial issues. Committee members are physicians, surgeons, radiologists and other providers in the field who are also contractors to the program.

Below are comments from Michael A. Finan, M.D., F.A.C.S., Professor and Chief, Gynecologic Oncology, University of South Alabama, Mitchell Cancer Institute

CERVICAL CANCER SCREENING AND DIAGNOSIS

Nearly 80 million paps are performed yearly in the U.S. and approximately 3.5 million of these return abnormal. If we can focus on efficient use of resources, we will improve our diagnostic ability while at the same time, focusing on prevention and cure. With this in mind, I would like to share a few strategies useful in screening for cervical cancer.

All women who are sexually active should have routine screening. If a woman is not sexually active, she may wait until the age of 21. Once you obtain 3 consecutively normal paps in a woman at LOW RISK, screening may be decreased to once every 3 years. For ABCCEDP, the screening interval when using liquid-based Pap tests is once in every two years and the screening interval for conventional Pap tests is once every year. Liquid based paps are most accurate and are the standard of care.

Vaginal paps are rarely indicated after hysterectomy. If a woman has had a hysterectomy for benign disease, please DO NOT perform a pap of the vaginal cuff. Vaginal cancer is rare and should be screened for with an annual pelvic exam including a gross inspection of the vaginal vault. Most abnormal vaginal paps are simply due to vaginal atrophy or HPV. The only instance where a vaginal pap is indicated

is in patients with a known history of invasive cervical or endometrial cancer. Patients who had a hysterectomy for CIS of the cervix may be followed with vaginal paps as well. Please do not routinely do a pap of the vaginal cuff in women with prior "benign" hysterectomy.

Gardasil®, which is the quadrivalent HPV vaccine, is a proven method to prevent cervical cancer in many cases. The vaccine should be administered to all girls/women between the age of 9 and 26. It is administered in 3 separate doses over a 6 month period. In women who have had the vaccine, they should still undergo routine Pap screening on an annual basis. In women who have known HPV infection, they are still candidates for the vaccine as the vaccine protects against 4 separate forms of the virus, whereas they may only be a carrier of one or two types of the HPV virus. Please recommend the Gardasil® vaccine for all patients who qualify, even those with abnormal Paps, or known HPV.

ASCUS paps are the only Pap type which qualify for HPV testing. The reasons for this include the fact that LGSIL and HGSIL Paps are known to contain HPV and these Paps should routinely be worked up with a colposcopy. ASCUS Paps which are negative for HPV do not require colposcopy, whereby those ASCUS Paps which are positive for High Risk HPV, do require colposcopy. HPV testing serves as a method of triaging these ASCUS Paps. Please do not order HPV testing for any Paps other than ASCUS.

If we can all practice screening and prevention efficiently, then we can maximize effectiveness, utilize resources efficiently, and still save lives with proven methods.

Dr. Michael A. Finan can be contacted at mfinan@usouthal.edu.

FINANCIAL CORNER

INVOICE DEADLINE

Remember, all invoices for services provided from June 30, 2008 to June 29, 2009 must be submitted by August 31, 2009 in order to be reimbursed.

This policy is necessary as annual funding for the ABCCEDP comes from the CDC and runs from June 30th through June 29th. Funds cannot be carried forward from one grant year to the next. They must be spent within 60 days of the end of the grant year or the funds are lost to the program with the overall result being less available funds for services. In order to ensure the provision of services and fiscal stability of the program, we must adhere to 60 days.

INVOICE PAYMENTS

Generally, once completed paperwork and invoices are received by your regional coordinator, it will take 60 days to receive reimbursement. If you have not received payment within 90 days, please contact your regional coordinator to follow-up on the claim. Requests to follow-up on claims less than 60 days are not necessary/helpful.

BI-RAD READINGS

During program audits, it has come to our attention that a Breast Imaging Reporting And Data System (BI-RADS) Classification is not consistently used when documenting the result of screening or diagnostic testing for breast cancer.

BI-RADS is a product of a collaborative effort between members of various committees of the American College of Radiology with cooperation from the National Cancer Institute, the Centers for Disease Control and Prevention, the Food and Drug Administration, the American Medical Association, the American College of Surgeons, and the College of American Pathologists. As you know, BI-RADS is a quality assurance tool designed to standardize mammography reporting, reduce confusion in breast imaging interpretations, and facilitate outcome monitoring. As such, it is considered the "gold standard" for reporting mammography results.

In order to ensure payment and proper follow-up for patients, please be sure to use BI-RADS Classification in all of your breast cancer screening documentation.

Please help us to ensure quality health care and timely submission of payment by assuring needed documentation.

ABCCEDP ELIGIBILITY UPDATE

Effective Date: April 20, 2009

FREE BREAST AND CERVICAL CANCER SCREENINGS

- Women age 45-64
- Women without insurance or underinsured
- Women who meet income guidelines

FREE BREAST CANCER SCREENING ONLY

- Women under age 45 who have a breast complaint (a breast complaint is any complaint by the client regarding her breast. Includes lump, pain, inflammation, discharge, discomfort or other problem)
- Women without insurance or underinsured
- Women who meet income guidelines

INCOME ELIGIBILITY GUIDELINES

(Effective March 20, 2009, until revised)

Household Size	Annual	Monthly
1	\$21,660	\$1,805
2	\$29,140	\$2,428
3	\$36,620	\$3,052
4	\$44,100	\$3,675
5	\$51,580	\$4,298
6	\$59,060	\$4,922

NOTES

- We do not anticipate further changes to eligibility for the next 12-24 months
- Program funds are provided by CDC, Susan G. Komen for the Cure, the Joy to Life Foundation, and the National Breast Cancer Foundation
- Contact your regional coordinator for more information:
Cindy Hayhurst: 205.295.4752
Jackie Wilson: 334.393.5568
Connie Wood: 256.734.1030
Rita Maynard: 256.377.4364
Elaine Gray: 256.927.7000
Vonda Buckhault: 251.575.8873
Hazel Cunningham: 334.682.4515





ABCCEDP WEBSITE

Educational opportunities, eligibility information and several forms are available on our website at <http://adph.org/earlydetection>. Forms include contracts and rate tables.

ONCE AGAIN, 100% OF CDC'S CORE PROGRAM PERFORMANCE INDICATORS MET!

Our program submits data to CDC twice yearly, and the last submission in October 2008 demonstrated the wonderful job you all have done! We met all 11 of CDC's core program performance indicators! This ensures continued federal funding.

Indicator Type	Program Performance Indicator	CDC Standard	Alabama Results
Screening	Initial Program Pap Tests; Rarely or Never Screened	$\geq 20\%$	23.1%
	Screening Mammograms Provided to Women ≥ 50 Years of Age	$\geq 75\%$	76.9%
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	$\geq 90\%$	91.5%
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	$\leq 25\%$	20%
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	$\geq 90\%$	100%
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	$\leq 20\%$	10.3%
	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	$\leq 20\%$	0%
Breast Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	$\geq 90\%$	91.1%
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	$\leq 25\%$	7.1%
	Treatment Started for Breast Cancer	$\geq 90\%$	100%
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	$\leq 20\%$	3.3%