

Ask Dr. Miller



March 2013

MARK YOUR CALENDAR:

The ASCCP has released updated consensus guidelines for management of abnormal cervical cancer screening tests and cancer precursors (see accompanying publication). Dr. Stewart Massad, the lead author, will provide an overview of these updates in a CDC-sponsored webinar on April 15 at 2:00 PM. Call-in details will be sent out next week. This webinar will be recorded so that it may be shared with all providers following the session.

The following questions were posed by NBCCEDP grantees:

Question #1: Providers have been asking about the appropriate mammography follow-up after a diagnosis of cancer. Some providers bring the women back for a screening mammogram, some for a diagnostic mammogram.

Answer: There is no definitive guideline specifying the type of mammogram that should be performed following breast cancer treatment. If a woman had breast-sparing surgery she would require diagnostic mammography since there will be post treatment changes in the affected breast. If she had total mastectomy she could have a screening or diagnostic unilateral mammogram pending previous mammography finding on the remaining breast. Some radiologists routinely recommend diagnostic mammography.

Question #2: A patient enrolled in the BCCP had a suspicious mammogram (Category IV). When she had the biopsy the results came back Hodgkin's disease, mixed-cellularity type. How should this be coded in CaST? Would she be eligible for Medicaid?

Answer: This would be Hodgkin's lymphoma not breast cancer. Therefore this diagnosis in CaST would be "breast cancer not diagnosed" since it is a cancer originating in the lymph system. This patient's Medicaid eligibility would be based on the criteria set by the state. Grantees should check with their state Medicaid coordinators to see if this woman would qualify for treatment services.

Question #3: My Medicaid contact informed me that they are expanding the Medicaid rules to allow men to access Medicaid through the Treatment Act. Does NBCCEDP have a position on this? I know the federal legislation prohibits CDC funded services for men through our program, but since we are partially funded with state dollars might this be allowed?

Answer: The Treatment Act which authorizes states to use Medicaid coverage for breast and cervical cancer treatment specifically states “individuals” which allows both women and men to receive Medicaid-funded treatment. NBCCEDP does not have any position on the treatment services through Medicaid as those services are regulated through CMS. Grantees use of state funds to screen men depends upon their state regulations. Because the federal legislation authorizing the B&C program specifically states “women”, NBCCEDP federal funds may not be used to screen men.

Question #4: One of the HIV program coordinators brought to our attention that the current BCCP recommendations don't appear to address ongoing cervical screening post-hysterectomy (performed for benign reasons) for HIV+ women. The program coordinator cited the practice among AIDS Education and Training Centers to continue annual screening even after hysterectomy for benign reasons. What are your recommendations for cervical screening for immunocompromised women who are post hysterectomy with no cervical stump for benign reasons and have a negative cervical screening history?

Answer: CDC does not make recommendations regarding cancer screening. We are not aware of any national recommendations for continued cervical cancer screening among high-risk women post-hysterectomy for benign disease. Continued Pap testing of the vaginal cuff would assess for other HPV-related cancers such as vaginal cancer since their immunocompromised state would make them susceptible to other HPV-related cancers. This would not be testing for cervical cancer. If a woman who has had a total hysterectomy (includes removal of cervix) for benign disease is found to have an abnormal Pap test result, this would be abnormal vaginal cells not cervical cells. The NBCCEDP is authorized for cervical and breast cancer screening, not for other gynecological cancers.

Question #5: If a woman has had a total hysterectomy (uterus and ovaries removed) does she still need a pelvic exam every year? Will the BCCP pay for a pelvic exam in this instance?

Answer: A woman who has had a hysterectomy may need a pelvic exam to determine if she still has a cervix if the provider has no documentation from her history. If she indeed has had a total hysterectomy for benign disease, a pelvic examination would not be a needed under our program. A woman may need a pelvic examination for specific reasons such as STD or weakened pelvic floor. If the woman still has a cervix, then she still needs Pap testing with or without HPV testing. If she had a total hysterectomy for CIN2 or worse disease, she needs appropriate surveillance per guidelines. Remember a pelvic exam does NOT screen for cervical cancer or ovarian cancer in any women (post-hysterectomy or not). Yearly pelvic examinations have been included as part of well woman visits, but well woman visits are not reimbursed under the NBCCEDP.