



# Not Just Once

The Bimonthly Newsletter of CMS's National Medicare Mammography Campaign

Volume 3, Issue 5 September-October 2001



We extend our heartfelt condolences and prayers to the families and friends of those impacted by the tragic events of September 11, 2001. In the midst of our sorrow, it is difficult to find appropriate words of greeting.

This issue features the announcement of a new partnership developed for Breast Cancer Awareness Month 2001. The Centers for Medicare & Medicaid Services (CMS) and its Peer Review Organizations (PROs) are teaming up with Wal-Mart Stores, Inc. to educate pharmacy customers about the importance of breast cancer screening. We extend special thanks to Jarrod Davis, Pharmacy Marketing Coordinator with Wal-Mart's "home office" in Bentonville, AR, and Stacy Sokol, MPH, CHES, at the National Cancer Institute's Office of Communications for their efforts.

Other articles present information about CMS's mammography rates - now available on the internet - and updates from the National Cancer Institute (NCI) and the Agency for Healthcare Research and Quality (AHRQ).

We look forward to hearing about your Breast Cancer Awareness Month activities. Please submit ideas or stories for future issues of the Newsletter to Editor Maribeth Fonner at (816) 426-5039 or email [MFonner@cms.hhs.gov](mailto:MFonner@cms.hhs.gov)

Sincerely,

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## CMS Develops a New National Partnership for Breast Cancer Awareness Month

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce a national-level collaboration with Wal-Mart Stores, Inc. for Breast Cancer Awareness Month. Wal-Mart pharmacists across the country will distribute mammography educational materials to their customers during the month of October.

The Peer Review Organizations (PROs) - CMS's quality improvement contractors - are partnering with Wal-Mart pharmacies in each state. PROs will be providing the pharmacists with the educational materials, including the "Mammograms: Not Just Once...But For a Lifetime"-themed bookmarks and brochures created by CMS and the National Cancer Institute (NCI), shown here. PROs

have been ordering these in bulk to prepare for Breast Cancer Awareness Month - so much so, that several items are presently in short supply from NCI's Cancer Information Service!

"This wonderful partnership utilizes Wal-Mart's national, community-based presence to spread the message that screening mammography saves lives," said Annette E. Kussmaul, MD, MPH, national lead for CMS's Medicare Mammography Campaign.

Wal-Mart Stores, Inc. operates more than 2,700 discount stores, Supercenters and Neighborhood Markets, and more than 490 SAM'S CLUBS in the United States.



**Susan G. Komen Kansas City Race for the Cure.** The Kansas City, Missouri Race for the Cure took place on a sunny Sunday morning, August 12, 2001, drawing a crowd of 12,500. The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, participated as a team. Pictured, back row: Linda Richeson; Joe Tilghman (CMS Regional Administrator); Dr. Larry LaVoie; Greg Lear (Associate Regional Administrator for Clinical Standards & Quality). Front row: Dr. Annette E. Kussmaul; Karen Miller; Maribeth Fonner; and Nancy Lear. Other CMS participants (not pictured) included Clare Barnes, Mary Trebilcock-Bloyer, Marty Bloyer, Ronald Bryan, Edwin Fonner, Jr., Mandy Hanks, Renee King, Kerry Lear, and Sandra York.

## Mammography Services Paid by Medicare Among Women Age 65 and Older, 1997 - 2000

-Larry La Voie, PhD

Among women aged 65 or older, the national mammography rate increased by more than 5% from the biennial period of 1997-1998 to 1999-2000, based on analysis of Medicare claims (under fee-for-service). Inspection of the trend over time reveals an increase in the mammography rate for all states. For 24 states, the increase in the mammography rate was 6% or greater.

Nationally, half of women aged 65 or older with Medicare coverage received a mammogram during 1999-2000. The likelihood of receiving a mammogram was not the same for all states. Overall, at least half of women age 65 or older received a mammogram in 31 states. In ten states, at least 55% of women received a mammogram.

As the map on the next page illustrates, mammography rates vary widely across the nation. Northern states plus Arizona and Florida were among those states with the highest mammography rates. (Darker shading in the map reflects higher mammography rates.) Only one state, Maine, has achieved a 60% mammography rate (among women with Medicare age 65 and older).

African-American beneficiaries were less likely to receive a mammogram than were Caucasian beneficiaries during 1999-2000, 40% vs. 52%, respectively. Nationally, the gap between mammography rates for African-American and Caucasian beneficiaries is widening. Among Caucasian women aged 65 or older, the national

mammography rate increased by nearly 6% from the biennial period of 1997-1998 to 1999-2000. Yet, for African-American women, the increase in the mammography rate was 5%. In 21 states, the gap is closing between mammography rates for African-American and Caucasian women.

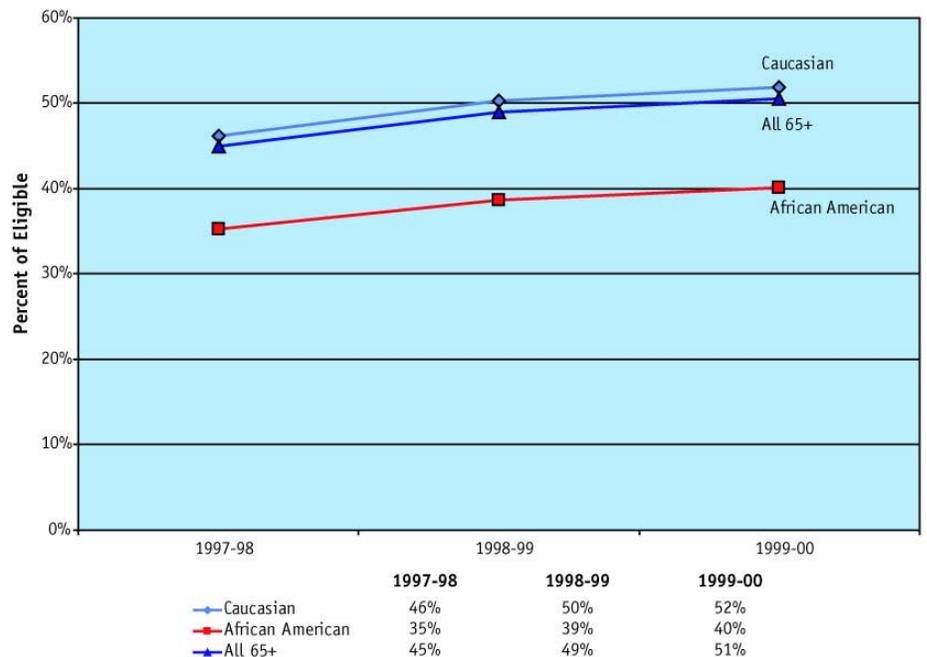
National, state and county mammography rates, based on analysis of Medicare claims are posted on the internet at <http://www.hcfa.gov/quality/3n2.htm>

*Dr. La Voie is a Statistician with CMS's Kansas City Regional Office. He is the Analytic Lead for CMS's National Medicare Mammography Campaign.*

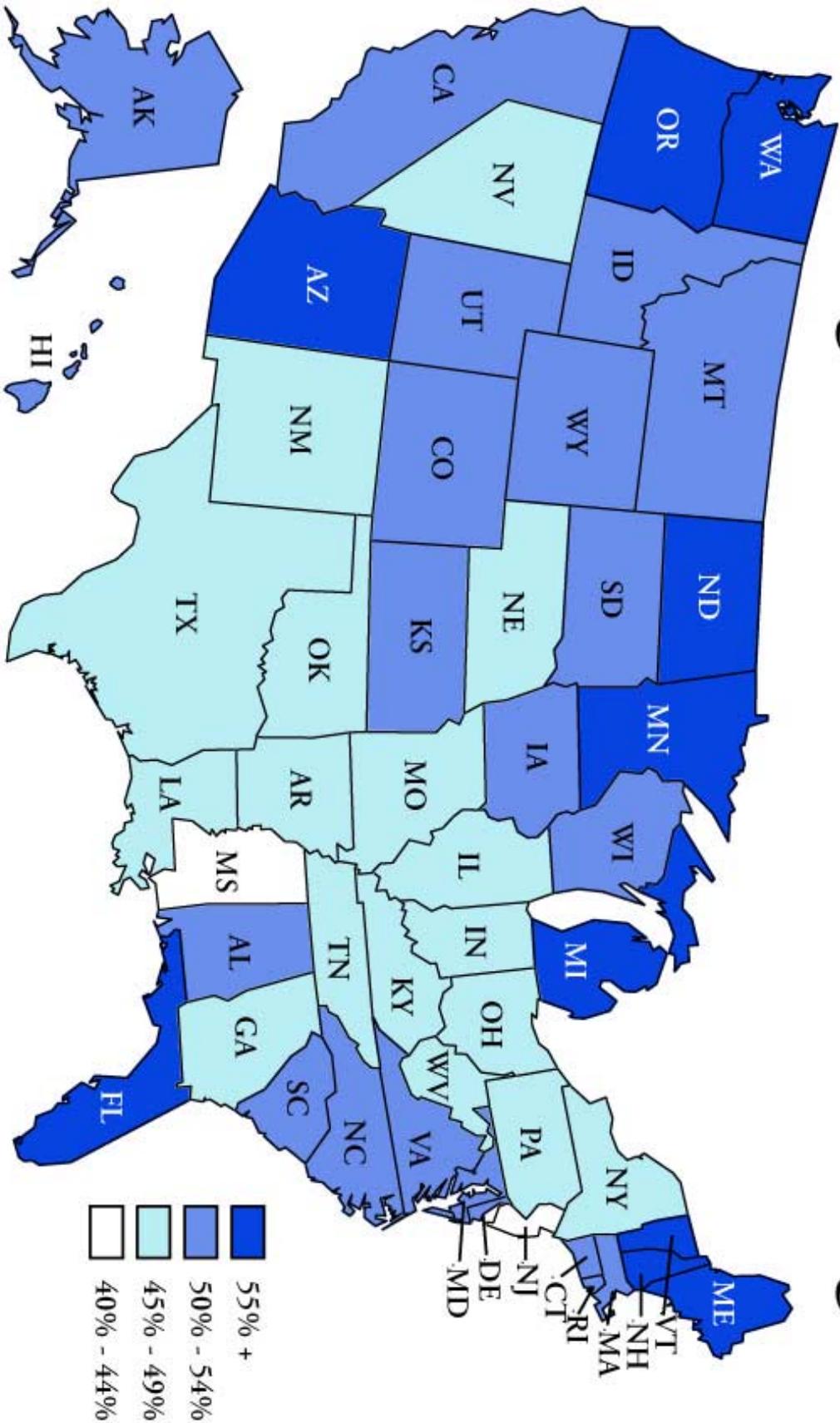
State Mammography Rates 1999-2000, Based on Medicare Claims	
Percent Mammograms	Number of States
55.0 +	10
50 - 54	21
45 - 49	18
40 - 44	2

*Includes 50 states plus DC*

**Non-HMO Female Beneficiaries Age 65+ with Medicare-Paid Mammography Services**



# Women Age 65+ with Biennial Mammograms



Source: 1999-2000 Fee-for-Service Medicare Data

## AHRQ Report Details Evidence for the Diagnosis and Management of Breast Disease

*-Submitted by Marcy L. Gross*

The Agency for Healthcare Research & Quality (AHRQ) announces the availability of an evidence report summary on the management of specific breast abnormalities. The evidence report topic was nominated for review by Kaiser Permanente Northern California and was developed under contract with AHRQ's Evidence-based Practice Center (EPC), MetaWorks Inc., located in Medford, MA.

The report found strong evidence for performing an excisional biopsy following a stereotactic core needle biopsy of atypical ductal hyperplasia (ADH), as the excisional biopsy results often lead to a change in diagnosis. ADH, a condition where the cells lining the milk ducts grow abnormally, can only be diagnosed by examining a sample of breast tissue under a microscope. While ADH is a non-cancerous condition, cancer tissue can also be found with ADH. Stereotactic core needle biopsy removes only small fragments of breast tissue through a hollow

needle and may fail to capture cancerous tissue in its sampling. An excisional biopsy removes breast tissue through a surgical procedure and allows for a larger volume of tissue to be tested.

Both ADH and lobular carcinoma in situ (LCIS), a non-cancerous abnormality of the cells contained in the milk-producing lobules of the breast, place women at greater risk for developing breast cancer in the future. Although the data are limited, the evidence suggests that Tamoxifen therapy markedly decreases the incidence of breast cancer following a diagnosis of ADH or LCIS, but is associated with increased risk of endometrial cancer, thromboembolic disease and other complications.

MetaWorks Inc. also found that while studies to date suggest sentinel lymph node biopsy is successful in determining whether breast cancer has spread throughout the regional lymph nodes in most patients, long-term cancer outcomes and survival

data are required before sentinel lymph node biopsy can be considered standard of care. The authors suggest future research should examine breast disease risk factors, breast symptoms, and how they relate to cancer diagnoses. New research should also be done to identify new and additional risk factors.

The summary of the evidence report, Diagnosis and Management of Specific Breast Abnormalities, is available online at <http://www.ahrq.gov/clinic/abnorsum.htm> and from the National Guideline Clearinghouse (NGC) at <http://www.guideline.gov> (select NGC Resources). Printed copies are available from the AHRQ Publications Clearinghouse at (800) 358-9295 or [ahrqpubs@ahrq.gov](mailto:ahrqpubs@ahrq.gov)

*Ms. Gross is the Senior Advisor for Women's Health at the Agency for Healthcare Research and Quality in Rockville, MD.*



## Asian-American Women and Mammography Screening: Findings and Implications from Qualitative Research

*- Nina Goodman, MHS, CHES*

Asian-American women may pay little attention to educational messages that are not culturally appropriate, according to findings from the National Cancer Institute's (NCI) Office of Communications (OC), as part of its Breast Cancer Education

Program. This is just one of the conclusions from NCI's qualitative research with Asian-American immigrant women ages 40 to 74 who still mostly speak their native language. OC conducted this preliminary research to learn how Asian-American women think and feel about breast cancer and mammography screening.

The research was designed to:

- Review the literature on their use of mammography;
- Understand the reasons why they get or do not get mammograms;

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- Learn whether and how cultural factors affect their decisions about getting mammograms; and,
- Identify ways to communicate messages about breast cancer and mammography screening to them.

OC's research was conducted in three phases involving a Medline literature review on breast cancer and mammography screening behavior among Asian American women; in-depth telephone interviews with the American Cancer Society-Chinese Unit, the Korean Health Education, Information, & Research Center, the National Asian Women's Health Organization (NAWHO), and the Vietnamese Community Health Promotion Project; and eight focus groups held with Asian women in New York City and Los Angeles - two groups each with women who spoke Cantonese, Mandarin, Korean, or Vietnamese).

To be eligible for the focus groups, participants had to have one of these languages as their mother tongue, primarily speak the language of their native country, and be 40 to 74 years of age. All of the women who participated in the focus groups were first-generation immigrants, and most had lived in the U.S. for at least 10 years. All sessions were conducted in the language of women in the group.

#### Findings Highlight Motivators and Barriers to Mammography Screening

The literature noted a lack of knowledge among immigrant Asian women regarding breast cancer and mammography screening. The interviewed staff from targeted organizations and members of focus groups noted that many Asian women think that breast cancer is due to fate.

When asked what would motivate a woman to get a mammogram, focus group participants stated peace of mind (particularly in knowing that one can stay healthy for one's family) and early detection.

The primary barriers for not getting a mammogram were competing concerns (such as taking time to care for their families and adapting to the American culture), as well as cost, language barriers, and lack of symptoms.

Organizations and focus group participants identified the types of information sources that would be most effective for reaching Asian women with breast cancer and mammography information, which included family members, friends, and neighbors; Asian physicians; in-language broadcast and print media; and community organizations such as food markets, churches/temples, and civic clubs.

#### NCI Program Uses Research Results

The findings from this research emphasize the critical importance of developing culturally appropriate messages and materials using input and feedback from members of the intended audience, as well as from knowledgeable community organizations.

The adaptation of a mammography brochure for older women of Asian and Pacific Islander descent is one such OC partnership project. OC has been working with the Centers for Medicare & Medicaid Services (CMS), to modify a mammography brochure for Asian-American and Pacific Islander women living in California that was developed by one of CMS's Peer Review Organizations, CMRI. These brochures (which are available in Chinese, Tagalog, Vietnamese, and English) tested exceptionally well with women in Cal-

ifornia, so the OC, in partnership with CMS, is adapting these brochures for national distribution.

Working in collaboration with Asian communities, the OC-CMS team is pre-testing these brochures with older Asian-American women throughout the country to ensure that the format, design, and language are appropriate for national distribution. Once adapted and printed, OC and CMS will continue to work with these Asian communities to identify appropriate distribution channels for enhancing access of this mammography information by Asian women nationwide.

Questions about the research can be directed to Nina Goodman at [goodmann@occ.nci.nih.gov](mailto:goodmann@occ.nci.nih.gov). Questions regarding the AAPI mammography brochure project can be directed to Mary Ann Van Duyn at [vanduynm@mail.nih.gov](mailto:vanduynm@mail.nih.gov) or (301) 402-3176.

*Ms. Goodman is a Health Communications Researcher with the National Cancer Institute's Office of Communications.*

To read back issues of the **Not Just Once** Newsletter, please visit the website: <http://www.hcfa.gov/quality/3n1.htm>



## CMS's Regional Mammography Coordinators

CMS's Regional Mammography Coordinators are a wonderful resource for 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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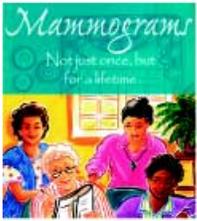
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# CMS/NCI Mammography Materials Order Form

**National Cancer Institute/Centers for Medicare & Medicaid Services  
Mammography Education and Promotion Materials**



## ORDER FORM

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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	
Over 40? Consider Mammograms Poster Set of 5 posters, each featuring a woman from a special population. (maximum order 100)	English	G438		
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. Online version will be available on the NCI website <a href="http://www.nci.nih.gov">http://www.nci.nih.gov</a> )	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