

Partners...

A newsletter for the partners and provider of Early Detection Works, Kansas breast and cervical cancer screening and detection program

Regional Nurses

Northeast
Linda Redding, RN
785-832-1701

North Central
Karla Schmidt, RN
785-452-6361

South Central
Sherry Haworth, RN
316-660-7332

Southeast
Stephanie Thompson, RN
620-235-7136

West
Shelly Nelson, RN
620-275-5302

**Early Detection
Works**
Toll-Free Hotline
1-877-277-1368



www.kdheks.gov

Director's Message

As most of you know, Early Detection Works (EDW) is suspending enrollments for routine screening on March 1, 2008.

If women were enrolled by March 1 please provide the usual services including initial visits, routine screening and any diagnostic services indicated or already scheduled. We have accounted for these women and their anticipated services, thus contractors will receive payment.

Women who have not been enrolled by March 1 must wait until June 30 to be enrolled, if they wish to have their services paid by EDW.

Women who report symptoms WILL be enrolled in the program for diagnostic services. When remaining funds are exhausted, EDW staff will advise providers and partners of the need to suspend enrollment for symptomatic women.

EDW is funded to provide services for 5,800 women. At this time, we have enrolled 5,600 women. The remaining enrollment numbers will be used for symptomatic women. Although we recognize this is difficult for EDW providers and women, we must ensure that providers are paid for EDW services for women who have been or are currently being served.

Providers can assist us by submitting all forms in a timely manner with all required information provided to the regional nurses. Forms for services are due within 30-45 days of the date of service. EDW recognizes that it is not always possible to submit to regional nurses within 45 days, and in those cases your regional nurse can extend the deadlines if you indicate the need before your forms are due. However, all forms for services provided between July 1 and December 31, 2007 **were due absolutely no later than February 15.** Forms for services provided January 1 through June 30 are **due no later than August 15.** There are no exceptions for the February 15 and August 15 due dates as we must stay within the funding limitations of the federal grant.

On July 1, new funds will be available to enroll women for routine services. We do not anticipate programmatic changes for the coming year, however, if there are reimbursement adjustments ("Attachment C") or changes in allowable CPT codes, you will be advised. We appreciate your cooperation in updating your facility's "Attachment B" form as this is used in computing matching funds for the Early Detection Works Program.

Janet Neff, Director
Cancer Prevention and Control Program

Early Detection of Breast & Cervical Cancer Saves Lives

Early detection of cancers saves thousands of lives every year. When cancers are found early they are most likely to be small in size and less likely to have spread to other organs.

In Kansas as in the United States, cancer is the second leading cause of death. In 2006, cancer accounted for 21.7% of all deaths in Kansas. On average 5,300 people die of cancer each year in the state. Men are slightly more likely to die of cancer than women (224/100,000 vs. 184/100,000, 5-year average¹). Nonetheless, the burden of cancer for women remains substantial and risk factors for developing cancer are not evenly distributed among women.

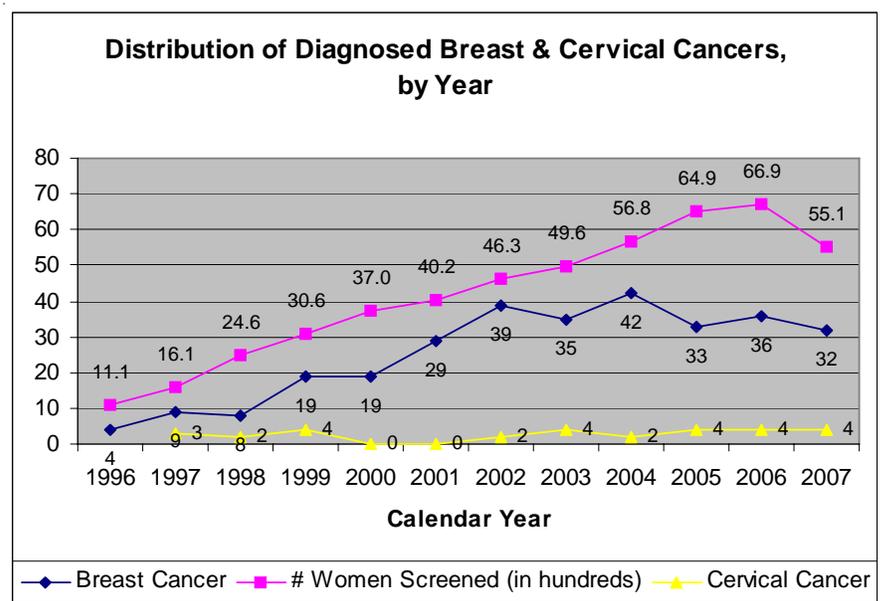
According to the latest Kansas Behavioral Risk Factor Surveillance System, among women 40 to 64 years old, those who were Hispanic, those having less than high school education, those having a household income less than \$15,000, those living in frontier counties, and those who were uninsured were more at risk of lacking a mammogram in the preceding two years. Breast cancer is the second most common cause of cancer death (24/100,000) for women after lung cancer (50/100,000).

In 1995, the Kansas Department of Health and Environment established a breast and cervical cancer screening program to address the disparities in cancer burden among women living in the state. The program, currently known as “Early Detection Works” (EDW), to date has screened more than 26,000 individual women. From 1996 to 2007, 305 breast cancers and 644 cervical cancers were diagnosed through EDW. The following is a short description of the distribution of those cancer cases.

Breast Cancers - During the past five years, an average of 36 cases were diagnosed each year. Most of the final diagnoses (71.8%) were invasive breast cancers. Very few of them (2)

were carcinoma in-situ. Ductal carcinoma accounted for 24.3% of the total number of breast cancer cases. Based on data from the past 5 years, a breast cancer was diagnosed for every 165 women screened by the program. Out of the five EDW regions, most of the cases (56.4%) were found in the South Central and the Northeast regions of the state, which corresponds to the large urban areas of Kansas City and Wichita. The average age at diagnosis for breast cancer was 52 years.

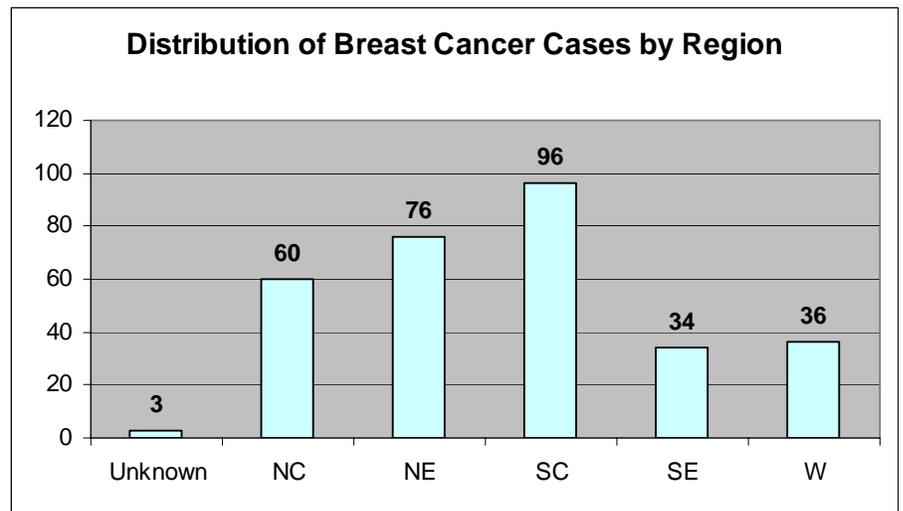
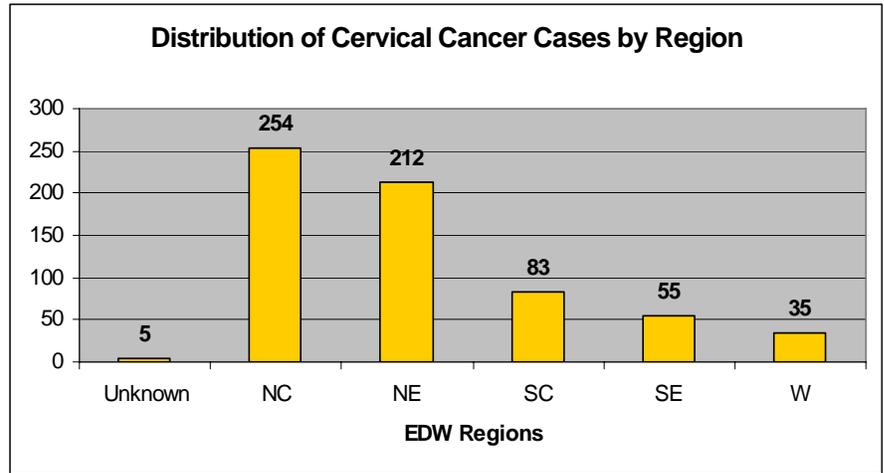
Cervical Cancers – Over the past 5 years, an average of 62 cases of cervical cancer were diagnosed through the EDW program. One cervical cancer is diagnosed for every 94 women screened. Invasive cervical cancers accounted for 4.5% of all cervical cancer cases. A large proportion of cervical cancer cases were found in the Northeast and North Central areas of the state where large population centers such as Topeka and Kansas City are located. However, based on this data the incidence of cervical cancer cases was surprisingly low in the South Central region, which contains the city of Wichita. The average age at diagnosis for cervical cancer was 32 years.



¹ Kansas Vital Statistics, 2006

In conclusion, during the past 11 years, 949 cases of breast and cervical cancer were diagnosed through the Early Detection Works program. The distribution of those cases is similar to national trends. Breast cancers were found mainly in older women than in cervical cancer cases. Both cervical and breast cases were concentrated in areas with a high population density. However, the South Central region does not seem to follow this pattern for cervical cancer diagnoses. Further investigation is warranted for this finding.

Early detection of breast and cervical cancers in women is the key to being able to treat the cancer early when it is most survivable.



Are you ever challenged when it comes to communicating with your partner? Early Detection Works encounters the same problem and wants to build communication with their partners- the contractors who provide service to women under the EDW program.

The success of EDW is based on communication between contract providers and their subcontractors, as well as contract providers and their regional nurse. Your EDW nurse is there to facilitate and foster any needed communication on any issue within the program. The nurse can provide answers to your questions and help facilitate the process to not only provide the services women need, but to make sure that the program needs are provided. In addition to the regional nurse, staff at the State office also provide a valuable resource if you have questions or concerns about the program.

LEEPS Used in the EDW Program

The Early Detection Works grant funded by the Center's for Disease Control **does not** allow EDW to pay for any procedure used as a **treatment**. It is appropriate for a client to have a LEEP approved by EDW based on the ASCCP algorithms as specified by CDC.

Approval Process

Prior to the LEEP procedure, an authorization number must be received from the EDW program office Nurse Clinician/Administrator in Topeka at 785-291-3738.

A LEEP or Cold Knife Conization may be appropriate with a Pap test that is determined HSIL in the following situations:

Satisfactory Colposcopy has been performed. No lesion or only biopsy confirmed CIN 1 is identified after the satisfactory colposcopy in women with HSIL Pap test report. It is recommended that when possible, a review of the Pap result, colposcopy, and histology results be performed. If the review yields a revised interpretation, management should follow guidelines for the revised

interpretation. If the cytological interpretation of HSIL is upheld or if review is not possible, a diagnostic excisional procedure is preferred in non-pregnant patients.

Unsatisfactory Colposcopy When no lesion is identified after unsatisfactory colposcopy in women with HSIL, a review of the Pap result, colposcopy, and histology results should be performed when possible. If the review yields a revised interpretation, management should follow guidelines for the revised interpretation.

The following documentation must be submitted for review prior to procedure:

Client Intake & Visit Summary form

Cervical Diagnostic Procedure form

Physician Progress Notes

Pathology Report

Once this information is received and reviewed by the Topeka EDW Nurse Clinician/Administrator, the Regional nurse will be notified and an approval number will be given. ASCCP Guidelines are used to determine the necessity for a LEEP procedure.

This newsletter is provided by the Kansas Department of Health & Environment, prepared by the Cancer Prevention and Control Program, Office of Health Promotion, funded by a grant from the Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection and Screening Program, Cooperative Agreement CCU710968-07-2.

Early Detection Works
Office of Health Promotion
Kansas Department of Health & Environment
1000 SW Jackson Street, Suite 230
Topeka, KS 66612-1274
264-32