



THE BIMONTHLY NEWSLETTER OF HCFA'S NATIONAL  
MEDICARE MAMMOGRAPHY CAMPAIGN

# Not Just Once

## WELCOME!

As co-leads for HCFA's National Medicare Mammography Campaign, we are delighted to declare victory in our efforts to increase mammography rates of Medicare women. The goal of HCFA's National Medicare Mammography Campaign was to increase the biennial mammography rate for Medicare eligible women to 60% by the year 2000 starting from a 1994 baseline of 55 percent.

The campaign has surpassed its goal. According to results from the 1998 National Health Interview Survey (NHIS) released this summer, 63.8% of women age 65 and older reported receiving a mammogram within the previous two years. This indicates that we reached our goal two years earlier than expected. Since our efforts during 1999 and 2000 expanded, we can safely assume that this positive trend continued and that as of the end of FY2000 we have greatly surpassed our goal.

Our success can be attributed to our long-standing partnerships with the Peer Review Organizations (PRO), the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC) and other public and private entities throughout the country. In particular, our three-year joint outreach campaign with NCI has yielded a number of unique resources specifically geared for the older Medicare audience, which are available to our partners free-of-charge through the order form at the back of this newsletter.

While our goal has been achieved, there is still much work to be done in this area, particularly by the PRO community in their breast cancer clinical area projects. As such, effective January of 2001 the responsibilities for Medicare mammography activities will be moved to the Kansas City Regional Office which has the lead for HCFA's breast cancer national priority area for quality improvement. Under the lead of Dr. Annette Kussmaul, Region VII will continue HCFA's commitment to breast cancer-related health promotion goals, as well as lead our efforts to meet performance measures in this area. As part of these activities, the Kansas City Regional Office will be continuing the *Not Just Once* newsletter.

It has been a pleasure to serve as co-leads for this campaign. Best of luck to you all in your efforts to continue raising mammography screening rates among Medicare women.

Sincerely,

**Ta Budetti**

Deputy Regional Administrator  
HCFA, Region V, Chicago

**Sandy Kappert**

Director, Division of Health Promotion  
HCFA's Center for Beneficiary Services

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## Transitions

### A Message from Dr. Annette Kussmaul, MD, MPH In HCFA's Kansas City Regional Office

I would like to take this opportunity to briefly introduce myself (for those of you not already familiar with my background). I am a Board-certified Preventive Medicine specialist. This medical specialty focuses on keeping people healthy – at the population level. Part of the training includes studying for a Masters of Public Health (or equivalent degree). I received mine from the Columbia School of Public Health in 1997, the same year I completed the General Preventive Medicine residency at the State University of New York at Stony Brook School of Medicine. I remained at Stony Brook as Chief Resident in Preventive Medicine, where I focused on women's health. I was a clinical research physician and investigated health outcomes for the Women's Health Initiative, a National Institutes of Health (NIH)-sponsored long-term clinical trial.

I am a Medical Officer with the Health Care Financing Administration (HCFA), Division of Clinical Standards & Quality in the Kansas City Regional Office. This Division works with HCFA's contractors, the Peer Review Organizations (PROs), that conduct projects to improve care for Medicare beneficiaries. HCFA has directed the PROs to work in certain priority clinical areas, including breast cancer screening. All PROs are expected to improve mammography rates among women Medicare beneficiaries (in their respective states) during their current contract, which lasts through 2002. For over two years, I have been HCFA's national lead for the Breast Cancer priority for the PRO program.

We have been working in close coordination with Ta Budetti, Sandy Kappert and the Mammography Campaign. The Campaign has had a very successful year: Recent statistics from the National Health Interview Survey indicate the Year 2000 Government Performance & Results Act (GPRA) goal was achieved – and exceeded. In addition, the Mammography Campaign hosted an outstanding conference last summer.

But breast cancer remains the leading cause of cancer – and the second leading cause of cancer death – among women, and the risk of breast cancer continues to increase as women age. That means women Medicare beneficiaries are at particular risk. Thus, more work needs to be done. I am honored to have the opportunity to build on these successes for the future as we integrate the Mammography Campaign and the PRO program's Breast Cancer priority.

We look forward to continued work in partnership with sister agencies, contractors, community organizations and others committed to improving breast cancer screening. Look for more news about our activities in the next issue of this newsletter!

**Dr. Kussmaul and the Kansas City team can be reached at (816) 426-5746.**

## THE NOT JUST ONCE NEWSROOM

### Providing You With The Latest In Breast Cancer News

#### HISPANIC-AMERICAN WOMEN & BRCA SCREENING

WESTPORT, CT (Reuters Health) - First-generation Hispanic women in the US (those born in Latin America) have increased tumor size and stage compared with non-Hispanic women and later-generation Hispanic women (those born in the United States), according to researchers. These findings, published in the January issue of the *American Journal of Public Health: Journal of the American Public Health Association*, suggest that for Hispanic women, especially first-generation Hispanics, there is a relative delay in timeliness of breast cancer diagnosis.

Drs. Emily White and Ashley N. Hedeem, from the Fred Hutchinson Cancer Research Center, Seattle, Washington, sought to examine "whether Hispanic women with breast cancer have tumor characteristics associated with delayed detection and whether these characteristics vary by birthplace."

They used data from the Surveillance, Epidemiology, and End Results program to examine cancer size and stage by racial/ethnic group and birthplace for 4470 Hispanic women and 24,356 non-Hispanic white women.

The investigators found that Hispanic women with breast cancer were significantly more likely than non-Hispanic white women to have tumors larger than 1 cm, at 77.7% and 70.3%, respectively. Hispanic women were also significantly more likely to have tumors larger than 2 cm, at 45.9% compared with 33.0% for non-Hispanic white women.

In addition, 82.2% of Hispanic women born in Latin America had tumors larger than 1 cm, compared with 75.2% of Hispanic women born in the United States. And 54.1% of Hispanic women born in Latin America had tumors larger than 2 cm, compared with 41.7% of Hispanic women born in the United States.

"In comparison with non-Hispanic whites, Hispanic women have been shown to report

less knowledge of breast cancer symptoms as well as to report waiting longer to see a physician after symptoms occurred," Drs. White and Hedeem note based on earlier studies. "In addition, Hispanics are less likely to have a regular source of health-care, and they are more likely to have a fatalistic view of disease and to believe that cancer cannot be cured."

The authors conclude that "first-generation Hispanic women should be targeted in interventions designed to increase the use of breast cancer screening." **[Source: Reuters]**

#### EXPERTS FORESEE BREAST EXAM ACCESS CRISIS

CHICAGO, Nov. 29 — A crisis is taking shape as mammography centers scale back and close because of inadequate reimbursement rates and fears of malpractice, experts warned today.

With access to mammograms shrinking, they said, women often have to wait months for a breast cancer screening and may decide to skip the examinations altogether at a time when more and more aging baby boomers need annual breast exams. Even women with suspicious lumps may have to wait several weeks for a mammogram.

The inability to schedule an examination can delay the diagnosis of breast cancer and result in tumors being detected at later, less treatable stages, a panel of doctors said here today at the Radiology Society of North America's annual meeting. But the American Association of Health Plans, which represents more than 1,000 managed-care plans and other insurers, said it did not expect a crisis involving access to mammograms.

Studies have shown that routine mammograms can lower the risk of dying from breast cancer by as much as 40 percent. About one million American women a year are turning 40, the age when many doctors say annual screening should begin, the members of the radiology society panel said.

Screening mammograms typically cost \$75 to \$150, while diagnostic mammograms, performed when a problem is suspected, may cost more than \$200.

The low reimbursements cut into the budgets at many mammography centers, which are being subsidized by their other radiology services, said Dr. Ellen Mendelson, director of a breast imaging center at Western Pennsylvania Hospital.

The most prominent closing occurred last year when New York University Medical Center shut one of its two mammography services for financial reasons. A few smaller centers elsewhere have closed, the panel said, and many others have reduced services.

Lagging rates of reimbursement and concerns over malpractice — the examinations miss 10 percent to 20 percent of cancers — are leading many would-be mammographers to choose other specialties, the panel members added.

"The people required to deliver the service aren't going into the field," said Dr. Dieter Enzmann, radiology chairman at Northwestern University.

At N.Y.U. Medical Center, for example, applications for a mammography fellowship fell 75 percent last year, said Dr. Gillian Newstead, the center's director of breast imaging. The result will probably be reduced services, longer waits and potentially more cancers detected at less treatable stages, the panel said. **[Source: Associated Press]**

# Educational Events

## FEBRUARY

### THE NATIONAL COMPREHENSIVE CANCER NETWORK 6TH ANNUAL CONFERENCE: PRACTICE GUIDELINES & OUTCOMES DATA IN ONCOLOGY February 28—March 4, 2001

*Description:* Presentations will include an update on the National Comprehensive Cancer Network (NCCN) Outcomes Database, a panel discussion on the NCCN Guidelines and Outcomes Databases and their applications in the community, guideline-based global pricing models, legal issues in oncology practice, reimbursement, legislative and HCFA updates, roundtable on patient ownership of specimens and data, and an oncology business update.

*Location:* The Marriott Beach Harbor Resort, Ft. Lauderdale Florida

*Contact:* (215) 728-4788

### EUROPEAN CONFERENCE ON CANCER STRATEGIES & OUTCOMES

March 11—March 14, 2001

*Description:* The scientific program, arranged by a multidisciplinary international committee, promises to tackle some of the key contemporary issues engaging all cancer professionals, policy makers and patient advocacy groups planning and delivering cancer care across Europe.

*Location:* Edinburgh International Conference Centre, London, England

*Contact:* ICM Associates +44 (0) 207-499-0900, email: [boa@icmgb.com](mailto:boa@icmgb.com)

## LOOKING AHEAD...

### THE AMERICAN SOCIETY OF BREAST SURGEONS ANNUAL MEETING

May 3, 2001

*Description:* Preliminary program highlights include hands-on training in breast ultrasound and stereotactic breast biopsy. Lectures, discussions and debates on state-of-the-art treatment of breast disease. Scientific paper presentations on the latest research.

*Location:* The Hilton La Jolla Torrey Pines, San Diego, CA

*Contact:* Jane Schuster (301) 362-1722

email: [jschuster@breastsurgeons.org](mailto:jschuster@breastsurgeons.org)

### ONCOLOGY NURSING SOCIETY 26TH ANNUAL CONGRESS

May 17– May 20, 2001

*Description:* Topics include new cancer treatments and recent developments in cancer nursing research.

*Location:* San Diego Convention Center

*Contact:* (412) 921-7373

### 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](http://www.hsc.usf.edu)

## MAMM Magazine



MAMM magazine was launched in October 1997. Its debut marked the first consumer publication of its kind: a magazine devoted to meeting the needs of women diagnosed with breast and reproductive cancer. MAMM is an indispensable resource and ally for readers who have longed to understand more about their diagnosis, improve their quality of life and assess current treatments as well as new therapies on the horizon. In addition to retail distribution, MAMM is committed to getting the magazine into the hands of the people who need it. The magazine makes free copies available to women who cannot afford to purchase a copy at a newsstand. In the US, there are over 1700 organizations, health departments, support groups, clinics and doctors offices that provide free copies of MAMM to their clients. Please contact the magazine directly about this service at 1-888-901-MAMM or visit their website at [www.mamm.com](http://www.mamm.com)

# Questions and Answers on Digital Mammography

We received a great deal of interest on the article about Digital Mammography that appeared in our last issue of Not Just Once. On behalf of the article's author, Dr. Steve Parker, Radiologist and Medical Director of the Sally Jobe Breast Center in Englewood Colorado, Morgan Niels has kindly answered many of the questions our readers had for more information on this subject.

**How many facilities have this equipment?**

As of the end of 2000, no more than 100 systems were installed in the US. This includes the only FDA approved system, the GE Senographe 2000D, as well as systems such as Fischer Imaging's SenoScan system and the TREX Medical digital mammography system, both of which have been acquiring clinical data for FDA pre market clearance applications. The 100 digital systems compares to about 15,000 installed mammography systems at about 10,000 locations throughout the US.

**Is it mainly in medical centers at this point in time?**

The digital systems are installed in all types of centers including University Hospitals, freestanding breast centers, as well as radiology imaging centers.

**Is it just used in hospitals or can it be used in satellite mammography centers?**

Digital mammography systems will be used in all types of locations. Perhaps one of the most intriguing locations will be in satellite mammography centers where a radiologist is not present. For these types of installations, only screening mammograms would be conducted and the images would be sent over a communications network to a central location where a team of expert radiologists would do the reading. For example, the Sally Jobe Breast Center currently provides screening mammography at 6 separate locations in the south Denver area. Dr Parker is considering replacing all these centers with digital mammography systems. The major benefit will be that films do not have to be sent every day by courier from the satellite centers to the main breast clinic. Although the amount of data in a set of two view mammograms can be as high as 200 Megabytes, the data can be transferred over the network during the evening and ready for review at the computer workstation the following morning.

**Does it have potential for mobile use?**

Digital mammography is very well suited for mobile use. First because there is no film and film related processing chemicals required and second because the image quality can be verified by the technologist in real time during the exam. Since mobile mammography is generally used in sparsely populated areas it is vitally important to have no exams that must be redone due to technical factors such as under or over exposure of the x-ray parameters. In fact, an early demonstration project of a mobile digital mammography system was developed by the US Army Medical Materiel Command in conjunction with the Office of Women's Health (Health and Human Services), and the National Cancer Institute. This project proved the feasibility of mobile digital mammography as well as remote satellite up linking through a dish on the van. Although instantaneous image transfer is not required for screening mammography, an ability to leverage wireless networks for data transmission will soon become a cost effective means of data transfer.

[Questions and Answers on Digital Mammography are continued on page 6]

## Questions and Answers on Digital Mammography continues...

### Is it mainly a follow-up to a screening mammogram that is not normal?

Digital mammography is being used for both screening and diagnostic mammography. The significant benefit for diagnostic mammography is that the exam can be conducted in essentially real time. This allows the radiologist to acquire as many views as needed to rule out cancer quickly and efficiently. Dr Parker has found that special studies such as galactography (a contrast study of the mammary ducts) are accomplished faster with improved image quality using digital mammography

### How often is it currently being used?

Most all of the digital mammography systems are being used at full capacity currently, with the exception that the 15 or so systems installed for FDA data accrual are limited for use only as part of the FDA approved study protocol. In New York City a patient recently requested a digital mammogram and was told it would be a month before a digital exam would be available. However, it is very important to not delay a regularly scheduled screening mammogram with a film screen system. While digital mammography is expected eventually to be better than film screen technology there is currently no evidence that digital detects more cancers than film screen technology. A recently approved large scale trial funded by the National Cancer Institute will enroll 50,000 women who will be imaged both with film screen and digital systems. These women will be followed for several years and reader studies will be conducted to determine the accuracy, sensitivity and specificity of the two techniques.

### Can we make copies of this article and give to our active participants and partners?

Certainly Dr Parker expected this article to be widely disseminated and you have my permission to use my answers in any way that may help your educational efforts.

If you have further Questions for Dr. Parker or Morgan Nields please send an email to: [mniields@fischerimaging.com](mailto:mniields@fischerimaging.com)

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## Breast Cancer Screening Among Cambodian American Women

A recent article in the Journal of Cancer Detection and Prevention describes and identifies factors associated with breast cancer screening among Cambodian American women. The authors from the International Medicine Clinic at the Harborview Medical Center, the Departments of Medicine, Health Services, and Epidemiology at the University of Washington, and the Division of Public Health Sciences of the Fred Hutchinson Cancer Research Center in Seattle, Washington conducted a cross-sectional survey of 1,365 households using bilingual and bicultural interviewers.

Researchers found that low proportions of Cambodian American women were up to date on their clinical breast examinations (CBE; 42%) and mammograms (40%). More than 80% of women with female physicians have had at least one prior screening, and 52% have had the tests recently. Women with male Asian American physicians were less likely to have had breast cancer screening as compared to women with female non-Asian physicians [ever had CBE (odds ratio [OR], 0.26); recent CBE (OR, 0.39); ever had mammogram (OR, 0.36); and recent mammogram (OR, 0.22)].

Breast cancer screening among Cambodian American women lags behind the general U.S. population. Researchers suggest that tailored promotion efforts should address barriers and promote cancer screening by physicians, staff, and organizations serving this population.

[Source: Cancer Detection and Prevention 2000; 24(6):549-563. Authors: Shin-Ping Tu, MD, MPH, Yutaka Yasui, PhD, Alan Kuniyuki, MS, Beti Thompson, PhD, Stephen M. Schwartz, PhD, J. Carey Jackson, MD, MPH, and Vicky M. Taylor, MD, MPH. Please address all correspondence to: Shin-Ping Tu, MD, MPH, Division of General Internal Medicine, Harborview Medical Center, Box 359780, 325 Ninth Avenue, Seattle, WA 98104.]

# 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.

Helen Mulligan and  
Ann Dowling-Green  
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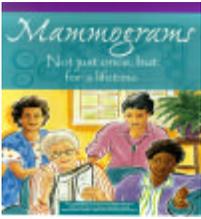
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Seattle, WA 98121-2500  
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mmedley@hcfa.gov



# HCFA/NCI Mammography Materials Order Form

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



## ORDER FORM

Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

Phone:

Title & Contents Description	Language	Publication Number	Size	Quantity
<b>Mammograms... Not Just Once, But For A Lifetime</b> 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	
<b>Spanish Version — (See above.</b> maximum order 5000)	Spanish	H497	8½ x 11	
<b>Older Woman Poster</b> 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	
<b>Spanish Version (See above</b> minimum order: 20, maximum 5000)	Spanish	G501	11 x 17	
<b>Older Woman Bookmark</b> 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	
<b>Spanish Version — See above</b> (maximum order 5000)	Spanish	Z499	2 x 8	
<b>Pap Tests: A healthy habit for life</b> 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	
<b>Ad Slicks</b> Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
<b>Knowledge &amp; Behavior of Women Ages 65 and Older On Mammography Screening &amp; Medicare:</b> 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 <a href="http://www.nci.nih.gov">http:// www.nci.nih.gov</a> )	English	T162		
<b>Breast and Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care:</b> 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		
<b>Spread the Word About Mammograms and the Pap Test: An Educational Resource for Health Care Professionals:</b> 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