



Not Just Once

WELCOME!

We are pleased to bring you the latest issue of the Not Just Once newsletter. As always, we strive to bring you the latest in breast cancer and mammography news. In this issue, we are delighted to highlight the recent signing by President Clinton of the Breast and Cervical Cancer Prevention and Treatment Act of 2000, which invests over \$990 million over 10 years in an important new health option for thousands of low-income, uninsured women with breast or cervical cancer.

Women without health insurance are 40 percent more likely to die from breast cancer than those who are insured. Not only are they less likely to be screened, but the course of treatment they elect is often affected by their ability to pay for services. This legislation expands treatment options for low-income, uninsured women with breast cancer who are in the unique situation of learning about their condition through the federally sponsored screening program run by our sister agency, the Centers for Disease Control and Prevention.

We are also pleased to bring you an article submitted by Dr. Steve Parker of the Sally Jobe Breast Center in Englewood, Colorado, on digital mammography. Dr. Parker is a radiologist and medical director of the Sally Jobe Breast Center, which performs over two thousand breast biopsies each year. The Center employs film mammography, digital mammography, ultrasound, stereotactic vacuum assisted needle biopsy, and magnetic resonance imaging as well as sentinel node biopsy to detect, diagnosis, and stage over 500 breast cancers annually. We are delighted that Dr. Parker has submitted this timely piece on digital mammography to Not Just Once, and we encourage other interested partners to do the same in future issues.

As always, we look forward to your questions and comments. Until next time,

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THE NOT JUST ONCE NEWSROOM

Providing You With The Latest In Breast Cancer News

Breast exam, Pap smear predict mammography uptake

October, 25 2000, WESTPORT, CT (Reuters Health) - Women who have a Pap smear or a clinical breast examination in the past year are more likely to have had a recent mammogram, according to study findings appearing in the September/October issue of the Archives of Family Medicine. A multicenter team led by Dr. Doyle M. Cummings, of East Carolina University School of Medicine in Greenville, North Carolina, based the findings on a sample of 843 rural women aged 50 and older. Several factors increased the odds that a woman had undergone mammography during the previous year, including younger age, having health insurance, having a regular primary care physician and education. Race did not significantly affect the odds of having a mammogram, but black women aged 65 and older were least likely to receive mammography.

Recent mammography was most strongly associated with a clinical breast examination during the past year, according to the report. The next strongest mammogram predictors were having had a Pap smear and having visited a physician at least once during the past year. The investigators say the findings suggest "a synergy in screening services," and have implications for office practice.

Dr. Cummings elaborated in comments to Reuters Health, saying that it is important for healthcare providers to develop systems to incorporate disease screening into routine office visits. Physicians can use electronic scheduling systems already in place in some offices to make sure that women are scheduled for appropriate preventive services each year, either in separate visits or during visits scheduled for other purposes, according to Dr. Cummings. "As office practice continues to grow in complexity and time demands, creative solutions are necessary to ensure optimal health outcomes associated with preventive screening," he said. [Source: Arch Fam Med 2000;9:870-875]

Breast Cancer Aggressive in Elderly Women

October, 31, 2000 — Contrary to a long-held perception, breast cancer can be just as aggressive in elderly women as it is in younger women, a new study has found. Many doctors have long suspected that breast cancer affecting the elderly is relatively indolent, or less aggressive. As a result, doctors have been reluctant to treat breast cancer in the elderly as aggressively as they do in younger women.

The researchers wanted to determine whether a difference in the cancer's aggressiveness was linked to virulence - the rate at which distant disease will occur after diagnosis - or metastagenicity - the ultimate likelihood that a tumor will develop distant disease. These results, reported on October 25, 2000 at the American Society for Therapeutic Radiology and Oncology annual meeting in Boston, Massachusetts, showed that the virulence of the disease was found to be similar across nodal groups, regardless of age.

Metastagenicity, although similar in node-positive patients, was shown to be slightly higher in node-negative patients older than 70. Additionally, the study found that tumor size and nodal status affected virulence and metastagenicity. Age did not. The results suggest that because breast cancer is similarly aggressive in older patients, treatment of the disease in women over 70 should not be approached differently than that of younger women, but rather treatment should be guided by physiologic age and comorbidities. [Source: , Meeting, American Society for Therapeutic Radiology and Oncology]

Negative Attitudes Affect Mammography Rates

Breast cancer is the second leading cause of cancer deaths among black women today. Unfortunately, black women tend to have low mammography screening rates, which plays a role in delayed diagnosis leading to a disproportionate number of deaths from breast cancer among black women. A recent study supported in part by the Agency for Healthcare Research

and Quality reveals that knowledge of screening recommendations and access to free mammograms often are not enough to get poor black women to keep mammogram appointments. Negative attitudes and other factors also play a role in black women's failure to keep appointments for screening mammography.

Despite referrals by a clinician for a mammogram, knowledge of mammogram screening recommendations, and access to low-cost or free mammography services, women harboring negative attitudes were more likely than other women to miss mammogram appointments. These were women who believed that getting a mammogram was embarrassing or was unnecessary in the absence of symptoms. Women who had no history of a benign breast mass were also more likely to miss mammogram appointments.

Knowledge of breast cancer screening recommendations had no impact on missed appointments. Age was inversely related to appointment compliance; women aged 70 and older were less likely to miss a mammogram appointment compared with women 40 to 49 years of age. Also, women referred for a mammogram by a nurse practitioner or physician's assistant (who may have more effective communication styles than doctors) were 70 percent less likely to miss their appointments than women who were referred by a physician.

Based on these study findings, the Morehouse School of Medicine researchers conclude that health education strategies need to address breast cancer screening attitudes among women as well as their knowledge. In addition, physicians need to more effectively encourage mammography, and health care systems should incorporate reminder systems into their services. The researchers interviewed 574 low-income black women with screening mammogram appointments at an urban hospital to determine predictors of mammogram appointment noncompliance. [Source: "Factors related to noncompliance with screening mammogram appointments among low-income African-American women, May 2000 Journal of the National Medical Association 92, pp. 237-246.]

Educational Events

NOVEMBER

THE AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING & EXPOSITION: ELIMINATING PUBLIC HEALTH DISPARITIES

November 12-16, 2000

Description: Annual convention and exhibition. This is an opportunity to reach the biggest audience of health professionals at the world's largest public health event.

Location: Hynes Convention Center in Boston, Massachusetts

Contact: Lynn Schoen at APHA Phone: (202) 777-2479

DECEMBER

23RD ANNUAL SAN ANTONIO BREAST CANCER SYMPOSIUM

December 6-9, 2000

Description: This symposium is designed to provide state-of-art information on the experimental biology, etiology, prevention, diagnosis, and therapy of breast cancer and pre-malignant disease, to an international audience of academic and private physicians and researchers. Please call a program description and registration form.

Location: San Antonio Marriott Rivercenter, Texas

Contact: Phone: (507) 645-2705

Email: support@marathonmultimedia.com

THE NINTH INTERNATIONAL CONFERENCE ON GENE THERAPY OF CANCER

DECEMBER 7-9, 2000

Leading researchers from around the world will present the latest results of their pre-clinical and clinical studies of cancer treatment using gene therapy technology. The design of the program includes sessions focusing on treatment resistance and sensitivity gene therapy; tumor suppressors and oncogene inhibition; and cytokine and tumor immunotherapy. Also featured will be a workshop on vector systems and targeting. Invited speakers will be followed by the presentation of proffered abstracts describing recent clinical and pre-clinical data.

Location: Hotel Del Coronado, San Diego, California

Contact: Sindy Kimmel Cancer Center,

Phone: (858) 565-9954

LOOKING AHEAD...

11TH ANNUAL SOCIAL MARKETING IN PUBLIC HEALTH

June 20-23, 2000

Description: Now in its 11th year, the Social Marketing in Public Health conference is designed to provide public health professional and health educators with a working knowledge of social marketing at the practitioner level.

Location: Clearwater Beach, FL

Contact: University of South Florida College of Public Health Phone: (813) 974-7860, URL: www.hsc.usf.edu

BREAST CANCER DETECTION RATES BY RACE AND ETHNICITY SHOW IMPORTANCE OF SCREENING FOR ALL AGE GROUPS

Commemorating Breast Cancer Awareness Month, HHS Secretary Donna E. Shalala recently announced the first race- and ethnic-specific rates of breast cancer detection. She also released public service announcements (PSAs) featuring Surgeon General David A. Satcher, M.D. that underscore the importance of early detection in the fight against breast and cervical cancer through health programs such as the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program.

"This year marks the 10th anniversary of the CDC's breast and cervical cancer program which has saved women's lives through early detection," said Secretary Shalala. "This milestone is the result of much effort and commitment from public health professionals in state and local governments throughout the country. I feel certain that the second decade will bring women even greater access to screening and follow-up services."

According to CDC data published in the October 2000 issue of *Cancer Causes and Control*, among women receiving their first National Breast and Cervical Cancer Early Detection Program (NBCCEDP) -funded mammogram, 7.7 cancers were detected per 1,000 white women; 6.4 cancers per 1,000 African-American women; 6.2 per 1,000 Asian/Pacific Islander women; 4.9 per 1,000 American Indian/Alaska Native women; and 4.9 per 1,000 Hispanic women.

Women who reported no mammography before their first NBCCEDP mammogram were more likely to have abnormal results and cancers than women who reported previous mammography. Approximately three-fourths of white and African-American women had at least one mammogram before entering the NBCCEDP; the percentage was much lower for Asian/Pacific Islander, American Indian/Alaska Native and Hispanic women.

"These data remind us that women of every race and ethnic group need access to the potentially life-saving benefits of regular mammography screening," said CDC Director Jeffrey Koplan, M.D., M.P.H. "Although many thousands of women have received free mammograms through the NBCCEDP, there is an enormous need for additional resources to reach those who are still not able to afford routine breast cancer screening. We must continue to work to provide affordable breast cancer screening and follow-up services to all women."

Established in 1990, the screening and early detection program has grown from eight states in 1991 to 50 states, six U. S. territories, the District of Columbia, and 12 American Indian/Alaska Native organizations in 2000. During its first decade, the program has provided more than 2.5 million screening tests C nearly 1.2 million mammograms and more than 1.3 million Pap tests C and diagnosed nearly 8,000 breast and cervical cancers. The program also provides educational information to women and health care providers about the need for these life-saving screening tests.

"Even if you don't have health insurance or Medicare, you can still get free screening exams for breast and cervical cancer through this vital program," said Dr. Satcher about the main focus of the CDC program.

Breast cancer is the most common cancer, except for skin cancer, and is second only to lung cancer as a cause of cancer-related deaths among American women. Cervical cancer is one of the most preventable cancers that affect women, but women are still dying unnecessarily because the cancer is often caught too late. This year, 40,800 women will die from breast cancer and 4,600 women from cervical cancer.

Recognizing the value of screening and early detection in preventing unnecessary deaths, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. The Act authorized CDC to provide breast and cervical cancer screening services to older women, women with low incomes, and underserved women of racial and ethnic minority groups.

To request copies of the Surgeon General's PSA or for more information about the study on race- and ethnic-specific rates of breast cancer detection, call 770-488-4751. To learn more about the National Breast and Cervical Cancer Early Detection Program, visit www.cdc.gov/cancer/NBCCEDP or call toll-free 1-888-842-6355.

President Clinton Signs Breast and Cervical Cancer Prevention and Treatment Act of 2000 into Law

STATEMENT BY THE PRESIDENT : Today, I am extremely pleased to sign the Breast and Cervical Cancer Prevention and Treatment Act of 2000, which invests over \$990 million over 10 years in an important new health option for thousands of low-income, uninsured women with breast or cervical cancer. I was proud to include it in my FY 2001 budget, and I am proud to sign this bipartisan legislation into law.

Women without health insurance are 40 percent more likely to die from breast cancer than those who are insured. Not only are they less likely to be screened, but the course of treatment they elect is often affected by their ability to pay for services. This important legislation will expand the limited treatment options now available to low-income, uninsured women with breast cancer who are in the unique situation of learning about their condition through federally sponsored screening programs.

The new assistance today's action will provide for thousands of women with breast or cervical cancer continues my Administration's longstanding commitment to breast and cervical cancer research, prevention, and treatment. It builds on a record of Administration achievements that includes legislation to ensure the quality of mammograms and prevent drive-by mastectomies; increasing access to cancer clinical trials; and increasing funding for breast and cervical cancer research, prevention, and treatment from \$283 million to over \$620 million during my Administration.

As important as today's achievement is, we have many health care issues that still must be addressed. I urge the Congress to pass additional coverage expansions including a new, affordable health insurance option for parents and new health insurance options for Americans facing unique barriers to coverage, such as those aged 55 to 65, workers in small businesses, and legal immigrants. I also urge the Congress to pass legislation streamlining the enrollment of uninsured children in health insurance programs. Taking these long overdue steps will bring us closer to our larger goal -- ensuring that every American has access to high quality, affordable health insurance. [Source: The White House, Contact: White House Press Office, 202-456-2580]

Mammography use, breast cancer stage at diagnosis and survival among older women

The Journal of the American Geriatrics Society recently highlighted the results of an investigation into the relationship between prior mammography use, cancer stage at diagnosis, and breast cancer mortality among older women with breast cancer. In this study, Medicare claims were reviewed and women were classified according to their mammography use during the two years before diagnosis: nonusers (no prior mammograms), regular users (at least two mammograms at least 10 months apart), or peri-diagnosis users (only mammogram(s) within three months before diagnosis). Using population-based data from three geographic areas included in the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program, the study tracked women aged 67 and older diagnosed with a first primary breast cancer, from 1987 to 1993, residing in Connecticut, metropolitan Atlanta, or Seattle-Puget Sound.

Medicare claims were reviewed and women were classified according to their mammography use during the two years before diagnosis: nonusers (no prior mammograms), regular users (at least two mammograms at least 10 months apart), or peri-diagnosis users (only mammogram(s) within three months before diagnosis). Mammography utilization was linked with SEER data to determine stage at diagnosis and cause of death. Our main outcome variables were (1) stage at diagnosis, classified as early (in situ/Stage I) or late (Stage II or greater), and (2) breast cancer mortality, measured from diagnosis until death from breast cancer or end of the follow-up period (December 31, 1994).

Results found that older women who were nonusers of mammography were diagnosed with breast cancer at Stage II or greater more often than regular users (adjusted OR 3.12; 95% CI 2.74-3.58). This association was present within each age group studied. Nonusers of mammography were at significantly greater risk of dying from their breast cancer than regular users for all women (adjusted hazard ratio 3.38; 95% CI 2.65-4.32). and for women within each age group. Even assuming a lead time of 1.25 years, nonusers of mammography continued to be at increased risk of dying from breast cancer. Our findings remained significant for all women and for the two youngest age groups (67-74 years, 75-84 years), although the benefit was no longer statistically significant for the older women (85 years and older).

Researchers concluded that older women who undergo regular mammography are diagnosed with an earlier stage of disease and are less likely to die from their disease. These data support the use of regular mammography in older women and suggest that mammography can reduce breast cancer mortality in older women, even for women age 85 and older.

[Source: Mammography use, breast cancer stage at diagnosis and survival among older women, Ellen P McCarthy, Risa Burns, Karen Freund, Arlene Ash, Michael Shwartz, Sandra Marwill and Mark Moskowitz, J Am Geriatr Soc 48: 1226-1233, 2000]

HCFA's Regional Mammography Coordinators

HCFA's Regional Mammography Coordinators are a wonderful resource for PRO's conducting Six Scope of Work activities or other partners working on breast cancer projects geared to older women. We encourage you to make contact with our coordinators, listed below and learn more about how we can be of assistance to you.

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DIGITAL MAMMOGRAPHY HOLDS PROMISE FOR BREAKTHROUGH IN EARLY DETECTION OF BREAST CANCER

Submitted by Steve Parker, M.D.
Sally Jobe Breast Center, Englewood, Colorado

Revolutionary changes are occurring as digital mammography becomes increasingly available. Digital mammography has the potential to significantly improve the ability to detect breast cancer at the earliest stage. Policy makers and women are closely following the progress of this "state of the art" technology that can contribute to early breast cancer detection – improving quality of life and lowering total treatment cost. Digital mammography is an important technology because it:

- Improves the accuracy of cancer detection; particularly through the reduction of false positives.
- Builds on a proven approach to cancer detection.
- Enables other important breakthrough technologies.

Improving Cancer Detection

Digital mammography captures images through the use of electronic sensors and computer technology rather than film, potentially yielding much sharper pictures of tumors.

Advantages: Detects the smallest of tumors, especially in the breasts of younger women; decreases radiation exposure; permits images to be securely sent over phone lines and the internet for consultation by experts in distant locations.

Telemammography enables full fidelity diagnostic images to be delivered to preferred locations or to radiologists specializing in mammography. This may be particularly valuable in remote areas where the medical infrastructure is less developed or where a second opinion is desired. Additionally, once an electronic record is created, original copies can be made and the challenge of storing and locating "original" mammograms will be dramatically reduced. Soft copy interpretation, that is, reading exams directly from computer screens, also has the potential of simplifying workflow for a technologist performing the exam and for specialists interpreting the results. A number of steps associated with film-screen mammography are eliminated, while reducing reliance on chemicals and film.

Building On Proven Method for Cancer Detection

Mammography can detect tiny malignant calcifications or "microscopic tumors" two years before they can be felt as lumps. The recent drop in mortality from breast cancer is due, in part, to mammography screening. The National Cancer Institute reports that breast cancer death rates have declined about two percent per year since 1990 and have dropped sharply since 1995. Digital mammography has the potential for improving these trends even further. Its demonstrated ability to lower the false positive rate will not only save costs but more importantly not as many women will be called back for further testing with its associated anxiety.

Enabling Other Breakthrough Technologies

Software based algorithms referred to as Computer Aided Diagnosis (CAD) can be used to highlight suspicious areas on the mammogram. High-quality digital imagery is necessary for these technologies to be most effective. The combination of these new technologies will bring a breakthrough in early diagnosis and enhanced productivity. CAD is like having a second expert interpret the exam. Computer-aided diagnosis employs sophisticated information technology and software to search mammograms and flag questionable areas. One program spotted early indications of breast cancer with 93 percent accuracy.

Advantage: An important aid for physicians; early detection and treatment can lower healthcare costs and save lives. Direct digital acquisition of a mammogram will enable the display of mammograms in 3-D. 3-D imaging will bring virtual reality to cancer diagnosis permitting physicians to "walk around" a breast tumor, tilt it in various directions, examine it from "inside".

Screening networks can be made much more efficient so that mammograms are interpreted at a central location. Eventually, physicians will be able to use virtual reality computer technology to "fly through" 3-D images of glands and ducts, expanding their capacity to spot cancers without surgery.

Advantage: Aids physicians in planning treatment; helps with "navigation" during biopsy procedures; helps distinguish between cancerous and healthy tissue.

We hope that women and policy decision-makers will recognize the emerging benefits of digital mammography. Early detection leads to earlier treatment, which has been unequivocally shown to save lives. Digital mammography represents another step forward in the battle against breast cancer.



HCFA/NCI Mammography Materials Order Form

National Cancer Institute/Health Care Financing Administration
Mammography Education and Promotion Materials



ORDER FORM

Name:

Title:

Organization:

Address:

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State:

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Title & Contents Description	Language	Publication Number	Size	Quantity
Mammograms... Not Just Once, But For A Lifetime Large-print, easy to read brochure that defines mammography, describes who needs this important examination, and Medicare information. (maximum order 5000)	English	H496	8½ x 11	
Spanish Version — (See above. maximum order 5000)	Spanish	H497	8½ x 11	
Older Woman Poster Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings (minimum order: 20, maximum 5000)	English	G500	11 x 17	
Spanish Version (See above minimum order: 20, maximum 5000)	Spanish	G501	11 x 17	
Older Woman Bookmark Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage. (maximum order 5000)	English	Z498	2 x 8	
Spanish Version — See above (maximum order 5000)	Spanish	Z499	2 x 8	
Pap Tests: A healthy habit for life Large-print, easy-to-read brochure that defines Pap tests, describes who needs this screening test, and includes Medicare information. (maximum order 5000)	English	H345	8½ x 11	
Ad Slicks Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
Knowledge & Behavior of Women Ages 65 and Older On Mammography Screening & Medicare: 25-page bound report with findings from a telephone survey conducted in Spring of 1999. (Limited quantities available. On-line version will be available on the NCI website http://www.nci.nih.gov)	English	T162		
Breast and Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care: Addresses program planning; establishing partnerships; outreach and education; coordination of screening, diagnostic, and treatment services; payment and health care delivery systems and more.	English	T408		
Spread the Word About Mammograms and the Pap Test: An Educational Resource for Health Care Professionals: These flip charts illustrate the key concepts that help women understand the importance of early cancer detection. The presentations are for medically underserved women and are meant for small groups—no larger than 10.	English Spanish	G444 G445		

Fax order form to National Cancer Institute: (301) 330-7968