

# Physician's Guide to Breast and Cervical Health

Physician's recommendation is the  
number one reason women get  
mammograms and Pap tests.



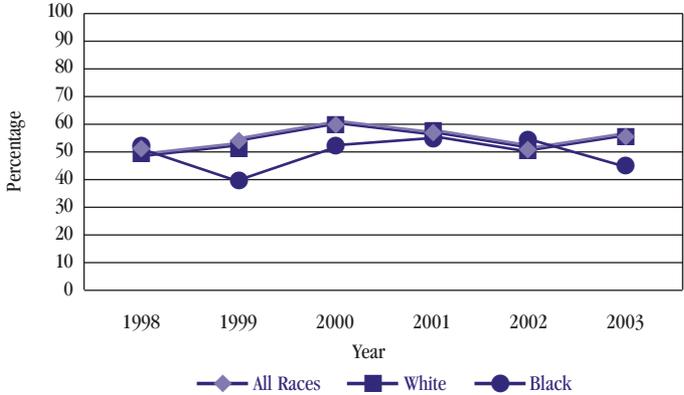
1-877-670-CARE • [www.ARBreastCare.com](http://www.ARBreastCare.com)

*Arkansas Department of Health*

# Physicians Make the Difference!

Only 53.8 percent of Arkansas women age 40 and older received mammograms within the last year and only 77 percent received Pap tests within the past three years. Talk to your patients about the importance of cancer screening.

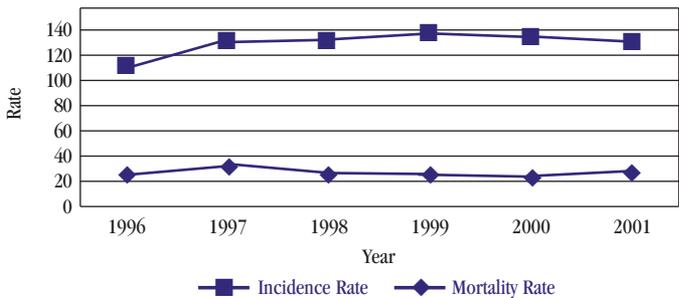
**Percentage of Women Ages 40 and Above Who Have Received a Mammogram within the Last Year By Race**



Source: Behavioral Risk Factor Surveillance System. Arkansas Center for Health Statistics. Arkansas Department of Health.

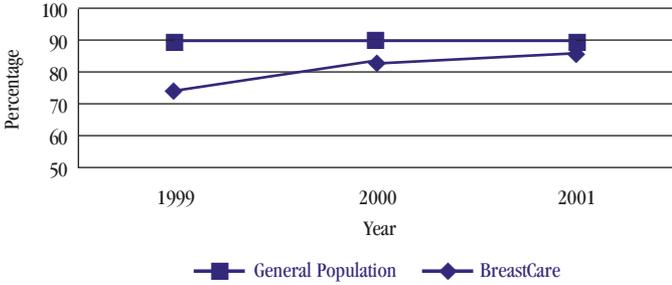
The mortality rate from breast cancer can be reduced by 30 percent if all women age 50 and older receive annual mammograms. Approximately 33 Arkansas lives would be saved per year.

**Incidence and Mortality Trends in Female Breast Cancer (1996 - 2001)**



Source: Arkansas Central Cancer Registry, Arkansas Center for Health Statistics, Arkansas Department of Health

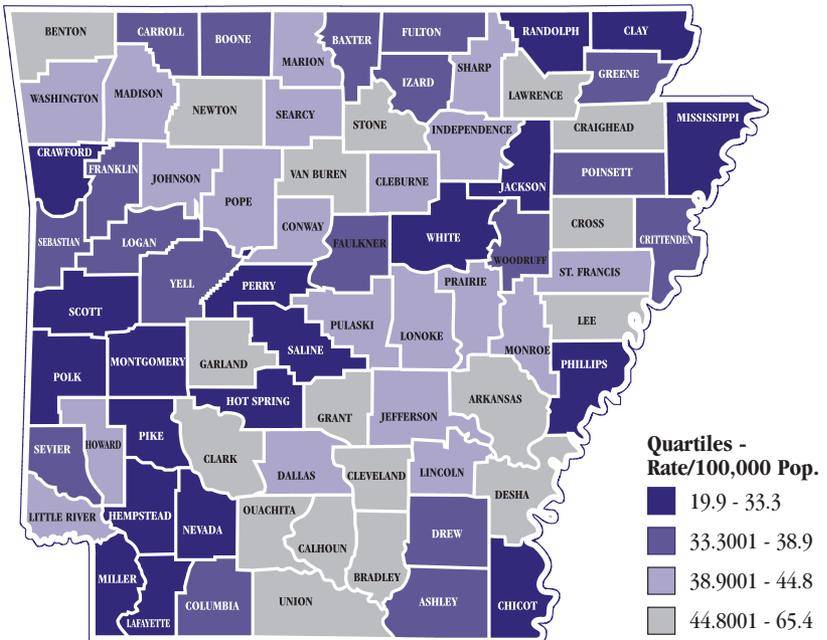
# Stage Shifts in Female Breast Cancer



Source: Arkansas Central Cancer Registry

Your referrals have driven the shift from late-stage to early-stage cancers, ultimately affecting survival. You have made a difference in cancer control in Arkansas!

## Late-Stage Female Breast Cancer: 1996 - 2001



source: Arkansas Department of Health, Arkansas Central Cancer Registry  
Ethnicity: All Rates Female

Rates are age-adjusted to the 2000 U.S. standard population.

# Arkansas Breast Cancer Control Program

The Arkansas Breast Cancer Control Program, BreastCare, is a result of the Arkansas Breast Cancer Act that was passed in March 1997. From general revenues, it provided \$3.2 million for screening, diagnosis and treatment of breast cancer for uninsured women and \$800,000 for breast cancer research. Ongoing funding is generated from a cigarette tax that provides breast and cervical cancer screening, diagnosis and treatment.

## **Eligibility Requirements**

- Arkansas resident
- 40 years of age or older
- Uninsured or underinsured
- Income at or below 200 percent of the Federal Poverty Level

# Covered Breast and Cervical Services

- **Screening**

- Clinical Breast Exam

- Mammogram

- Pap Test

- **Diagnosis**

- Diagnostic Mammogram

- Ultrasound

- Breast Biopsy

- Colposcopy with or without  
cervical biopsy

- **Treatment**

- Surgery

- Chemotherapy

- Radiation

- **How You Can Participate**

- If you are not currently a BreastCare provider, call the BreastCare Program at the Arkansas Department of Health, 1-800-482-5400, ext. 2636 or ext. 2785.

- Free CME
    - Fast reimbursement
    - Billing assistance
    - Case management
    - Toll-free number
    - Outcome data

There are 63,000 Arkansas women between the ages of 40 and 64 with no health insurance.

Is your patient one of them?

- **Referrals**

- Call BreastCare, a program of the Arkansas Department of Health, toll-free at 1-877-670-2273 to refer a woman for screening, diagnostic or treatment services.

- Enrollment is easy with no paperwork. Free services are just a phone call away.

More than 75 percent of women who develop breast cancer have no identifiable risk factors.

We do not know how to prevent breast cancer, but we have identified certain factors that seem to put some women at higher risk than others.

### **Risk Factors for Breast Cancer**

- **Age:** 77 percent of breast cancer cases are in women over age 50
- **Gender:** Breast cancer is 100 times more common in women than in men
- **Family History:** Patients with first degree relatives are twice as likely to develop breast cancer
- **Personal History of Breast Cancer**
- **Early onset Menarche:** Before age 12
- **Late age Menopause:** After age 50
- **First Live Birth:** After age 30

## 2003 American Cancer Society Guidelines for Good Breast Health

Type of Exam	Age	Frequency
Mammogram	40 & over	Annually
Clinical Breast Exam	40 & over	Should be part of a woman's periodic physical examination annually.
	20-39	Should be part of a woman's periodic physical examination about every three years.
Breast Self-Exam (BSE)	20 & over	Women should be told about benefits and limitations of BSE. It is acceptable for women not to do BSE or to do it occasionally. Women should report any breast changes promptly to their healthcare provider.

## Age-Specific Probabilities of Developing Breast and Cervical Cancer

Current age	Birth - 39	40 - 59	60 - 79
<b>Probability</b> of developing breast cancer in the next 10 years	.44% (1 in 229)	4.14% (1 in 24)	7.53% (1 in 13)

The probability of developing cervical cancer in a lifetime is .78 percent (1 in 128).

American Cancer Society, Surveillance Research, 2004.

## Risk Factors for Cervical Cancer

- Sexual behavior: cervical cancer is closely linked to sexually transmitted infections with certain types of human papilloma virus.
- Sex at early age
- Many sexual partners
- Cigarette smoking

### 2003 ACS Guidelines for Good Cervical Health

Pap Test	Beginning approximately three years after a woman becomes sexually active, but no later than age 21.	Annually with regular Pap tests or every two years using liquid based method.
Age 30		Every two to three years for women who have had three consecutive, negative test results. Screening frequency may be increased depending on risk.
Age 70		Women who have had three or more normal Pap tests and no abnormal in the last 10 years may choose to stop screening.
Any Age		Screening after a total hysterectomy (removal of cervix) is not necessary unless surgery was for treatment of cancer or dysplasia.

Survival for patients with pre-invasive cervical lesions is nearly 100 percent. When detected early, invasive cervical cancer is one of the most treatable cancers with a five-year survival rate of 92 percent for localized cancers.

**Q:** Is a mammogram painful?

**A:** To enable newer equipment to use lower doses of radiation and to ensure that an adequate image may be taken, the breast tissue must be compressed, which may cause some slight discomfort for a few seconds. Remind nurses, office staff and patients to schedule mammograms for the week after the patient's period when her breasts are less tender.

Remember your patient should also reduce or eliminate caffeine prior to her mammogram.

**Q:** Is the level of radiation dangerous?

**A:** No. Radiation from a mammogram is now less than the radiation a person would receive from a day on the beach.

**Q:** What is the difference between a diagnostic and screening mammogram?

**A:** Screening mammograms are routine mammograms ordered for asymptomatic women. Diagnostic mammograms are appropriate for women who have symptoms, have had previous breast problems or a suspect area on a screening mammogram or clinical breast exam. Views may include magnification or spot compression views of the suspect area.

Questions your patients may be afraid to ask about mammograms

**Q:** I have implants. Is a mammogram necessary or possible?

**A:** Yes. Implants do not make a woman immune from breast cancer and she should get screening mammograms at age appropriate intervals. Breast implants require Displaced or Eklund views.

**Q:** What if my mammogram shows something that needs further evaluation?

**A:** Patients should always receive a letter with their mammogram result and instructions for follow-up.

- Diagnostic Mammogram: Will take several more detailed images of suspicious area and magnification if needed.
- Ultrasound: Helps to determine if a suspect area is a cyst or solid mass and if a biopsy is needed. Also used for women with dense breasts.
- Biopsies: Options that can be considered include:
  - ★ Open biopsy
  - ★ Stereotactic biopsy
  - ★ Needle localization

**Q:** I can't afford a mammogram. What should I do?

**A:** Call the BreastCare Program, 1-877-670-2273 to check eligibility.

**Q:** I have a lump in my breast, but my mammogram was normal. What should I do now?

**A:** A normal mammogram at any age does not eliminate the need for further evaluation of a palpable mass. A biopsy should be done for a definite diagnosis.

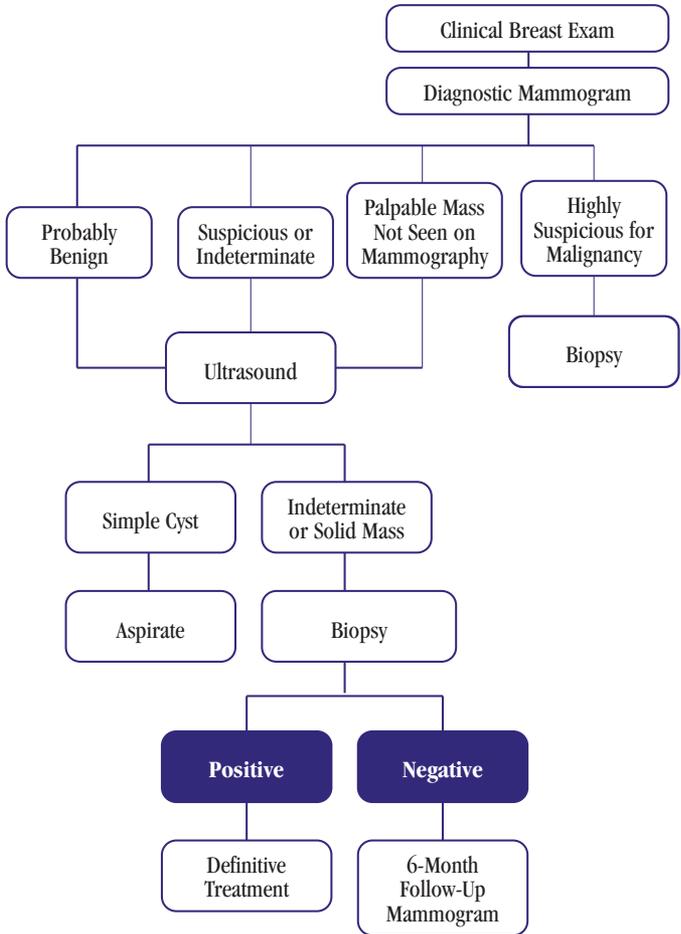
**Q:** I have had a hysterectomy, how often do I need a Pap test?

**A:** It is not necessary for you to receive Pap tests unless you still have a cervix or your hysterectomy was done for cervical dysplasia or cancer.

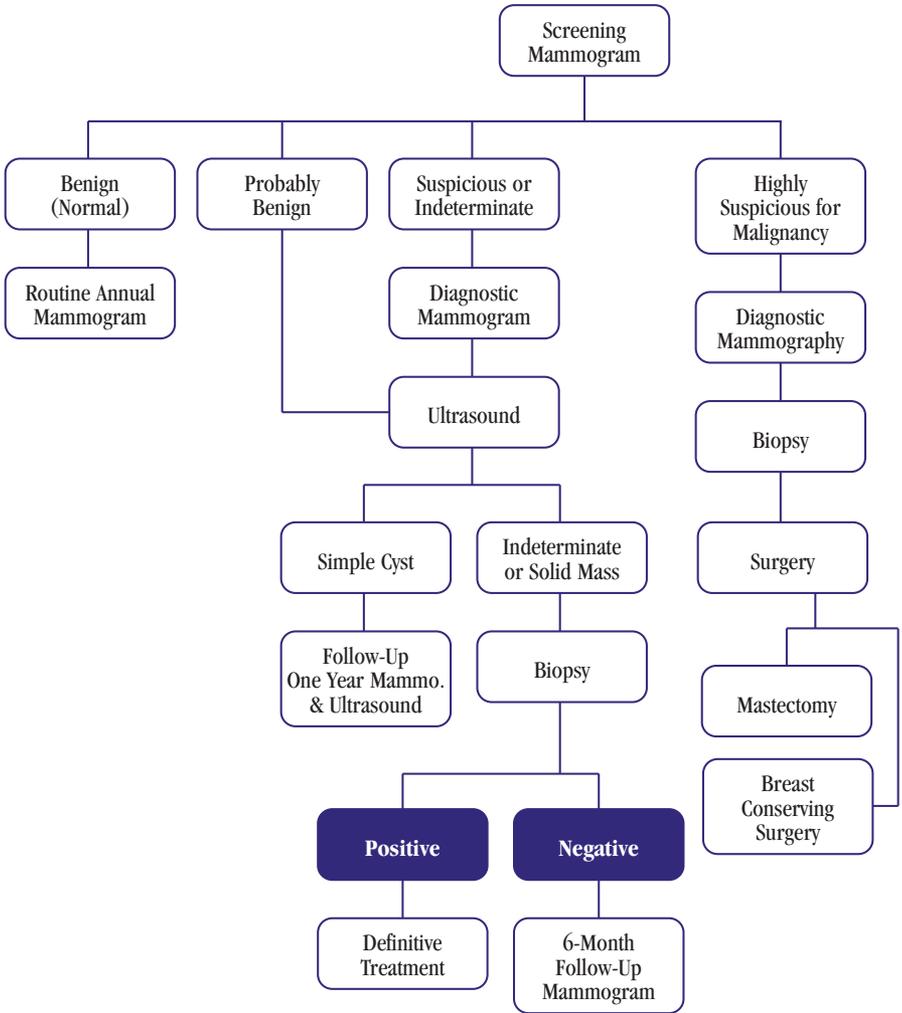
Treatment decisions are made by the patient and the physician after consideration of the optimal treatment for the stage and type of cancer, the patient's age and preferences, and risks and benefits ascribed to each treatment protocol.

If your patient is diagnosed with breast or cervical cancer, is uninsured and cannot afford treatment, there is a program that can help. Breast and cervical cancer and cervical biopsy diagnoses of CIN III or Carcinoma-in-situ are covered by the Breast and Cervical Cancer Medicaid Category 07 regardless of age. Medicaid coverage begins with the date of diagnosis and can be retroactive three months. For patients who are diagnosed with breast or cervical cancer and are Medicaid recipients, treatment is covered and billed according to Medicaid's guidelines. State funds continue to cover treatment services for BreastCare enrollees who are not eligible for Breast and Cervical Cancer Medicaid (i.e., age 65 or older, male, non-U.S. citizen).

# Palpable Mass Algorithm



# Non-Palpable Mass Algorithm



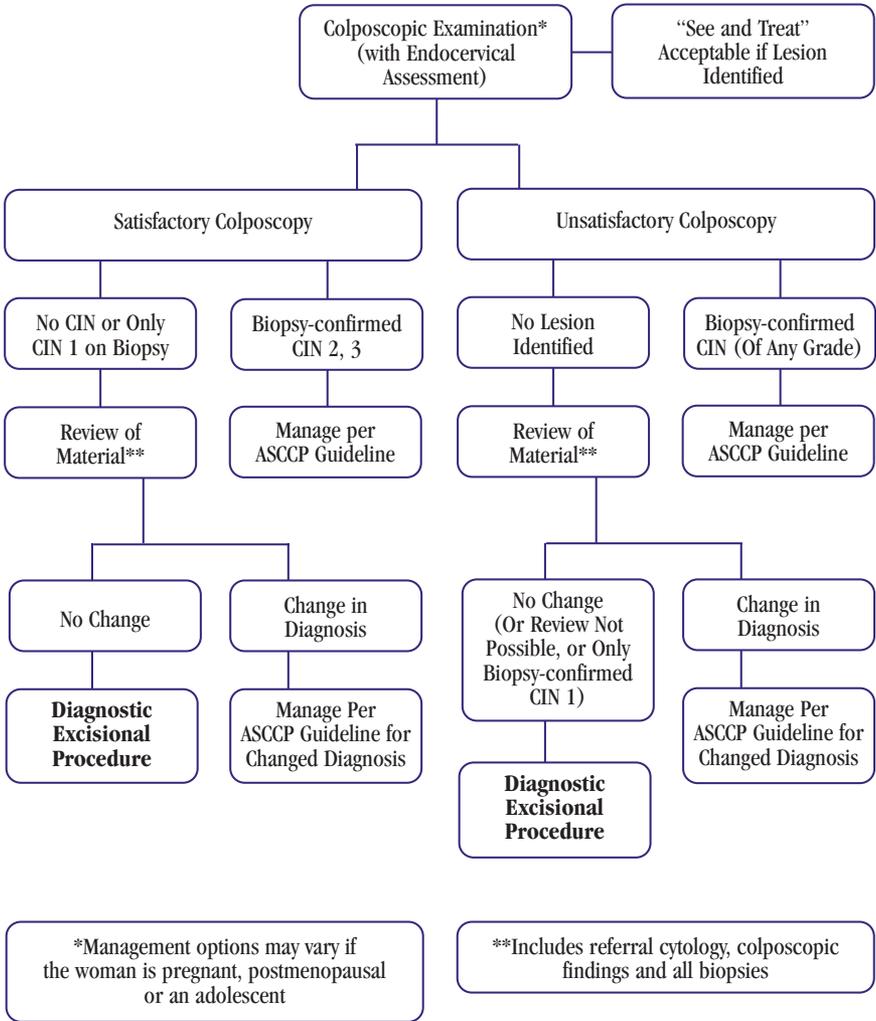
# Bethesda System 2001

Diagnosis	Recommendations
Negative for Intraepithelial Lesion or Malignancy	Follow-up as Per Clinic Guidelines
ASC-US Atypical Squamous Cells of Undetermined Significance	Repeat Pap or Colposcopy or DNA for High Risk HPV <i>Reflex Testing for HPV is Preferred Choice</i>
ASC-H Atypical Squamous Cells, Cannot Exclude HSIL	Colposcopy
AGC ( Atypical Glandular Cells) EC (Atypical Endocervical) NOS (Not otherwise specified)	Colposcopy with Endocervical Sampling
AGC (Atypical Glandular Cells) Cannot Exclude Endocervical AIS	Colposcopy with Endocervical Sampling
AGC-EM Atypical Glandular Cells - Endometrial	Endometrial Sampling Add Colposcopy in Women Older Than 35 or with Unexplained Vaginal Bleeding
LSIL Low Grade Squamous Intraepithelial Lesion	Colposcopy
HSIL High Grade Squamous Intraepithelial Lesion	Colposcopy with Endocervical Assessment

References:

JAMA, April 24, 2002 Vol. 287, No 16, pg 2120 A2001 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities

# Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL)\*



Source: The American Society for Colposcopy and Cervical Pathology Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities

Breast cancer is the second most common type of cancer among women in the United States (second only to skin cancer).

Every woman is at risk for breast cancer, but risk increases with age.

In fact, more than 75 percent of the breast cancer cases diagnosed each year occur in women over age 50. In 2004, an estimated 215,990 new cases of invasive breast cancer may occur among women in the United States.

Women who die of breast cancer lose an average of 20 years of their life.

Cervical cancer was once one of the most common causes of cancer death for American women. The number of cervical cancer deaths has declined by 74 percent. The main reason for this change is use of the Pap test.

The death rate continues to decline by two percent per year.

You Can Help.

Your recommendation for regular doctor exams and mammography can prevent unnecessary deaths from breast and cervical cancer.



*Breast***Care**  
*Say Yes to a Mammogram!*  
Funded by the BreastCare Program