



# Not Just Once

The Bimonthly Newsletter of CMS's National Medicare Mammography Campaign

Volume 4, Issue 3 May-June 2002

## WELCOME!

In this issue, we feature two articles about mammography outreach to Asian American women. The National Cancer Institute (NCI) – in partnership with the Centers for Medicare & Medicaid Services (CMS) – has developed new educational brochures which will be printed in Chinese, Tagalog, and Vietnamese, as well as English. In addition, CMS is targeting Chinese- and Tagalog-speaking women with radio messages.

Please note there is a new order form for the NCI “Not Just Once” educational materials (page 8). Some items have been removed from the form and are not available at this time. English bookmarks and posters are in the process of being reprinted. Other free materials can be ordered – in limited quantities – via the internet. Go to <https://cissecure.nci.nih.gov/ncipubs/default.asp>

The evaluation of the *Not Just Once Newsletter* has been completed. Most of the responses gave the Newsletter “high marks” in every category. However, given the response rate – less than 3% of our estimated distribution, we are hesitant to generalize from these results. Your feedback is always appreciated. Please send comments to Editor Maribeth Fonner at (816) 426-5039 or [mfonner@cms.hhs.gov](mailto:mfonner@cms.hhs.gov) We also encourage you to submit ideas for future articles.

Sincerely,

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## New Asian Language Materials Promote the Importance of Routine Breast Cancer Screening

-Sheila Wilcox, MHS

The need is clear. Asian American and Pacific Islander (AAPI) women have the lowest mammography screening rates for early detection of breast cancer of the major ethnic groups in the U.S. and are least likely to have ever had a mammogram. Promoting mammography screening among AAPI women is especially important. Breast cancer is the most common type of cancer among Chinese women living in the U.S., and the second most common among Vietnamese women. Not only do U.S.-born Filipina women have a 60 percent higher risk for breast cancer than women living in the Philippines, breast cancer is the leading cause of cancer death for this group. Moreover, AAPI women face language and cultural barriers to screening. Many of these women lack a general understanding about breast health, mammography, and the benefits of early detection.

The National Cancer Institute (NCI) and the Centers for Medicare & Medicaid Services (CMS) have worked in partnership to develop an information resource to educate high-risk AAPI women about the importance of regular mammograms and encourage them to get a screening mammogram every one to two years. NCI and CMS adapted a brochure originally developed and consumer tested by CMRI, the Medicare Quality Improvement Organization (QIO) in California. The brochure was written for

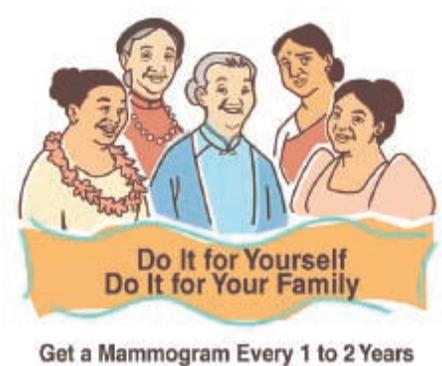
English-speaking women of Asian and Pacific Islander descent and translated into three additional languages: Chinese, Vietnamese, and Tagalog.

To adapt the four language versions of the brochures for national use, NCI and CMS consumer-tested the brochure among native speakers of the target audiences in New York, Pennsylvania, and Texas. The brochure emphasizes the theme that taking care of one's health is not only good for a woman herself, but for her family as well. It describes:

- the risk of breast cancer
- the benefits of mammography
- NCI's screening recommendation that women in their 40s and older should have mammograms every one to two years, and
- Medicare coverage information

During development, changes made to the brochure included streamlining the text and increasing the typeface to accommodate those with visual impairments.

Consumer testing through one-on-one interviews assessed several variables: comprehension, layout, design, credibility, clarity, and call to action. The majority of women who participated in the consumer testing found the brochures to be informative, understandable, and culturally appropriate. Of the respondents, 95 percent said they would now consider getting mammograms. The findings of the consumer testing were presented in February 2002 at the



8th Annual "Symposium on Minorities, the Medically Underserved, & Cancer", held in Washington, DC.

Dissemination of the brochure will target geographic areas with high concentrations of AAPI women. NCI will work in partnership with the community centers that helped in the testing of the brochure, QIOs, and related health professional, community and government organizations in areas where high concentrations of AAPI women live. Focusing the distribution of the brochures in this way will help insure that resources are spent efficiently while reaching the women most in need. The brochures are expected to be available late spring or early summer of 2002, in time for National Breast Cancer Awareness Month activities in October. More information will follow in the next issue of the Not Just Once Newsletter.

*Ms. Wilcox is a Public Affairs Specialist with the National Cancer Institute's Office of Cancer Communications.*

## Radio Spots Promote Mammography Among Asian American Women

-Maria Monica Henderson

For Mother's Day this year, Chinese radio stations in six cities nationwide will broadcast this message in Cantonese and Mandarin: "If you are over 65 years of age and female, you should talk with your doctor about scheduling a mammogram every year. The procedure, which may be paid for by Medicare, can detect breast cancer early. Mammograms: not just once, but for a lifetime."

As a part of the Centers for Medicare & Medicaid Services (CMS) Asian American and Pacific Islander Initiative, The Media Network, Inc. under a contract with CMS, has purchased airtime on radio stations with significant penetration in Chinese-American communities. From May 6-18, the Agency will sponsor these public service radio announcements for the targeted audience of 748,000 listeners in New York, Los Angeles, San Francisco, San Jose, Chicago, and Boston.

The national strategy of CMS aims to decrease mortality and morbidity from breast cancer in the Asian American and Pacific Islander populations by encouraging women with Medicare to take advantage of the lifesaving potential of screening mammography.

CMS chose this method to raise awareness of mammography based on

a recent Department of Health and Human Services (DHHS) survey which evaluated the way certain gender and ethnic groups receive and process information. The survey found that radio spots are highly effective, particularly in influencing minority populations. The study also found that highly rated shows which feature local radio talent with high demographic media choice ratings, cause listeners to trust the message and the messenger, and to be receptive to the other messages (spots) aired during that time.

In addition, CMS will test the public service announcement for effectiveness this spring. Focus groups will be convened in three cities – New York, San Francisco and Boston. Participants will include Chinese women who speak Cantonese or Mandarin and are age 65 or older. Qualitative and quantitative data will be translated, coded, and analyzed to determine the effectiveness of the campaign, its cultural sensitivity, general appeal, and age-appropriateness.

This activity is part of an ongoing effort to meet legislative and executive goals for education and elimination of health disparities. The Balanced Budget Act (1996) requires agencies to reach underserved populations and educate them about various health benefits. DHHS launched the Asian American and Pacific Islander Initiative on June 26, 1997.



On June 6, 2001, President Bush signed Executive Order 13216 to increase opportunities for and to improve the quality of life for approximately 12,000,000 Asian Americans and Pacific Islanders living in the U.S.-associated Pacific Island jurisdictions. More information about the DHHS initiative can be found at <http://www.omhrc.gov/omh/Asian%20Americans/index.htm>

*Ms. Henderson is a Health Insurance Specialist in the Division of Beneficiary Services, Contractor Operations Branch, in CMS's Boston Regional Office. She is the new Mammography Coordinator for Region I.*

## Medicare Summary Notice Envelopes Will Promote Mammograms!

-Michael Dorris

AdminaStar Federal (ASF), a Medicare contractor, has received approval from the Centers for Medicare & Medicaid Services (CMS) to use the back of the Medicare Summary Notice (MSN) envelopes for educational & health promotion messages. The MSN Envelope Teaser Project was conceived during the 2001 National Customer Service Conference, when CMS called for unique, "big impact" and cost-effective activities to promote National Medicare Education Plan initiatives.

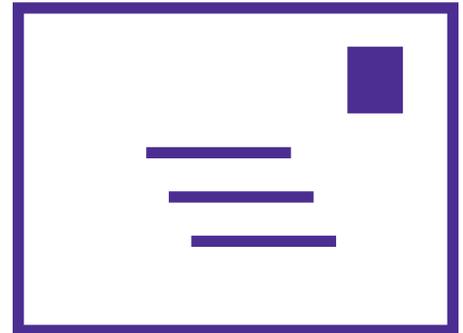
The outside of the envelope for the MSN is one cost-effective way to inform people with Medicare about programs and benefits that may affect them. In the past, ASF MSN envelopes were used to promote initiatives such as the Explanation of Medicare Benefits new MSN format and Flu Shot Awareness campaigns. CMS approved this new Envelope Teaser Project as a pilot with possible expansion to other regional contractors in the future.

The Medicare teaser messages will begin in the 3rd quarter of this fiscal year. The first messages are:

- Medicare Helps Pay for Mammograms Every 12 Months (for Parts A and B envelopes)
- Visit [www.medicare.gov](http://www.medicare.gov) to Answer Your Medicare Questions (for Durable Medical Equipment envelopes)

The MSN Teaser Project will begin with the ASF Part A contracts in Illinois, Indiana, Kentucky, and Ohio, and the Part B contracts in Indiana and Kentucky. This initiative has the potential to reach as many as 10 million people with Medicare.

The project will increase awareness of mammography coverage as well as familiarity with other Medicare preventive services by promoting the [medicare.gov](http://www.medicare.gov) website. CMS, ASF, and our partners plan to measure the impact of this project by tracking the increase of mammography utilization rates in the states of Illinois, Indiana, Kentucky, and Ohio. The



MSN Envelope Teaser Project pilot could grow into a national, cost-effective, "big impact" program benefiting everyone involved. CMS plans to manage the direction and the messages used in this and future "teaser" projects.

For more information, contact Michael Dorris at [michael.dorris@anthem.com](mailto:michael.dorris@anthem.com) or Michael Davis at [michael.d.davis@anthem.com](mailto:michael.d.davis@anthem.com)

*Mr. Dorris is the Congressional Outreach Liaison at AdminaStar Federal.*

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



## Mammography Screening: Effective Early Detector of Breast Cancer

-Susan Nathanson

As advocates for breast cancer screening and research, the organizations behind National Breast Cancer Awareness Month (NBCAM) welcome every opportunity to draw attention to the disease and encourage women to take common sense steps to detect breast cancer early in order to treat it and increase chances for survival.

However, the current media firestorm over the effectiveness and benefits of mammography does not appear to us to be an even-handed way of treating the recent reports about screening for breast cancer with mammography.

Much of the controversy stems from recent articles published in the British medical journal *The Lancet* in which the authors contend that mammography is "unjustified" and in which the methodology and findings of several large screening trials are criticized.

For example, a March 5 column by the *Washington Post's* Abigail Trafford cited the *Lancet* piece and then cavalierly dismissed mammography screening recommendations by the American Cancer Society (ACS), the National Cancer Institute (NCI) and the U. S. Secretary of Health and Human Services. She ignored findings of the U. S. Preventive Services Task Force that reaffirmed screening guidelines based on follow-up from earlier trials.

More recently, the World Health Organization (WHO) presented informa-

tion countering the argument that mammography screening is not effective in detecting early stage breast cancer.

The WHO released an evaluation of available evidence on breast cancer screening by a working group in Lyon, France. The group consisted of 24 experts from 11 countries who concluded that trials have provided sufficient evidence for the efficacy of mammography screening of women between the ages of 50 and 69. The reduction in mortality from breast cancer was estimated to be about 35 percent. In women younger than 50, the finding showed limited evidence for a reduction. The group also found that many of the earlier criticisms were unsubstantiated. Regular screening, as opposed to sporadic screening, was found to be more effective. Overall, effectiveness of screening was found to vary with the quality of mammography and treatment.

The results of this study add credence to the U. S. government recommendation that mammography screening is effective in reducing by 20 percent the risk of death from the disease.

Mammography screening is not fool-proof; it poses both potential benefits and harms, and can be an uncomfortable process for some women.

But we must not ignore the fact that annual mammography screening and a clinical breast examination combine to form the best way currently to find breast cancer in its earliest stages. Over the past decade, we have seen a

dramatic downward shift in the stage at which breast cancer is diagnosed related to compliance with mammography screening guidelines. And there has been a concurrent improvement in treating the disease.

Statistics from the newly re-analyzed screening trials cited by the mammography naysayers are misleading. These 20-year old studies do not reflect advances in technology and medical knowledge. Computer-assisted technology and digital imaging, as well as ultrasound, have augmented routine mammography. Biopsies, when necessary, are less of an ordeal than they were years ago. Suspicious lesions are biopsied by needle, often in a doctor's office, and a diagnosis can be made before a patient must decide about treatment.

Those of us in patient advocacy, who speak with patients daily and hear their concerns on hotline phone calls, know a balanced view about diagnostic testing or treatments will best assist women to make the right choice about screening and treatment, if needed. The occasional false positive finding from a mammography screening is troubling for the patient. However, that "risk" must be weighed against the much more considerable risk of doing nothing, and possibly missing a breast cancer.

Women must continue mammography screening and clinical breast examination annually after the age of 40 as it is the best early detection method available right now, and the quality

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## Department of Defense Breast Cancer Research Program

The Department of Defense (DoD) Breast Cancer Research Program released Fiscal Year 2002 Program Announcement II. The Congressionally Directed Medical Research Programs requests proposals through eight award mechanisms:

- Innovator Awards – a wide range of scholars/investigators may be eligible for these
- Exploration Awards
- Idea Awards
- Physician-Scientist Training Awards – physicians can use these to fund their training and repay medical school loans
- Clinical Research Nurse Training Awards – these support nurses at all levels (BSN, MSN and PhD)
- Predoctoral and Postdoctoral Traineeship Awards
- Undergraduate Summer Training Program Awards

Please note that electronic proposals for these awards are due by mid-June 2002. More information is available via the DoD Breast Cancer Research Program website, <http://cdmrp.army.mil/bcrp/>

### Mammography Screening... continued from page 5

of a patient's life is infinitely better when a cancer is detected sooner rather than later.

Tremendous progress has been made in raising awareness of breast cancer's risk among women, and in developing more effective methods for treatment. Yes, we must support the development of even better screening techniques, as well as conduct research on how to prevent breast cancer. In the meantime, we cannot abandon one of the few methods we have for early detection of breast cancer – mammography.

*Ms. Nathanson is the national coordinator for National Breast Cancer Awareness Month.*

### UPDATE: Breast Cancer Surgery Options

In the January-February 2002 issue of the *Not Just Once Newsletter*, we reported on a December conference themed, "Using Research to Inform Patients of Breast Cancer Surgery Options." In follow up, the Center for Policy Research for Women & Families has created "Early Stage Breast Cancer: A Patient and Doctor Dialogue," a set of questions and answers addressing early stage

treatment options. These are available on the Office of Women's Health website at <http://www.4woman.gov/faq/earlybc.htm>

More information about the December 14, 2001 meeting can be found at <http://www.cpr4womenandfamilies.org/conference.html>

## 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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Margaret Medley or  
Lucy Matos  
CMS Region X  
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Seattle, WA 98121-2500  
(206) 615-2355  
[mmedley@cms.hhs.gov](mailto:mmedley@cms.hhs.gov)  
[lmatos@cms.hhs.gov](mailto:lmatos@cms.hhs.gov)



## Order Form - Mammograms

### NCI / CMS Materials



Name:		Fax:		
Organization:		Phone:		
Address:		Email:		
City:	State:	Zip Code:		
Title & Contents Description	Language	Inventory 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 to be screened, and Medicare information. (maximum order 5000)	English Spanish	H496 H497	8½ x 11	
<b>Mammograms for Older Women 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 Spanish	G500 G501	11 x 17	
<b>Mammograms for Older Women 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 Spanish	Z498 Z499	2 x 8	
<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> (Limited quantities available) 25-page bound report with findings from a telephone survey conducted in Spring of 1999. Also available at: <a href="http://newscenter.cancer.gov/pressreleases/hcfarpt.pdf">http://newscenter.cancer.gov/pressreleases/hcfarpt.pdf</a>	English	T162		
<b>Breast &amp; Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care</b> This 205-page guide 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>Why Get Mammograms?</b> A pad for physicians that includes fifty-tear off fact sheets on mammograms for patients. Includes NCI's recommendations, risk factors for breast cancer, and the benefits and limitations of mammography.	English	Z448		

Mail order form to:  
 National Cancer Institute  
 P.O. Box 24128  
 Baltimore, MD 21227

OR

Fax order form to:  
 410-646-3117

*Receipt of your order will be confirmed by fax or email.*