

Ask Dr. Miller



September 2019

The following questions were posed by NBCCEDP grantees:

Question #1: We have a 25-year-old patient who went to see her doctor for multiple lumps in both breasts. Her paternal grandmother was diagnosed with breast cancer at the age of 45. She has insurance but was referred to our program because she has a high deductible of \$1000. Please advise if we can enroll her in our program.

Answer: This patient falls under the category of symptomatic women under the age of 40. If she meets all your other program criteria, she can be enrolled in your program as underinsured since she has a high deductible. She may also be high risk considering her grandmother's medical history. A more detailed history should be obtained to assess her risk status.

Question #2: Two weeks following a breast biopsy, one of our clients reported having intense pain and swelling in her breast. She went to the ER where she was evaluated and placed on antibiotics. She is now receiving bills for her ER visit totaling \$1800. Since the pain and swelling were due to a complication from her breast biopsy, can we help with these bills?

Answer: Since this is a post-procedure complication and was taken care of as an outpatient, your program can cover these expenses.

Question #3: We have been piloting a patient navigation process but are finding that our limitation of low income and aged 50-64 years old who have not had a screening in 5 years or never screened is not identifying many clients. I am wondering if the criteria can be opened to ages 35-64 and have not had a screening in the past 2 years for breast and the last 3 years or 5 years for cervical based on their screening history.

Answer: There is no reason to have age limits of 50-64 years for patient navigation. The target should be women aged 40-64 years for breast and 21-64 years for cervical based on the screening recommendations. Women who are overdue for screening (which includes never screened), have not followed up on abnormal results, or have significant barriers to screening should be your target population for patient navigation. The priority populations of never screened (for cervical) and 50-64 years old (for breast) are for your direct screening services, not your patient navigation.

Question #4: A woman presented with diffuse edematous changes in the left breast and associated skin thickening. The differential diagnosis includes inflammatory carcinoma as well as mastitis. The right breast was normal. Both mammography and ultrasound were read as BI-RADS 4. There was no focal breast mass, but there was cutaneous thickening of the nipple-areolar complex and small probably benign axillary tail lesions. The recommendation was for a skin biopsy instead of ultrasound-guided breast biopsy. Can we pay for the skin biopsy?

Answer: These findings are very suspicious for inflammatory breast cancer. A skin biopsy is the appropriate procedure to diagnose this cancer. Therefore, the program can cover the skin biopsy. Due to the fact there is thickening in the skin and not a discrete mass involving the nipple area, an image guided biopsy would not be appropriate for that area. Since the lesions in the axillary tail appear benign, an ultrasound-guided biopsy of those lesions would not be the first step.

Question #5: Can NBCCEDP funds be used to cover a lymphoma screening due to a breast implant or breast implant removal with biopsy due to recent recall of implants associated with cancer?

Answer: The cancer associated with breast implants is anaplastic large cell lymphoma which is a type of non-Hodgkin's lymphoma. This is not a breast cancer. Therefore, any screening or biopsy related to breast implants is looking for lymphoma and is not covered by the NBCCEDP.