THE DETECTOR

KEEPING PROVIDERS INFORMED

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Alabama Breast and
Cervical Cancer
Early Detection Program
(ABCCEDP) Newsletter

PROGRAM PROGRESS/ABCCEDP UPDATE

Welcome to the ABCCEDP Bulletin. It is my intent that this quarterly bulletin will give participating providers a consistent, brief update on program activities. I would also like the bulletin to be a forum for questions regarding program guidelines or patient care. Please, send in any questions or concerns you may have for the next issue.

As the steward of federal, state and private funding to provide breast and cervical cancer screening services to Alabama's underserved women, I think it is important that you are aware of the program's status in regard to quality care, finances, statistics and any changes that may affect your practice. Due to your commitment to meet the needs of underserved women in Alabama who are at high risk for breast and cervical cancer the program is saving lives. I realize your commitment is considerable considering the time needed to enroll patients, submit required paperwork, receive capped reimbursements and often receive payment in 30-60 days. It is also appreciated.

Despite cutbacks and increasing demand for screening services, the program is still going strong and serving women in need. Please provide feedback, and I will keep you informed.

–Nancy Wright, Program Director

WOMEN SCREENED AND SAVED

Thanks to you, the ABCCEDP has screened Alabama women who otherwise could not have afforded early detection services since its beginning in 1996!

- 58,336 Women Screened
- 76,360 CBEs
- 66,834 Mammograms
- 53,679 Pap Smears
- 991 Breast Cancers Detected
- 302 Cervical Cancers Detected

PROVIDER SURVEY RESULTS

During the 2007 contracting process, you filled out a questionnaire to better help us help you! In fact, this newsletter is a direct result of that survey: you wished to have a printed quarterly newsletter. Half of you were aware that we had a home page; the address of our home page is http://adph.org/earlydetection. It contains our forms, eligibility guidelines, clinical protocol, billing information, a link to the enrollment website, and other useful items. We really appreciate your feedback!

CONTACT INFORMATION

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FINANCIAL CORNER

INVOICE DEADLINE

Remember, all invoices for services provided from June 30, 2007 to June 29, 2008 must be submitted by August 31, 2008 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.

BOARD OF ADJUSTMENT CLAIMS: REMINDER

The Board of Adjustments meets as needed. They have no set schedule. If you have submitted a board of adjustment claim, ADPH is unable to determine when it will be reviewed or find out the status of the claim. We are notified at the same time you are if a claim is approved.

Alabama Board of Adjustments (BOA) is no longer accepting Board of Adjustment claims from previous fiscal years. They are adhering strictly to their rules which have resulted in the denial of some claims not filed in a timely manner. Please be aware that the BOA is denying claims. The Alabama Department of Public Health has no control over this issue.

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

Our program submits data to CDC twice yearly, and the last submission in October 2007 demonstrated the wonderful job you all have done! We met all 11 of CDC's core program performance indicators!

Indicator Type	Program Performance Indicator	CDC Standard	Alabama Results
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	33.5%
	Screening Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	75.3%
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	92.1%
	Abnormal Screening Results; Time from Screening to Diagnosis › 60 Days	≤ 25%	25%
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	96.4%
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment › 90 Days	≤ 20%	0%
	Invasive Carcinoma; Time from Diagnosis to Treatment › 60 Days	≤ 20%	0%
Breast Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	90.8%
	Abnormal Screening Results; Time from Screening to Diagnosis › 60 Days	≤ 25%	6.4%
	Treatment Started for Breast Cancer	≥ 90%	100%
	Breast Cancer; Time from Diagnosis to Treatment › 60 Days	≤ 20%	6.7%

CME OPPORTUNITIES FOR PHYSICIANS, NURSE PRACTITIONERS AND RNS

Through a contract between Medscape and the Centers for Disease Control and Prevention, health care providers have access to CMEs related to breast and cervical cancer screening. There are five self-directed, interactive training modules designed to enhance clinical skills in examination of the breast. These modules were developed by the Centers for Disease Control and Prevention Division of Cancer Prevention and Control (CDC) and endorsed by the American College of Obstetricians and Gynecologists (ACOG) and acknowledged by the Food and Drug Administration (FDA). The modules were edited and certified for CME credit by Medscape. Disciplines eligible for the CMEs are Physicians, Nurse Practitioners and RNs. You can access the CMEs through our website (adph.org/earlydetection).

Journal articles regarding clinical breast exams and consensus guidelines for breast and cervical cancer are also available on our website.

REVISED DATA FORMS

The program has revised its data forms both to adhere to new CDC data guidelines and to improve processes.

- Screening Form: Several items have been removed resulting in a bigger font for your eyesight and faster completion!
- Mammography Voucher: The assessment incomplete initial mammogram evaluation has been enhanced to indicate whether an additional imaging procedure (additional mammographic views or ultrasound) or a film comparison is required to decide on a "final imaging outcome."

All four data collection forms can be downloaded from our main website as well as the enrollment website. Please contact your area screening coordinator for questions or training on the new forms.:

- screening form
- mammography voucher
- breast diagnostic form
- cervical diagnostic form

ABNORMAL WORKUP PROCEDURES

To continue our success in program performance, please review the process for following up an abnormal CBE, mammogram, or Pap smear.

TIMELINESS

- The interval between initial screening and diagnosis of abnormal breast and cervical cancer screenings should be 60 days or less.
- The interval between diagnosis and initiation of treatment for breast cancer and invasive cervical cancer should be 60 days or less.
- The interval between diagnosis and initiation of treatment for cervical intraepithelial neoplasia should be 90 days or less.

ADEQUACY

Abnormal CBE and/or Abnormal Mammogram

An abnormal CBE

- Discrete palpable mass, suspicious for cancer
- Bloody or serous nipple discharge
- Nipple or areolar scaliness
- Skin dimpling or retraction

requires a surgeon referral or ultrasound (which may lead to other procedures such as a biopsy if the surgeon or ultrasound is still suspicious for cancer). **A normal mammogram does not rule out cancer if a woman has an abnormal CBE.**

An abnormal mammogram with a BIRADS 0 (assessment incomplete) result needs additional imaging or a film comparison in order to be completely worked up.

An abnormal mammogram with a BIRADS 4 or 5 requires a surgeon referral which will probably lead to a biopsy.

Abnormal Pap Smear

An abnormal Pap smear

- ASC-H
- LSIL
- HSIL
- Squamous Cell Carcinoma
- AGC

requires a colposcopy referral for complete workup.

PHYSICIANS CORNER
TOPIC: NIPPLE DISCHARGE

LYNN DYESS, MD - BREAST SURGEON, USAMC

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. Lynn Dyess, M.D., author of this "Physicans Corner" is a committee member.

Nipple discharge is one of the most alarming symptoms that result in presentation to a healthcare provider. Most nipple discharges are benign, and fluid can be elicited from the majority of women with gentle manipulation, irrespective of age or health status. Discharge that occurs with manipulation only is considered spontaneous, and not of risk for malignancy. Spontaneous discharge is that noted without manipulation - patients typically complain of finding discoloration on their bras or nightclothes.

Management of nipple discharge begins with the classification of nipple discharge as benign or pathologic, based on the clinical characteristics of the discharge. Benign discharge is usually bilateral, emanating from multiple ducts, and occurs with manipulation of the breast. The color can vary - white, yellow, green, and brown discharges can all be benign glandular secretions. Benign discharge is considered physiologic, and is treated non-surgically. It is important to recognize that all women presenting with the complaint of nipple discharge merit physical examination and appropriate breast imaging with mammogram and/or ultrasound as indicated based on clinical findings.

Pathologic discharge typically occurs from a single duct of one breast, and is spontaneous. Typical appearance is clear, serous, serosanguinous, or bloody. The majority of pathologic discharge is not caused by breast cancer; however carcinoma is reported to occur in 9.3% to 21.3% of cases. Surgery is indicated in these patients to evaluate for malignancy.

The evaluation of patients presenting with the complaint of nipple discharge includes a complete history including current medications, and physical exam, followed by breast imaging. Mammography and ultrasound may identify masses responsible for the discharge. Magnetic resonance imaging can be considered. Ductography can assist with determining the location of underlying lesions.

The following serves as guidelines for management of patients presenting with ductal discharge:

- Complete history including current medications and physical examination
- Non-spontaneous multiduct discharge - categorized as benign on above criteria
  - Patient ‹ 40: clinical follow-up, reassurance and education in self-exam
  - Patient › 40: diagnostic mammography
  - Normal breast imaging - continued screening
  - Abnormal imaging - workup of abnormal imaging
- Spontaneous discharge - unilateral and single duct, pathologic category
  - Diagnostic mammography (for patient of any age)
  - Normal imaging - perform ductogram
  - Ductogram normal - excise ductal system or observation
  - Ductogram abnormal - excision of abnormal duct
  - Abnormal imaging - workup of abnormal imaging

(Note: MRI and ductogram are not services covered by ABCCEDP)