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Women's Health Breast & Cervical Cancer Screening Training

2021 Provider Training

AGENDA

Breast and Cervical Cancer Screening Guidelines

- Laurel A. Bliss, MD, FACP, Sansum Clinic
- Danielle Sharaga, Ridley-Tree Cancer Center Sansum Clinic

CenCal Health Rates & Gaps in Care Reports

- Rachel Ponce, Senior Population Health Specialist, CenCal Health

Health Promotion Education & Resources

- Gaby Labrana, MPH, Senior Health Promotion Educator, CenCal Health

Q & A



Population Health Team
populationhealth@cencalhealth.org

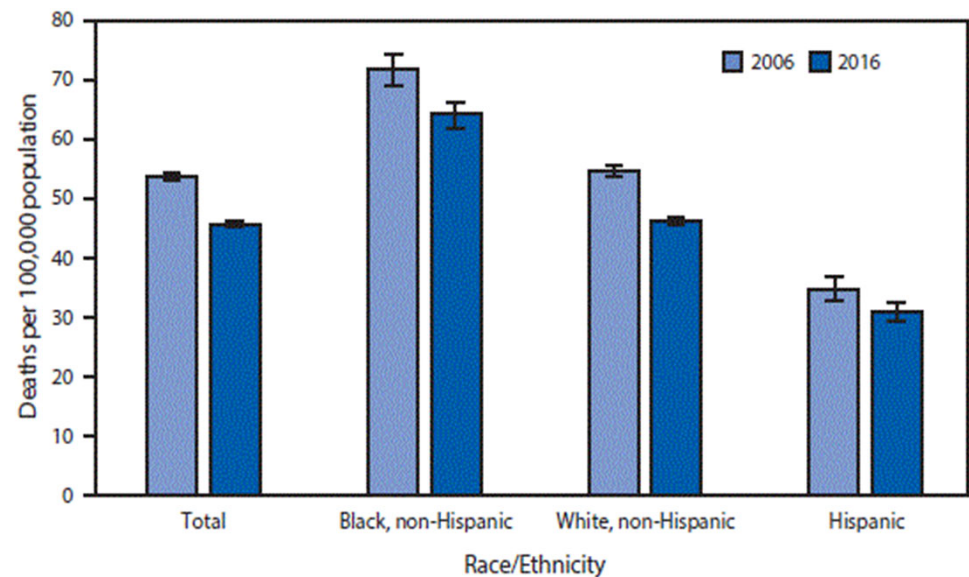
Health Education & Promotion
healtheducation@cencalhealth.org

Breast and Cervical Cancer Screening Guidelines

Laurel A. Bliss, MD, FACP
Sansum Clinic

Breast Cancer

- Most common cancer diagnosed (behind skin cancer)
- Second leading cause of cancer death in US (behind lung cancer)
- Good (and bad) news!



**Society and expert recommendations for routine mammographic screening in women at average risk**

Group (date)	Frequency of screening (years)	Initiation of screening for women at average risk		
		40 to 49 years of age	50 to 69 years of age	≥70 years of age
Government-sponsored groups				
US Preventive Services Task Force (2016) ^[1]	2	Individualize*	Yes	Yes, to age 74
Canadian Task Force on Preventive Health Care (2018) ^[2]	2 to 3	Recommend against*	Yes	Yes, to age 74
National Health Service, United Kingdom (2018) ^[3]	3	Yes, start age 47	Yes	Yes, to age 73
Royal Australian College of General Practitioners (2018) ^[4]	2	No	Yes	Yes, to age 74
Medical societies				
American College of Obstetricians and Gynecologists (2017) ^[5]	1 to 2*	Individualize*	Yes	Yes, to at least age 75 [¶]
American College of Physicians (2019) ^[6]	2	Individualize*	Yes	Yes, to age 74
American Academy of Family Physicians (2019) ^[7]	2	Individualize*	Yes	Yes, to age 74
American Cancer Society (2015) ^[8]	1 year age 45 to 54	Individualize* through age 44 Yes, start age 45	Yes	Yes ^Δ
	1 to 2 years age ≥55			
American College of Radiology (2017) ^[9]	1	Yes	Yes	Yes [◇]
Coalitions				
National Comprehensive Cancer Network (2018) ^[10]	1	Yes	Yes	Yes

* Women should be counseled about the harms and benefits of mammography; individualized decisions should include shared decision-making based on risks, benefits, patient values and preferences.

¶ Decision to discontinue screening mammography should be based on a shared decision-making process informed by the woman's health status and longevity.

Δ If in good health and life expectancy >10 years.

◇ Individualize to current health and life expectancy; if a woman is in reasonably good health and would be a candidate for treatment, then should continue screening.

References:

1. US Preventive Services Task Force. Screening for Breast Cancer: US Preventive Services Task Force recommendation statement. *Ann Intern Med* 2016; 164:279.
2. Canadian Task Force on Preventive Health Care, Klarenbach S, Sims-Jones N, Lewin G, et al. Recommendations on screening for breast cancer in women aged 40-74 years who are not at increased risk for breast cancer. *CMAJ* 2018; 190:E1441.

"Should I have a mammogram?"

- **Personal Breast Cancer Risk**
 - Genetic mutations
 - Family history
 - Radiation to chest wall
 - Breast density
- **Your Preferences**
- **Your Age**



USPSTF

50-74 yo Biennial screening mammogram Grade B

- 60-69 yo are most likely to avoid breast cancer death
- 40-49 yo may reduce the risk for breast cancer death
 - False positives
 - Unnecessary biopsies
 - Overdiagnosis and subsequent overtreatment
- 75+ evidence is insufficient
- Biennial screening caused less harm

Table 1. Breast Cancer Deaths Avoided (95% CI) per 10,000 Women Screened by Repeat Screening Mammography Over 10 Years: Data From Randomized, Controlled Trials*

	Ages 40–49 y	Ages 50–59 y	Ages 60–69 y	Ages 70–74 y
Breast cancer deaths avoided	3 (0–9)	8 (2–17)	21 (11–32)	13 (0–32)

* All women did not have 100% adherence to all rounds of screening offered in the randomized, controlled trials.

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Factors that Influence When to Start Screening

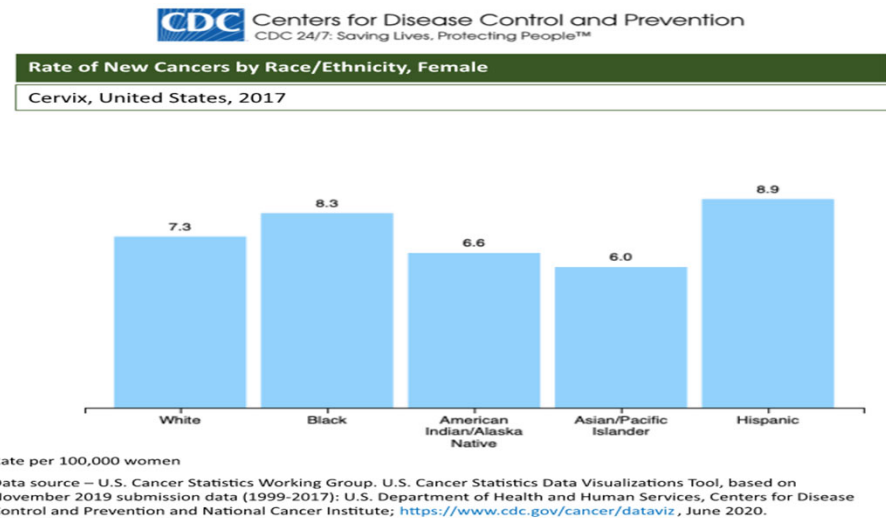
- **Advancing age**
- **First degree relative with breast cancer**
 - Risk benefit ratio of starting screening 40-49 yo women in this group is the same as an average risk woman in her 50s
- **National Cancer Institute Breast Cancer Risk Assessment tool**
 - www.cancer.gov/BCRISKTOOL
 - Personal h/o DCIS, LCIS, radiation therapy to chest
 - Genetic mutation
 - Age
 - Race
 - Breast biopsy
 - Menarche
 - Age when she gave birth to her first child
 - First degree relatives with breast cancer

COVID-19 and Impact on Breast Cancer Screening

- 87% drop in mammography screening from 2/20-4/20
- Estimated missed or delayed diagnosis of about 36,000 women 3/20-6/20
- Emphasize to your patients the importance of routine screening mammograms and medical facilities are taking appropriate precautions to ensure patient safety

Cervical Cancer

- Third most common gyn cancer diagnosis (behind uterine and ovarian)
- Used to be the leading cause of cancer death in the United States
- Disproportionately affects Black and Hispanic women
- ½ of women with cervical cancer were not screened before their diagnosis



Human Papillomavirus

- Low risk (wart-causing)
- High risk (oncogenic) HPV 16 and 18 are found in over 70% of all cervical cancers
- HPV is detected in 99.7% of cervical cancers
- 75-80% of sexually active adults will acquire genital tract HPV before 50 years of age
- Time from infection to invasive cancer for persistent HPV is about 15 years

HPV Vaccine

- Gardasil 9-targets HPV 6, 11, 16, 18, 31,33,45,52,58
- Prevention of cervical, vulvar, vaginal, anal, oropharyngeal cancers
- Routine vaccination at 11-12 years; can be given starting at 9 yo
- 13-26 year olds catch up vaccination recommended
- In the US HPV vaccine is now approved through age 45 (Dermatologists, Gynecologists, Family Practitioners)
- Pre-existing HPV associated disease does not preclude vaccination
- <15 yo two doses 0 and 6-12 months
- >15 yo three doses 0, 1-2, 6 months
- Immunocompromised three doses 0, 1-2, 6 months

USPSTF

- 21-29 yo cervical cytology alone every 3 years
 - 30-65 yo cervical cytology alone every 3 years
- Or
- every 5 years with hrHPV testing alone**
- Or
- Every 5 years with cotesting (cytology + hrHPV testing)**

GRADE A

USPSTF recommendations continued

GRADE D-recommends against screening:

- Women younger than 21 yo
- Women who have had a hysterectomy with removal of cervix
- Women older than 65 yo

- Recommendation applies to all asymptomatic individuals with a cervix, regardless of sexual history.

- Does not apply to women with history of high grade precancerous cervical lesion or cervical cancer, history of DES exposure in utero or women with immunocompromise (ie. HIV)

Women younger than 21 years

- Cervical cancer is rare < 20 yo
- Slow progression of disease and high likelihood of regression
- Treatment of CIN 2 or 3 in this age group may increase risk for adverse pregnancy outcomes



Women older than 65 years

- **ACS/ASCCP/ASCP joint guidelines define adequate prior screening:**
 - 3 consecutive negative cytology results
 - Or
 - 2 consecutive negative cotesting results within 10 yrs before stopping screening with most recent test within 5 year
- **Routine screening should continue for at least 20 yrs after spontaneous regression or appropriate management of a precancerous lesion, even if this extends past age 65 yrs**

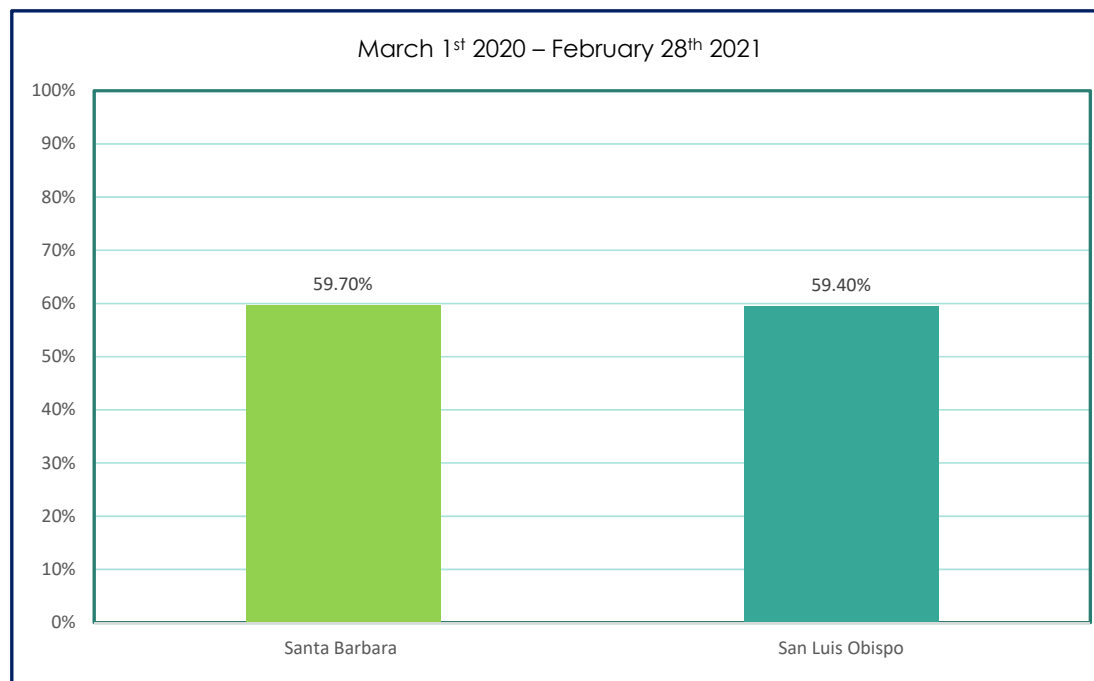
COVID-19 and Cervical Cancer Screening

- 94% drop in weekly cervical cancer screening appointments 3/20 compared to appointments made 2017-2019
- 2,500 missed or delayed diagnoses of cervical cancer from 3/20-6/20
- Prioritize screening of individuals who are overdue

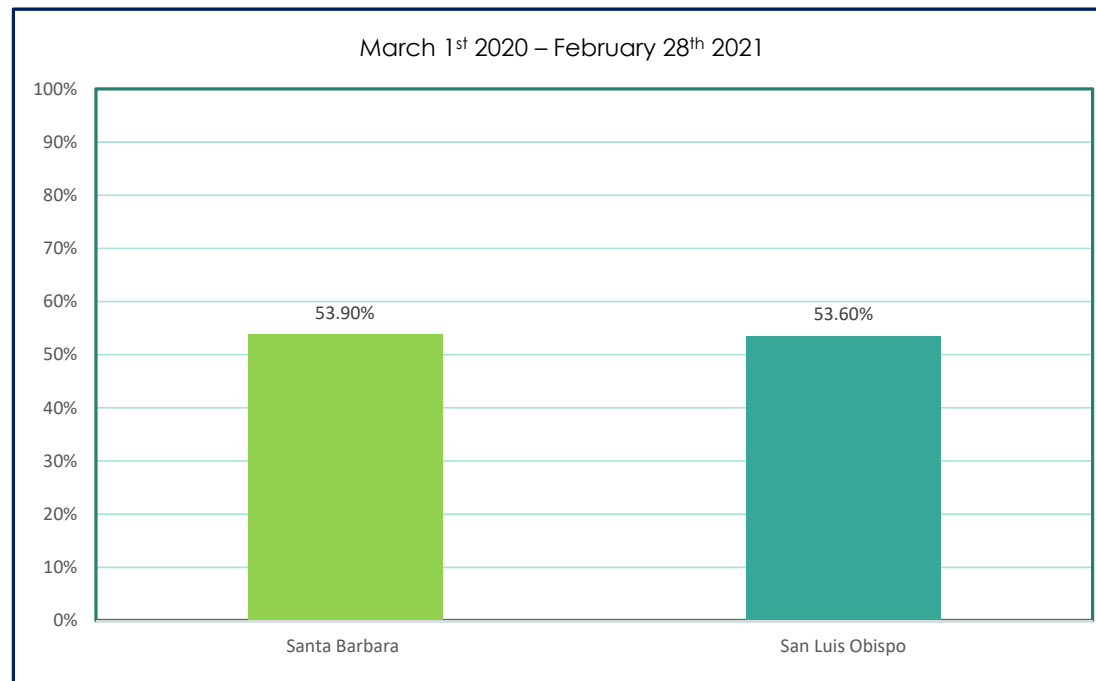
CenCal Health Rates & Gaps in Care

Rachel Ponce
Senior Population Health Specialist

Breast Cancer Screening Rates



Cervical Cancer Screening Rates



PCP Resources Available

- **Gaps in Care Reports**

- Available on the Provider Portal
- Member Level Reports in Coordination of Care Screen
- Member 360 Screen
- Quality Score Reports in “Downloads” Section

Member ID	Member Name	DOB	Age	Overdue Clinical Recommendation
03/13/1961		03/13/1961	59	Breast Cancer Screening
01/29/1964		01/29/1964	57	Breast Cancer Screening
10/22/1961		10/22/1961	59	Breast Cancer Screening
02/17/1956		02/17/1956	64	Breast Cancer Screening
07/19/1959		07/19/1959	61	Breast Cancer Screening
05/04/1963		05/04/1963	57	Breast Cancer Screening
05/25/1960		05/25/1960	60	Breast Cancer Screening
08/06/1961		08/06/1961	59	Breast Cancer Screening
06/09/1961		06/09/1961	59	Breast Cancer Screening

Member Profile			
Member Name	Garbo, Greta	Subscriber Name	Garbo, Greta
Member ID	99999999F	Mailing Address	1140 YORKSHIRE CT
DOB	09/18/1905	City	SANTA MARIA
Sex	F	State	CA
Age	53	Zip	93455
Language	ENG	Home Phone	(805) 314-2717

Case Management			
Plan	SBHI	Eff Date	20150501
OHC	N	End Date	

Gaps in Care	
Breast Cancer Screening	

Dr. John Wayne
Measurement Period Ending April 2018

Priority Measures Score: ★★★★★ 63% Combined Performance Score: ★★★★★ 62%

Category	Measure Name	Rate	Compliant Members	Members in Measure	Quintile	Goal
Cardiac Care	Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy	100%	4	4	★★★★★	81%
	Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80%	50%	2	4	★★★★★	86%
Diabetes Care	Comprehensive Diabetes Care - HbA1c Testing	76%	37	49	★★★★	93%
	Comprehensive Diabetes Care - Medical Attention for Nephropathy	88%	43	49	★★★★★	94%
	Statin Therapy for Patients With Diabetes - Received Statin Therapy	58%	21	36	★★★★★	66%
	Statin Therapy for Patients With Diabetes - Statin Adherence 80%	52%	11	21	★★★★★	70%
Pediatric Well Care	Adolescent Well Care Visits	63%	5	8	★★★★★	66%
Preventive Screening	Annual Monitoring for People on ACE Inhibitors or ARBs	94%	47	50	★★★★★	92%
	Annual Monitoring for People on Diuretics	100%	23	23	★★★★★	92%
	Breast Cancer Screening	67%	44	66	★★★★	71%
	Cervical Cancer Screening	52%	164	313	★★★★	70%
Respiratory Care	Asthma Medication Ratio	29%	2	7	★☆☆☆☆	70%
	Pharmacotherapy Management of COPD Exacerbation Bronchodilator	40%	2	5	★★★★★	40%
	Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid	40%	2	5	★★★★★	79%
Utilization	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	67%	4	6	★★★★★	39%
	Use of Imaging Studies for Low Back Pain	20%	4	20	★☆☆☆☆	81%



Health Promotion & Education Resources

Gaby Labraña, MPH
Senior Health Promotion Educator

Member Outreach

- Mailing to members due for Cervical Cancer & Breast Cancer Screening
- 11,000 members will receive the Cervical Cancer handout
- 2500 members will receive the Breast Cancer Screening
- Members will receive a incentive after receiving a screening

Protéjase del cáncer del seno haciéndose una **mamografía.**

Este año, más de 280,000 mujeres serán diagnosticadas con cáncer de seno en los Estados Unidos... y unas 45,000 mujeres morirán a causa de ello. **Hazte una mamografía ayuda a prevenir las muertes por cáncer del seno.**

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A message from CenCal Health.

Un mensaje de CenCal Health.

Protect yourself from breast cancer by getting a **mamogram.**

This year, there will be 280,000 breast cancer diagnoses in the U.S. and about 45,000 people will die from it. **Getting mammograms and helps to prevent breast cancer deaths.**

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Protéjase del cáncer cervical haciéndose una prueba.

Este año, más de 14,500 mujeres serán diagnosticadas con cáncer cervical en los Estados Unidos. **El examen ayuda a detectar las células cancerosas a tiempo, cuando son más fáciles de tratar.**

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A message from CenCal Health.

Un mensaje de CenCal Health.

Protect yourself from cervical cancer by getting screened.

This year, over 14,500 women will be diagnosed with cervical cancer in the U.S. **Screening helps detect cancer cells early, when they are easier to treat.**

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2. Click whichever appears: "Advanced Printing Options," or "Print."
3. Check the boxes for each part of the article you want to print. More selections will mean you will print a longer document. Or if there are no boxes, simply go to step "4." 4. Click "Create Document" to view the Print Preview.
5. Use your internet browser's "Print" option to print the page, or press Ctrl + P. (There is no print button directly on the Print Preview).

What is screening for cervical cancer?

Cervical cancer screening tests can help your doctor find and treat abnormal cell changes on your cervix before they develop into [cervical cancer](#). These tests may be done as part of a [pelvic exam](#).

What screening tests are used?

Tests include:

- A [Pap test](#). This test looks for changes in the cells of the cervix. Some kinds of cell changes can lead to cancer.
- A [human papillomavirus \(HPV\)](#) test. The HPV test looks for certain high-risk viruses that can cause cervical cancer.

Who should be screened?

Your doctor will likely suggest that you begin screening at age 21 and continue until you are age 65. Most women who have had a hysterectomy don't need to have tests. But if you have a history of pre-cancer cells or cervical cancer, even if you've had a hysterectomy, you may still need to have regular screening after age 65.

Some women have a higher-than-average risk for cervical cancer because of their medical history. Talk with your doctor if you don't know your risk. Your doctor will suggest a screening schedule based on your age and risks.

If you are younger than 21 and are sexually active, it's still a good idea to have regular testing for [sexually transmitted infections](#).

How often do you need tests for cervical cancer?

Preventive Health Guidelines



PREVENTIVE HEALTH GUIDELINES

Screenings and immunizations for adults



Routine Health Exams • Immunizations (shots) • Cancer Screenings

We're all busy—sometimes even too busy to go to the doctor when we're sick. So going to the doctor when we are well, for preventive screenings and shots, may seem impossible.

But the truth is that getting regular checkups can help you stay healthy, prevent disease, and can even save your life.

Mark the ones you may need below. Take this to your doctor to talk about which of these tests and shots you need, and when you should get them.

Routine Health Exams

- Cholesterol**
Beginning at age 45 for women, and age 35 for men
- Chlamydia and Gonorrhea Screening**
For women if age 24 or younger and sexually active, and older women at increased risk
- Osteoporosis Test**
Beginning at age 65 for women
- Blood Pressure**
Beginning at age 18 for men and women
- Body Mass Index (BMI)**
At regular checkups for all adults
- HIV Test**
For men and women ages 15 to 65, and all pregnant women
- Depression Screening**
For general adult population, including pregnant and postpartum women
- Tuberculosis (TB) screening**
For adults at increased risk



GUÍAS PREVENTIVAS PARA LA SALUD

Exámenes de salud e inmunizaciones para adultos



Exámenes de salud de rutina • Inmunizaciones (vacunas) • Exámenes de cáncer

Todos estamos ocupados, a veces demasiado ocupados para ir al médico cuando nos enfermamos. Por eso, puede parecer imposible ir al médico para recibir exámenes de salud preventivos y vacunas, cuando estamos sanos.

Pero la verdad es que recibir chequeos médicos con frecuencia puede ayudarle a mantenerse sano, prevenir enfermedades, y hasta podría salvarle la vida.

Marque en la sección de abajo lo que usted podría necesitar. Llévele esto a su médico para hablar acerca de los exámenes y las vacunas que usted necesita, y cuando debería de hacer su cita(s).

Exámenes de salud de rutina

- Colesterol**
Comenzando a la edad de 45 años para mujeres, y a la edad de 35 años para hombres
- Evaluación de clamidia y gonorrea**
Para las mujeres que tienen 24 años o menores de edad y son sexualmente activas, y para las mujeres mayores que corren más riesgo
- Prueba de osteoporosis**
Empezando a los 65 años de edad para mujeres
- Presión arterial**
Comenzando a la edad de 18 años para mujeres y hombres
- Índice de masa corporal (IMC)**
Durante los chequeos físicos regulares para todos los adultos
- Prueba de VIH**
Para hombres y mujeres en las edades de 15 a 65 años y para todas las mujeres embarazadas
- Evaluación para la depresión**
Para la población general de adultos, incluso las mujeres embarazadas o postparto (después del parto)
- Evaluación de tuberculosis (TB)**
Para adultos que corren más riesgo

Contact Information

**Danielle Sharaga, Ridley-Tree Cancer Center
Sansum Clinic**

dsharaga@ridleytreecc.org

CenCal Health, Population Health Team
populationhealth@cencalhealth.org

CenCal Health, Health Education & Promotion
healtheducation@cencalhealth.org

CenCal Health, Provider Relations & Training
psrgroup@cencalhealth.org





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