Winter 2009

PARTNERS...

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

Director's Message

It's difficult to believe that 2009 has arrived! As we enter the new year, please remember that all bills for services between July 1, 2008, and December 31, 2008, are due by February 15, 2009. This deadline allows us to budget for the remaining fiscal year (which ends June 30) and to determine when to suspend enrollment for routine services. At this time, I am hopeful to continue enrollment for routine services until April 1, however I will notify you when EDW reaches enrollment goals and suspends enrollment for routine screening services.

On July 1, EDW will reimburse digital mammography. The Centers for Disease Control and Prevention (CDC) notified state programs of this change earlier this fall, with the EDW plan approved by CDC this winter. Your regional nurse is available to answer any questions regarding this new reimbursement.

All providers should have received the new client Intake and Visit forms. Please begin using these forms immediately to ensure that EDW is in compliance with new CDC policies for data collection.

Many of our partners and providers participated in one of the six calls provided this fall related to EDW news and updates. EDW staff will continue to host these calls with the next one planned for April. If you have any agenda items, please let your regional nurse or EDW staff know. During the calls, most providers indicated they preferred this newsletter electronically, so this is the very first issue to be sent via e-mail. Please let us know of any e-mail address corrections, additions or changes. In addition to an electronic format for the newsletter, providers requested one page, quick reference EDW Fact Sheets. EDW staff have edited the final versions of three fact sheets which will be available on the website and are included with this Partner's Newsletter.

Last, several of our providers have asked for a very brief "who is eligible for what" services guidelines. The purpose of the CDC funded program is to increase the number of women current for breast and cervical cancer screening services with the emphasis on women age 50-64 for breast screening due to the greater incidence of breast cancer in this population.

- All women must meet income guidelines.
- Women age 50-64 receive clinical breast exam, Pap test (if needed), pelvic exam and mammogram.
- Women age 40-64 receive clinical breast exam, Pap test (if needed), and pelvic exam.
- Mammograms are provided for symptomatic women, or are paid through EDW's partnership with Susan G. Komen for the Cure, or Race Against Breast Cancer (Shawnee County). CDC funding is not available for routine mammograms for women under the age of 50.
- Women under the age of 40 are enrolled in EDW only if they are symptomatic for breast or cervical cancer.

Janet Neff, Director
Cancer Prevention and Control Program

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January is Cervical Cancer Awareness Month

Kansas Cervical Cancer Statistics include:

- From 2001-2005 an average of 107 new cases of cervical cancer were diagnosed annually (7.7 per 100,000).
- African-American women were diagnosed at a higher rate than White women (7.4 vs. 11.3/100,000).
- From 2003-2007 an average of 33 women died of cervical cancer annually (2.2 deaths per 100,000).
- From 2000-2007 African-American women died of cervical cancer at a rate twice that of Whites (2.2 vs. 4.4).
- In 2006 the percentage of women who did not have a Pap test in the preceding three years was estimated at 16.4 percent.
- During the 2008 fiscal year, 5,145 women age 18 - 64 were screened for cervical cancer by the EDW program.

Regular Pap test screening is the single most important tool in identifying and treating cervical cell changes before they progress to cervical cancer. How frequently should testing occur? Cervical cancer cell changes usually evolve over 10-15 years. Testing too frequently may result in false positives, needless expense and anxiety.

Women should receive Pap tests annually up to age 30 or every 2 years if liquid-based cytology is used. Women over age 30 who have had 3 negative Pap tests within a 5 year period should be tested every 3 years, whether using conventional or liquid-based cytology.

These guidelines do not include women who are at high risk due to a history of cervical cancer (not including history of pre-cancerous lesions), HIV positive, or had DES exposure in utero. Women who have had a hysterectomy for benign reasons do not need a Pap test.

Cervical cancer is caused by “high-risk” (potentially cancer-causing) types of human papillomavirus (HPV). Most women will get one or more types of HPV at least once in their lives. The body’s immune system usually fights off the infection and it goes away. In women under the age of 30 the prevalence of high-risk HPV is high, while the prevalence of cancer is relatively low. (continued)

Since HPV infections are common, HPV testing is not considered a good screening tool. It does identify those women with ASCUS who are at greatest risk for having a high-grade cervical cancer precursor and who need colposcopy. HPV testing is not indicated for women with LSIL, HSIL or ASC-H Pap test results as there is not evidence that it improves clinical management.

The advent of the HPV vaccine will have a great impact on the incidence of cervical cancer for future generations, but the need to screen women for cervical cancer will remain.

March is Colorectal Cancer Awareness Month

The central messages of the *Screen for Life: National Colorectal Cancer Action Campaign* are:

- In the U.S., colorectal cancer is the third leading cause of cancer death for men and women separately. But it is the second leading cause of cancer death for men and women combined.
- Colorectal cancer can often be prevented. Regular screening tests can find precancerous polyps so they can be removed before they turn into cancer.
- Screening can find colorectal cancer early, when treatment can be very effective. Screening saves lives.
- Polyps and colorectal cancer may not cause symptoms, especially at first.
- Both men and women are at risk.
- Many insurance plans, including Medicare, help pay for colorectal cancer screening.

For more information or to obtain Screen for Life campaign materials, go to www.cdc.gov.

Words of Encouragement

Thoughts of having a colonoscopy can be scary or overwhelming. Many people find the preparation is the worst part of a colonoscopy, but a day of limited eating and an evening in the bathroom are a small price to pay to save a life. To quote a Kansas woman who recently had her first colonoscopy: “All in all it was not a bad experience and gave me much peace of mind since I have had irritable bowel syndrome (IBS) since the late 70’s and [my daughter] has a diagnosis of Crohn’s disease.“ While Crohn’s disease can be associated with an increased risk of developing colon cancer, it is good to know IBS is not. Remember that reassurance, along with accurate information, is essential in encouraging screening.

Color

Some colors are pleasant to the eyes, some colors bring a smile to the lips, some colors cause us to feel excitement while other colors produce a calm spirit. However, when the color is coming from our bodies, especially our breasts, we have a tendency to panic. The same colors when painted on a wall cause a feeling of comfort, serenity or excitement, produce very negative feelings when flowing from our breasts.

Nipple discharge is a common breast problem reported in about 15 percent of women with benign breast disease and in about 3 percent of women with breast cancer. A nipple discharge should be of concern when a woman reports it as being unilateral and spontaneous. Every woman with a unilateral, spontaneous, clear, watery, serous or bloody discharge should be referred for diagnostic imaging evaluation.

Milky, green, gray or black nipple nonspontaneous discharge with a normal CBE and normal screening mammogram is generally considered physiologic. Spontaneous discharge of the same colors may be considered galactorrhea with the need for endocrine workup.

Here are some questions from the American Medical Women's Association and the California Department of Health Services for assessing nipple discharge and the necessity for follow-up:

1. Is the nipple discharge spontaneous or not?
2. What color is the nipple discharge?
3. Is there a palpable mass?
4. Is it unilateral or bilateral?

Remember, the clinician is the final authority on what screenings and diagnostics are to be performed on a woman presenting with nipple discharge.

Body fluid color can be an indicator of health status for children and adults. In considering breast health for women, color matters.

Early detection can save your life.
early detection works
call to see if you qualify for a free screening
Toll Free:
1-877-277-1368
www.preventionworkskansas.com

Seeing Red...

Just as in the preceding article, women don't want to see some other colors in the breast area either. If a woman notices redness, warmth, and swelling in a breast, should she be concerned? Possibly. It could be mastitis, a breast infection most commonly occurring in breastfeeding women. Mastitis is usually accompanied by a fever and responds to treatment with antibiotics.

Inflammatory breast cancer (IBC) is rare but very aggressive and can produce these and other symptoms. IBC accounts for about two percent of breast cancer cases in the U.S., but seven percent of breast cancer deaths. So although IBC is less common than other types of breast cancer, its poor prognosis highlights the importance of raising awareness.

In IBC the redness and warmth are caused by cancer cells blocking the lymph vessels in the skin. The skin of the breast also may appear pink, reddish purple, or bruised. The skin may also have ridges or appear pitted, like the skin of an orange (called peau d'orange), which is caused by fluid buildup and swelling. Other symptoms include heaviness, burning, aching, increase in breast size, tenderness, or an inverted nipple. These symptoms usually develop quickly over a period of weeks or months. Swollen lymph nodes also may be present under the arm, above the collarbone, or in both places.

These symptoms also may be signs of other conditions such as infection, injury or other types of cancer. So if a woman is "seeing red" or has any of the other symptoms described above, she should discuss her symptoms with her healthcare provider right away.

In the News

On September 12, 2008, the FDA announced approval of the HPV vaccine for the prevention of vaginal and vulvar cancer in addition to cervical cancer. Some countries have approved the vaccine for males, but it has not been approved for men in the U.S. because of the lack of evidence that it prevents disease. A recent study presented at the November 2008 EUROGIN International Multidisciplinary Conference in France concluded that the HPV vaccine was 90 percent effective in preventing genital warts in males. The FDA continues to look closely at ongoing research.

Cancer Program Welcomes New Staff

Barbara VanCortlandt

Barbara is the "new" Public Health Educator with the Cancer Prevention and Control Program. "New" applies to the Cancer Program – she previously worked in the KDHE HIV/AIDS Program for 17 years. For the past five years she worked in Lawrence in the student transportation business, and although she enjoyed her role as Safety Manager, her first love is health education. She has been drawn to the health field since working as a nurse assistant while earning a Sociology degree at Newman University in Wichita. Four out of Barbara's five children live at home, along with her disabled father. She manages to find leisure time in which to pursue her passions, including ballet (taking class and performing off and on for 40 years), racquetball, tennis, working out at a fitness club, singing, and various activities involving her children. She is very pleased to be back in the public health arena and is enjoying putting her skills and heart to work with the Cancer Program.

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We need your help to be eco-friendly!

We plan to start making this newsletter available online at http://www.kdheks.gov/edw/ and sending it out by e-mail. Please send a note to bvancortlandt@kdheks.gov or call 785-296-8126 to give us your current e-mail address or let us know where you would like a paper copy sent. ALSO – please share any ideas you have for upcoming issues!

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