

# BREAST & CERVICAL CANCER OVERVIEW

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## PREVENTION & EARLY DETECTION



# CANCER SCREENING IN THE U.S.

## How are we doing?

- ▶ The *Healthy People 2020* target of 81% screening rate for breast cancer was not met in 2015, which reached 71.6% (down from 2010)
- ▶ The rate for cervical cancer was 81.2% compared to the 93% target (down from 2010)

## RECENT CANCER SCREENING BY RACE/ETHNICITY (%)

<b>Race/Ethnicity</b>	<b>Breast (50+)</b>	<b>Cervix</b>
White (NH)	72	82
Black (NH)	75	84
Hispanic	72	78
Asian (NH)	66	73
American Indian/Alaska Native	53	70
Total	72	81

# SCREENING RATES AND DISPARITIES

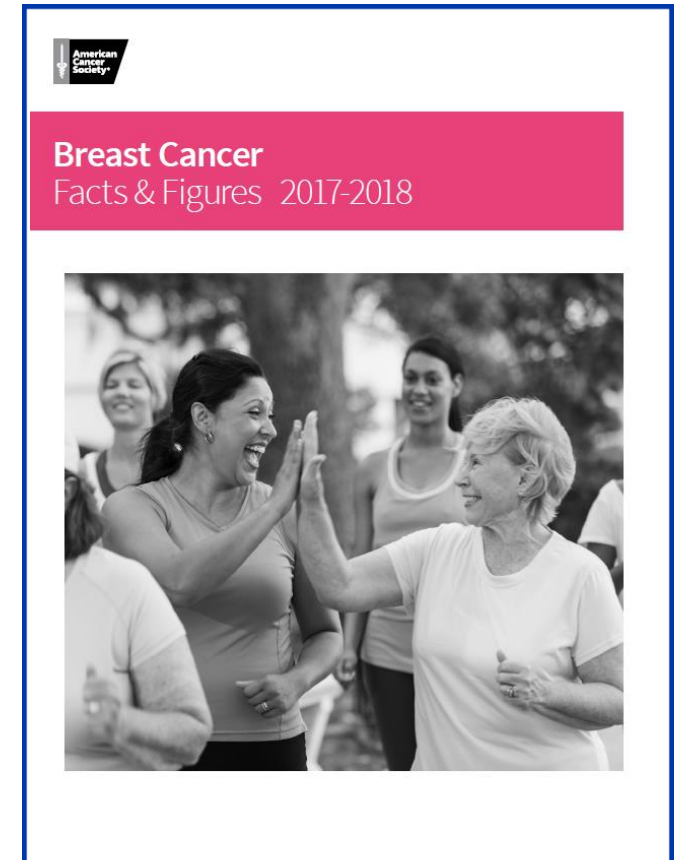
- ▶ Access to care
- ▶ Education
- ▶ Income
- ▶ Culture/Language
- ▶ Immigration/Years living in the U.S.

A grid of glass vials containing pink liquid, with the text "BREAST CANCER" overlaid in the center. The vials are arranged in a regular pattern, and the liquid inside is a uniform pink color. The text is in a bold, dark blue font.

**BREAST CANCER**

# BREAST CANCER

- ▶ The **most common** cancer in American women, and the **second deadliest**
  - 266,120 new cases expected this year
  - More than 40,920 deaths nationwide
- ▶ Over 3.5 million Americans living with breast cancer
- ▶ Death rates have fallen steadily in women >50



# BREAST CANCER RISK FACTORS



## Strong Risk Factors

Age

Breast density

Gender

Genetic mutation

Personal history of breast cancer  
of ADH

Strong family history



## Moderate Risk Factors

Chest radiation (e.g., treatment  
for Hodgkin lymphoma)

Weak family history



## Small Risk Factors

Alcohol

Hormone therapy

No breastfeeding

No full-term pregnancies

Obesity

# BREAST CANCER SCREENING GUIDELINES FOR AVERAGE RISK WOMEN: ACS (2015) AND USPSTF (2016)

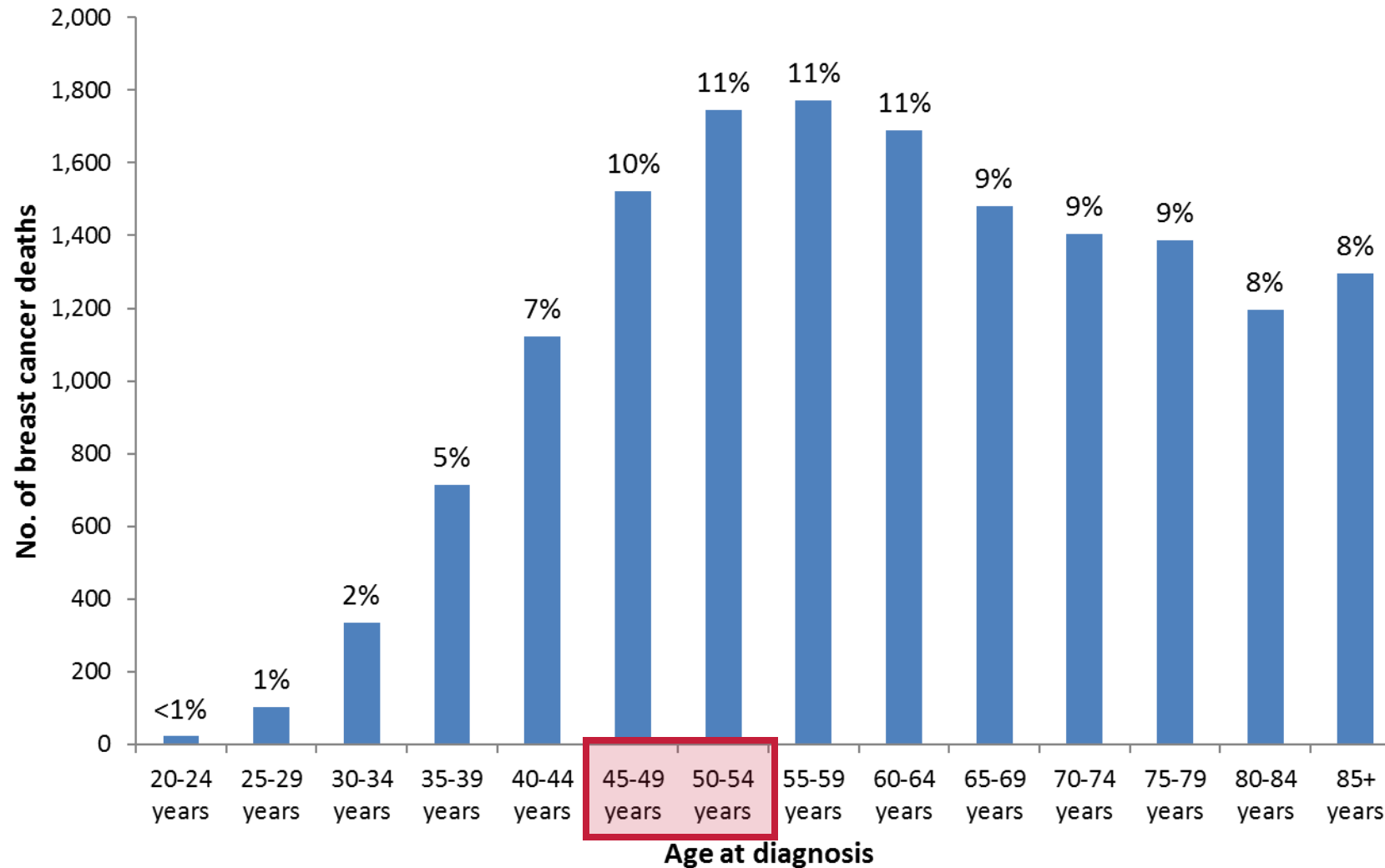
Recommendation	ACS	USPSTF
Breast Self Exam (BSE)	Not recommended	Against clinicians teaching BSE (D)
Clinical Breast Exam (CBE)	Not recommended	Insufficient evidence (I)
Mammography	40-44: Opportunity for informed decision (Q), Annual (Q)	40-49: Individual decision (C)/Biennial
USPSTF GRADES	45-54 (S): Annual (Q)	50-74: Biennial (B)
A & B, C, D, I	55+ Biennial (Q), with option to continue annual screening (Q)	75+ : Insufficient evidence (I)
ACS	75+ Continue screening as long as health is good and life expectancy 10+ yrs (Q)	
S = Strong		
Q = Qualified		



**Table 4. Distribution of Female Population Size, 5-Year Absolute Breast Cancer Risk, and Age-Specific Breast Cancer Incidence Rates by Age**

Age, y	2011 Population Size (in 1000s) <sup>a</sup>	5-Year Absolute Breast Cancer Risk, 2009-2011, % <sup>b</sup>	Breast Cancer Incidence Rate per 100 000 Population, 2007-2011 <sup>b</sup>
0-34	72 049	0.2	5.3
35-39	9837	0.3	59.5
40-44	10 576	0.6	122.5
45-49	11 211	0.9	188.6
50-54	11 499	1.1	224.0
55-59	10 444	1.3	266.4
60-64	9271	1.6	346.7
65-69	6806	2.0	420.2
70-74	5204	2.1	433.8
75-79	4155	2.0	443.3
80-84	3444	1.9	420.6
≥85	3826	2.5	354.4

# DISTRIBUTION OF BREAST CANCER DEATHS BY AGE AT DIAGNOSIS, 2007-2011



Source: SEER 9 registries, patients followed for 15 years after diagnosis

A person wearing a white lab coat and white gloves is holding a glass slide. On the slide, there is a purple gel electrophoresis pattern. The text "CERVICAL CANCER" is overlaid in the center of the image.

# CERVICAL CANCER

# CERVICAL CANCER

- ▶ 13,240 new cases expected this year
- ▶ 4,170 deaths nationwide
- ▶ >300,000 pre-cancers are detected every year
- ▶ Incidence and mortality rates are stable after decades of steep declines

# CERVICAL CANCER RISK FACTORS

## \*\*\*HPV infection

- ▶ Women who have ever had sex
- ▶ Women who do not have Pap or HPV tests
- ▶ Women with immune problems including those who:
  - Use steroid medications on a regular basis
  - Have organ transplant
  - Are undergoing chemotherapy
  - Are infected with HIV
- ▶ Women who smoke

\*\*\*The main risk factor is not getting screened

# CERVICAL SCREENING RECOMMENDATIONS, 2012

Women <21	No screening
Women ages 21-29	Cytology alone every 3 years (liquid or conventional) Recommend AGAINST annual cytology
Women ages 30-65	HPV + cytology “co-testing” every 5 years (ACS: preferred) or Every 3 years with cytology alone (acceptable) **HPV testing alone every 5 years (new USPSTF recommendation)
Women ages >65	Recommend AGAINST more frequent screening Discontinue after age 65 if 3 negative cytology tests or 2 negative HPV tests in last 10 years with most recent test in last 5 years
Post-Hysterectomy	Discontinue if for benign reason
Screening after HPV vaccination	Follow age-appropriate recommendations (same as unvaccinated women)

# CERVICAL CANCER RECOMMENDATIONS

- ▶ Women at any age should NOT be screened annually by any screening method
- ▶ HPV testing should NOT be used for screening women <30 years of age<sup>\*\*\*</sup>
- ▶ Women with a history of CIN2 or a more severe diagnosis should continue screening for at least 20 years
- ▶ These guidelines do NOT address women 1) with a history of cervical cancer, 2) who were exposed in utero to diethylstilbestrol (DES), or 3) who are immune-compromised, e.g., HIV+

## KEY EVIDENCE SUPPORTING NEW RECOMMENDATIONS

- ▶ Several large studies showing greater benefits and reduced harms of co-testing (HPV plus Pap) at longer screening intervals
- ▶ Modeling studies showing harms of over-screening
- ▶ Studies showing lack of benefit of screening teens
- ▶ Emerging evidence on HPV testing alone and screening after vaccination



## SCREENING RATES, 2015

- ▶ The rate of screening was similar among African American (86%) and white women (85%)
- ▶ However, among women of all races, screening rates are lower in
  - ▶ older women
  - ▶ women with no health insurance
  - ▶ women with less education
  - ▶ recent immigrants

# CERVICAL CANCER RATES, US, 2011-2015, PER 100,000

	Incidence	Mortality
All	7.4	2.3
White	7.4	2.2
African American	8.4	3.7
Asian/Pacific Islander	6.1	1.8
American Indian/AN	8.1	2.6
Hispanic/Latina	8.9	2.6

## SURVIVAL AND STAGE DISTRIBUTION

- ▶ Overall 5-year relative survival rate for cervical cancer among African American women is 56%, compared to 69% among white women
- ▶ African American women are also more likely to be diagnosed with regional- or distant-stage disease despite similar screening rates
- ▶ Racial differences in stage at diagnosis may be due to differences in the quality of screening and follow-up after abnormal results
- ▶ Lower socioeconomic status is also associated with lower screening rates, increased risk of late-stage diagnosis, and poorer survival

## TAKE-HOME MESSAGES

- ▶ Focus efforts on unscreened women
- ▶ Frequent (annual, biennial) cervical screening leads to more harms than benefits
- ▶ Screening with HPV, with or without Pap, is extremely safe and has many advantages: “preferred”
- ▶ Guidelines are based on a rigorous review and achieved broad consensus

# RESOURCES

- ▶ [www.cancer.org](http://www.cancer.org)
- ▶ [Breast Cancer Screening Resources](#)
- ▶ [Cervical Cancer Screening Resources](#)
- ▶ [HPV Vaccination Resources](#)
- ▶ 1-800-ACS-2345

# THANK YOU!



[cancer.org](https://cancer.org) | 1.800.227.2345

ZUFALL  
HEALTH

COMMUNITY  
HEALTH  
CENTERS

**Kathy Orchen, P.A., M.P.H.**  
**Quality Assurance Program Manager**



The mission of the Zufall Health Center is to provide quality, affordable and culturally competent health care in partnership with our patients and the community in Northwest New Jersey.

Federally Quality Health Center  
delivers affordable, accessible, quality, and  
cost-effective primary health care to patients ***regardless of their ability to pay.***

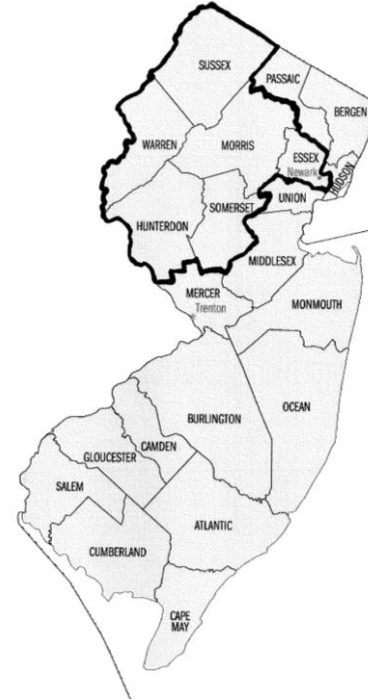




# Zufall Health Center Team-Based Care

## Six Sites and Mobile Van

- Dover
- Hackettstown
- Morristown
- Newton
- Somerville
- West Orange



# Zufall Health 2018 Statistics

Served 39,000 patients in 141,000 visits

- 91% at or below 200% of Federal Poverty Level
- 49% of patients were uninsured
- 65% of patients were Latino
- 56% best served in a language other than English



## Public Housing Patients – Medical, Dental and Behavioral Health

- 572 Female 23 – 64 y.o.
- 544 Females 40 – 74 y.o.
- 1021 Total Females



# Zufall Health Services

- ▶ **Core Services** – Pediatrics, Adult Medicine, Women’s Health, Dental, Behavioral Health, HIV Services, Podiatry, Prenatal, Neurology, Optometry
- ▶ **Supportive Programs** – 340B Contract Pharmacies and affordable medications, Clinical Pharmacy, Presumptive Eligibility/Enrollment, Case Management, Patient Navigation, Nutrition and SNAP-Ed
- ▶ **Community Outreach and Service Programs** - Health Education/Screenings, Enrollment Assistance, HIV Testing, Outreach and Programs for Special Populations, School-based dental screenings, Children’s oral health education, Legal services



# Cervical Cancer and Mammogram Screening Strategies

- Clinical Guidelines and Decision Support Making Tools
- Process in eCW – CDSS tab
- Ongoing patient education
- Inclusion GYN in Physical Exam
- Extended hours – evening and weekends
- Sites close to public housing – walking distance
- Patient Reminders
- Providers – Family Practice; Nurse Midwives; GYN NP – emphasis primary care
- Dedicated outreach workers
- Low cost/no cost services/contraceptive services - Family Planning Grants

# ZUFALL HEALTH CENTER POLICIES AND PROCEDURES

ZUFALL  
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## Cervical Cancer Screening and Management Guidelines

Reviewed 05/09/2018  
Supersedes 01/26/2017  
Page 1 of 5

### I. PURPOSE

To provide state of the art care to women who are eligible to undergo cervical cancer screening.

### II. RESPONSIBILITY

Clinical staff at all health center sites.

### III. POLICY

Zufall Health Center staff follows recommendations as per the USPSTF and supported by the ACS and ACOG to promote the prevention and early detection of cervical cancer.

### IV. SUMMARY OF RECOMMENDATIONS

These recommendations apply to women who have a cervix, regardless of sexual history. These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive). Although under consideration, final recommendations for screening with hsHPV tests only are not yet in place.

- The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
- The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.
- The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening (i.e. three consecutive negative Pap tests) and are not otherwise at high risk for cervical cancer.

ZUFALL  
HEALTH

## Clinical Guidelines for Breast Cancer Screening

Reviewed 05/09/2018  
Supersedes 01/26/2017  
Page 1 of 3

### I. PURPOSE

To provide state of the art care to women who are eligible to undergo breast cancer screening.

### II. RESPONSIBILITY

Clinical staff at all health center sites.

### III. POLICY

Zufall Health Center staff follows recommendations as per the USPSTF, ACS, and ACOG to promote the prevention and early detection of breast cancer.

### IV. SUMMARY OF RECOMMENDATIONS

These recommendations apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age. Evidence and experience have shown that early detection can lead to improved outcomes in women diagnosed with breast cancer.

#### Breast Cancer Screening Guidelines for Women - Recommended Screening Method

Population	U.S. Preventive Service Task Force 2016	American Cancer Society 2015	American College of Obstetricians and Gynecologists 2011
Women aged 40 to 49 with average risk	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the	Women aged 40 to 44 years should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered. Women aged 45 to 49 years should get mammograms every year.	Screening with mammography and clinical breast exam annually.

# Zufall Health Center - QA/PI/RM Work Plan 2019

Measure	Numerator	Denominator	ZHC Goal	Data Sources & Methods	Action Plan	Responsible
UDS 6B Pap Tests	# of female patients 23-64 who had one or more Pap tests during measurement year or 2 years prior and/or	# of all female patients 23-64 who had at least one medical visit	85%	ECW/Brigit Reports with Random Chart Review and Manual Data Analysis	<ul style="list-style-type: none"> <li>Review updated guidelines</li> <li>Implement process to obtain release of information from women who have had paps done elsewhere</li> <li>Extract and enter data into ECW of scanned documents (esp Somerville)</li> <li>Remind women due for appointments</li> <li>Continue monitor pap results not received and obtain from LabCorp</li> <li>Continue Cervical Cancer Screening PDSA – HIV patients</li> </ul>	K. Felezzola, M. Soto, E. Hernandez, A. Colomo, J. Moore-Valverde
	# of female patients 30 - 64 over with HPV simultaneously	# of all female patients 30-64 who had at least one medical visit	85%	ECW/Brigit Reports with Random Chart Review and Manual	<ul style="list-style-type: none"> <li>Review updated guidelines</li> <li>Remind men and women due for 2<sup>nd</sup> vaccine</li> <li>Initiate vaccine series at nine years old</li> </ul>	K. Felezzola, M. Soto, E. Hernandez, A.
Mammogram Compliance	# of women, 50 y.o. and older receipt of mammogram every 2 years	# of women, 50 y.o. and older	70%	ECW/Brigit reports from ECW	<ul style="list-style-type: none"> <li>Review updated guidelines</li> <li>Implement process to obtain release of information from women who have had mammograms done elsewhere</li> <li>Extract and enter into ECW of scanned documents (esp Somerville)</li> <li>Remind women due for appointments</li> </ul>	D. Fallon, Fax Administrators, K. Orchen

# ECW Patient (CDSS Tab)

The screenshot displays the eClinicalWorks 10 interface for a patient named 'Test, PCMH'. A yellow arrow points to the 'CDSS' tab in the top navigation bar. The patient's information includes:

- Home: 555-121-2121
- Work: [Redacted]
- Cell: [Redacted]
- Email: bwchang@z...health.o
- Insurance: NJDHSS
- PCP: Ramirez-Alexander, Rin
- Rendering Pr: Ramirez-Alexander, Rin
- DOB: 01/01/1950
- Age: 65 Y, Sex: M
- Advance Directive: [Redacted]
- WebEnabled: Yes
- Messenger Enabled: No
- Account No: 52592
- Patient Balance: \$0.00
- Collection Status: [Redacted]
- Account Balance: \$0.00
- Assigned To: [Redacted]

The right-hand panel shows 'Global Alerts' and 'Medication Summary'. The 'Medication Summary' is grouped by 'Date' and shows 'Medications as of: Today (12/10/2015)'. The medication listed is 'Metformin HCl 750 MG Tablet Extended Release' with a 'Start' button.

At the bottom of the interface, there are navigation controls including 'View Progress Notes', 'Check In/Out', 'Billing Data', 'Refresh', 'View Orders', 'Lock Progress Notes', and 'gCliniForms'. The status bar at the bottom right shows 'Encounters : 0' and 'Global Alert' and 'Messenger' buttons.

Advance Directive: **NON**  
**(03/31/2018)**  
 WebEnabled: **Yes**  
 Messenger Enabled: **Yes**  
 Last vMsg: **02/06/2018**  
 Account No: **137581**  
 Patient Balance: **\$0**  
 Account Balance: **\$0**  
 Last Appt: **03/31/2018**  
 Next Appt:  
 Bumped Appts: **NONE**

- [New Appt](#)
- [Letters](#)
- [eClniForms](#)
- [Account Inquiry](#)
- [Action](#)
- [ePrescription Logs](#)

CDSS Alerts

Classic alerts  Ignore OV Show All Alerts

Name	Last Done	Freq	Due Date	Status	Orders
A1C testing		6 M	04/03/2019		
Alcohol use screening		12 M	04/03/2019		
Antithrombic tx (IVD or DM)		12 M	04/03/2019		
Breast cancer screening		24 M	04/03/2019		
Cervical cancer screening		36 M	04/03/2019		
Colorectal cancer screening		120 M	04/03/2019		
Depression screening		12 M	04/03/2019		
HIV screening		6 M	04/03/2019		
LDL testing (high risk)		12 M	04/03/2019		
Sexual history taken		12 M	04/03/2019		
Body Mass Index	03/31/2018	24 M	03/31/2020		
Smoking status	03/31/2018	12 M	03/31/2019		

Generic Practice Alerts

- \*FIT / Fecal Immunoglobulin Stool Test 1 Y 04/03/2019

Dx Practice Alerts

- Diabetes Measures (Hemoglobin A1c (IH)) [03/31/2018](#) 6 M 09/30/2018

- [Guarantor Bal.](#)
- [Consult Notes](#)
- [Letter Logs](#)
- [Tax Logs](#)
- [New Web Enc](#)
- [Flowsheets](#)
- [Messenger](#)
- [Billing Logs](#)
- [PL 9 to 10](#)

Close

4/03/2019

ified on: 03/3

2 diabetes

s without

ication, without

erm current

insulin

All

Action

taking

- [+ Lasix 40 MG Tablet: Taking](#)
- [+ Lipitor 40 MG Tablet: Taking](#)
- [+ Nystatin 100000 UNIT/GM Cream: Auto \(10/27/2018\)](#)
- [+ Spironolactone 25 MG Tablet: Taking](#)



# Patients with Non Compliant Paps

**Excel spreadsheet  
with non compliant  
paps is obtained  
from Tableau  
database**

	Patient Id	Pat Last Nam	Pat First Nam	Dob	Phone	Last Visit Date	Last Pap Da	Prior Pap Da	Prior GYN Pap D	Pap Status	Select	Select
36						3/31/2018		12/31/2014	12/31/2000	Non-Compliant	All	All
37						3/31/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
38						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
39						3/30/2018		12/31/2014	12/31/2000	Non-Compliant	All	All
40						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
41						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
42						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
43						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
44						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
45						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
46						3/30/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
47						3/29/2018	1/15/2015	1/15/2015	1/15/2015	Non-Compliant	All	All
48						3/29/2018		12/31/2014	12/31/2000	Non-Compliant	All	All
49						3/29/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
50						3/29/2018		1/1/2015	1/1/2015	Non-Compliant	All	All
51						3/29/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
52						3/29/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
53						3/28/2018	9/4/2014	9/1/2014	9/1/2014	Non-Compliant	All	All
54						3/28/2018	11/13/2014	11/1/2014	11/1/2014	Non-Compliant	All	All
55						3/28/2018		12/31/2011	12/31/2000	Non-Compliant	All	All
56						3/28/2018		12/31/2012	12/31/2000	Non-Compliant	All	All
57						3/28/2018		12/31/2000	12/31/2000	Non-Compliant	All	All
58						3/27/2018	3/24/2015	3/24/2015	3/24/2015	Non-Compliant	All	All
59						3/27/2018	6/24/2015	6/1/2015	12/31/2013	Non-Compliant	All	All
60						3/27/2018		12/31/2014	12/31/2000	Non-Compliant	All	All
61						3/27/2018		5/6/2014	12/31/2000	Non-Compliant	All	All




Kathy Orchen

Help Desk

2

11/26/2018

## Pap Campaign

 You forwarded this message on 11/26/2018 4:09 PM.



Cervical Cancer - Non Compliant Dec. 2017- Jan. 2018 - 357 11-26-18.xlsx  
39 KB



Custom Campaigns eCW Requirements 5-30-18.pdf  
1 MB

Hi, Angel,

It's time again for the Cervical Cancer Custom Campaign (357).

Please see attached document.

Please forward to Brian when complete and he can post the campaign. – Brian please let me know when the campaign is sent.

Contact me if there are questions.

Thank you.

Kathy

Kathy Orchen, P.A., M.P.H.  
Quality Assurance/Risk Management Coordinator  
Zufall Health Center  
18 West Blackwell St.  
Dover, NJ 07801

# Patient Portal Email Message Sent to Non Compliant Women

ZUFALL  
HEALTH COMMUNITY  
HEALTH  
CENTERS

## It's Cervical Cancer Screening Reminder PAP test!



Dear **{{patient\_first\_name}}**,

Our records show you are due for a PAP test. As part of your preventive health care, it is recommended that you have a Pap test regularly to screen for cervical cancer. Please call Zufall Health at **{{facility\_phone}}** to schedule an appointment.

Como parte de su atención médica preventiva, se recomienda que se haga una prueba de Papanicolaou con regularidad para detectar cáncer de cuello uterino. Llame a Zufall Health al **{{facility\_phone}}** para programar una cita.

Regards,  
**{{facility\_name}}**  
**{{facility\_phone}}**  
**{{facility\_address\_line\_1}}**  
**{{facility\_city}}, {{facility\_state}} {{facility\_zip\_code}}**

# Tableau – Cervical Cancer Screening Monthly Reporting – Public Housing

## Cervical Cancer Screening

Select Site  
All

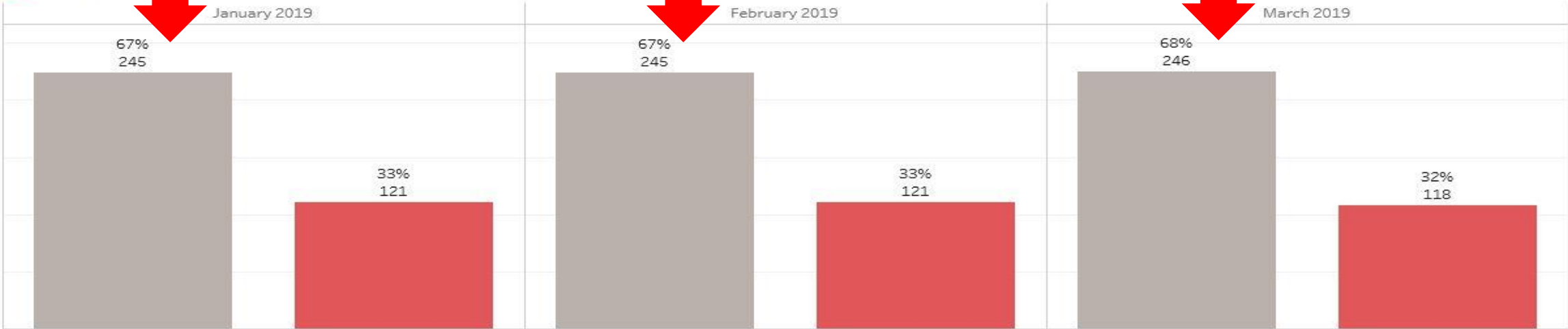
Select Provider  
All

Select Special Pop  
Public Housing

Exclude R54  
Exclude Frailty R54

Year Display  
2019

Status  
Compliant  
Non-Compliant

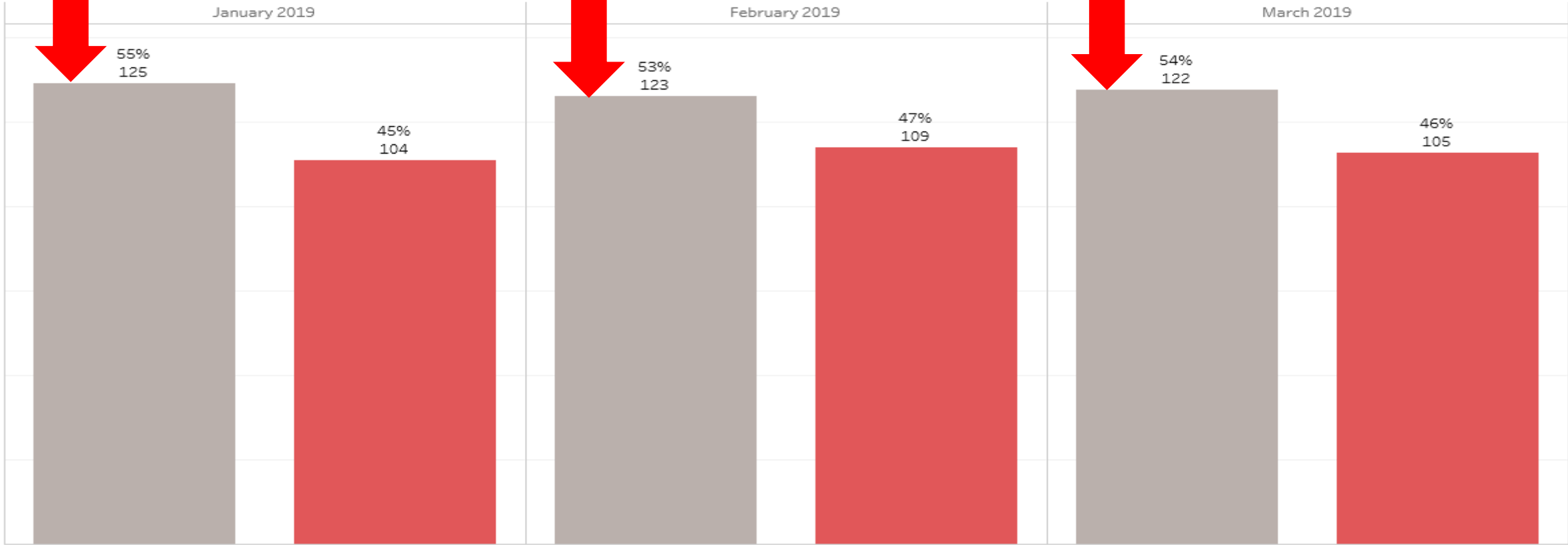


# Tableau – Mammogram Screening Monthly Reporting – Public Housing

## Mammogram Screening

Select Site: All  
Select Pro...: All  
Select Spe...: Public Housing  
Year Display: 2019

Status: ■ Compliant ■ Non-Compliant



# ***REDUCE BARRIERS TO COST SUPPORT FOR NAVIGATION***



## **New Jersey Cancer Education and Early Detection (NJCEED)**

The New Jersey Cancer Education and Early Detection (NJCEED) Program provides comprehensive outreach, education and screening services for breast, cervical, colorectal and prostate cancers.

The services provided by NJCEED include:

- Education
- Outreach
- Screening
- Case Management
- Tracking
- Follow-up
- Facilitation into Treatment

Persons eligible for these services must be at or below 250% of the Federal Poverty Level and be uninsured or under-insured.

Program services are provided through 21 contracted Lead Agencies; each county in NJ has at least one Lead Agency.

## COLORECTAL CANCER AWARENESS

Many women mistakenly believe that colorectal cancer (cancer of the colon and rectum) is a "man's disease." But the fact is that colorectal cancer (CRC) strikes women nearly as often as men. If colorectal cancer is found early enough, the patient has a better than 90% chance of survival.

Colorectal cancer can develop from Polyps (grape-like growths on the inner lining of the colon and rectum). All women aged 50 and older are at risk for developing CRC because that is the age at which polyps usually begin to form.

Regular screening is crucial since patients do not typically have symptoms in early stages for CRC, when the cancer is more curable.

Screening tests can find polyps, so they can be removed **before** they turn into cancer.

Cancer is the second leading cause of death for women in the United States. Too many of our loved ones are dying of cancers that could have been prevented or treated successfully, if detected earlier.

Early detection - finding a cancer before it spreads - gives you the best chance of survival.

Treatment for breast, cervical and colorectal cancer is more effective when detected in its early stages.

### NEW JERSEY CANCER EDUCATION & EARLY DETECTION

- Provides early detection screenings for breast, cervical and colorectal cancer.
- Provides outreach and education
- Provides case management
- Provides follow-up to patients diagnosed through the NJCEED program.

For more information and to find out if you are eligible for a **Free** cancer screening, **Make the Call!!**  
**1-800-328-3838**



C2076



Early Detection is  
Your Best Protection!!

Women's  
Health Awareness  
Breast ♦ Cervical ♦ Colorectal  
Cancer



### Get Screened Today

For more information and to find out if you are eligible for **Free** cancer screenings,

Sussex County Office of Public Health  
Nursing  
NJCEED Program  
973-579-0570 x 1246 or 1248

## CÁNCER COLORRECTAL (CÁNCER DEL COLON Y DEL RECTO)

Hay muchas mujeres que equivocadamente creen que el cáncer colorrectal (cáncer del colon y del recto) es una "enfermedad de hombres". Sin embargo, el cáncer colorrectal se desarrolla en las mujeres casi tanto como en los hombres. Si se descubre el cáncer colorrectal en sus primeras etapas, el paciente tiene más de 90% de probabilidad de sobrevivir.

El cáncer colorrectal surge de pólipos (bultos con forma de uva en el revestimiento interno del colon y recto). Todas las mujeres de 50 años o más tienen riesgo de desarrollar cáncer colorrectal por ser la edad en que normalmente se forman los pólipos.

Hacerse exámenes regularmente es crucial, ya que típicamente no hay síntomas en las etapas iniciales del cáncer colorrectal, cuando el cáncer es más curable. Los exámenes pueden encontrar pólipos que se pueden remover antes que desarrollen cáncer.

El cáncer es la segunda causa mayor de muerte en las mujeres en los Estados Unidos. Muchos de nuestros seres queridos mueren de cáncer. Estos casos se hubieran podido prevenir o tratar efectivamente si se hubieran detectado a tiempo. La detección a tiempo es encontrar el cáncer antes que se extienda - le da a usted mejor posibilidad de supervivencia.

El tratamiento para el cáncer de seno, cervical y colorrectal es más eficaz cuando se detecta en sus etapas iniciales.

### EL PROGRAMA DE EDUCACIÓN Y DETECCIÓN TEMPRANA DE CÁNCER EN NEW JERSEY (NJCEED, por sus siglas en inglés)

- Proporciona pruebas de detección temprana de cáncer de seno, cervical y colorrectal.
- Concientiza la comunidad sobre la prevención, detección y tratamiento.
- Ofrece manejo de casos.
- Provee seguimiento a pacientes diagnosticados por medio del programa de NJCEED.



C2071



Mujeres  
Aprenda más sobre la  
salud de la mujer

- ♦ Cáncer de seno/mama
- ♦ Cervical
- ♦ Colorrectal



### ¡Hágase las pruebas hoy!

Para mayor información y enterarse si usted es elegible para hacerse GRATIS las pruebas de detección de cáncer,

Oficina de Enfermería de Salud  
Pública del Condado de Sussex  
Programa NJCEED  
973-579-0570 X 1246 or 1248

# Cervical Cancer and Mammogram Screening Strategies

- Clinical Guidelines and Decision Support Making Tools
- Process in eCW – CDSS tab
- Ongoing patient education
- Inclusion GYN in Physical Exam
- Extended hours – evening and weekends
- Sites close to public housing – walking distance
- Patient Reminders
- Providers – Family Practice; Nurse Midwives; GYN NP – emphasis primary care
- Dedicated outreach workers
- Low cost/no cost services/contraceptive services - Family Planning Grants





[Kathy Orchen, PA, MPH](mailto:korchen@zufallhealth.org)  
[korchen@zufallhealth.org](mailto:korchen@zufallhealth.org)

# San Ysidro Health

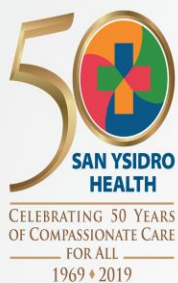
## Women's Health Cancer Detection Program

*Alejandrina Arevalo*  
*Director of Patient Engagement*





The mission of San Ysidro Health is ***to improve the health and well-being of the communities we serve with access for all.***



# Clinic Locations and Services



## SAN YSIDRO HEALTH

HIGH QUALITY AND AFFORDABLE HEALTHCARE SERVICES SINCE 1969

### PRIMARY CARE

- Family Medicine
- Adult Medicine
- Geriatric Care

### PEDIATRICS

- Pediatric Care
- Pediatric Dentistry
- Child Development
- Immunizations
- Child Health and Disability Prevention (CHDP)

### WOMEN'S SERVICES

- Gynecology
- Pregnancy Testing
- Prenatal Care
- Family Planning
- Breast Cancer Detection
- Women's Wellness Center

### ADDITIONAL SERVICES

- Program of All-Inclusive Care for the Elderly (PACE)
- Behavioral Health
- Dental Services
- Family Resource Center
- Health Education
- HIV/AIDS Testing & Treatment
- Case Management
- Podiatry
- Perinatology
- Cardiology
- Ophthalmology
- Radiology
- Laboratory
- Pharmacy
- Social Services
- WIC (Women, Infants and Children)
- Medical Mobile Units
- Transportation
- Urgent Care

### INSURANCE ACCEPTED

- Medi-Cal / Medicare
- SYHC Sliding Fee Program
- Other Private Insurance Plans

### FOLLOW US:



SYHealth



SYHealthCenter



www.syhealth.org

## Health Centers in Your Community

Appointments/Information: (619) 662-4100



**SAN YSIDRO HEALTH CENTER**  
4004 BEYER BOULEVARD  
SAN YSIDRO, CA 92173  
**Monday - Friday**  
8:00 AM to 7:30 PM  
**Sat. 8:30 AM to 2:00 PM**



**CHULA VISTA**  
678 3RD AVENUE  
CHULA VISTA, CA 91910  
**Mon. - Fri. 8 AM to 5 PM**  
**URGENT CARE HOURS**  
**Mon. - Fri. 8 AM to 8 PM**  
**Sat. 8 AM to 4 PM**



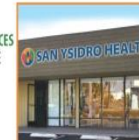
**MATERNAL & CHILD HEALTH CENTER**  
4050 BEYER BOULEVARD  
SAN YSIDRO, CA 92173  
**Monday - Friday**  
8:00 AM to 5:00 PM



**NATIONAL CITY**  
1136 D AVENUE  
NATIONAL CITY, CA 91950  
**Monday - Friday**  
8:00 AM to 5:00 PM



**CHALDEAN & MIDDLE EASTERN SOCIAL SERVICES**  
436 S. MAGNOLIA AVENUE  
EL CAJON, CA 92020  
TEL: (619) 401-7410  
**Monday - Friday**  
9:00 AM to 5:00 PM



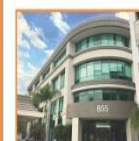
**PARADISE HILLS**  
2400 E. 8TH STREET  
NATIONAL CITY, CA 91950  
**Monday - Friday**  
8:00 AM to 5:00 PM



**SAN DIEGO PACE / SENIOR HEALTH SERVICES**  
3364 BEYER BOULEVARD  
SUITE 102 / 103  
SAN YSIDRO, CA 92173  
**Monday - Friday**  
8:00 AM to 5:00 PM



**KING-CHAVEZ HEALTH CENTER**  
950 S. EUCLID AVENUE  
SAN DIEGO, CA 92114  
**Monday - Friday**  
8:00 AM to 5:00 PM  
**Sat. 8:00 AM to 4:00 PM**



**CHULA VISTA PEDIATRICS**  
855 3RD AVENUE  
SUITE 2200  
CHULA VISTA, CA 91911  
**Monday - Friday**  
9:00 AM to 4:00 PM  
**Tel: (619) 426-0100**



**SOUTH BAY**  
330-340 E 8TH STREET  
NATIONAL CITY, CA 91950  
**Monday - Friday**  
8:00 AM to 5:00 PM



**OTAY**  
1637 3RD AVENUE  
CHULA VISTA, CA 91911  
**Monday - Friday**  
8:00 AM to 5:00 PM



**CHC - OCEAN VIEW**  
3177 OCEAN VIEW BLVD.  
SAN DIEGO, CA 92113  
**Monday - Friday**  
8:00 AM to 5:00 PM



**MI CLÍNICA AT NORTHGATE**  
1058 3RD AVENUE  
CHULA VISTA, CA 91911  
**Mon. - Fri. 10 AM to 7 PM**  
**Sat. & Sun. 10 AM to 4 PM**



**CHILDREN'S DENTAL CENTER AT RADY CHILDREN'S HOSPITAL**  
8110 BIRMINGHAM WAY  
BUILDING 28, 2ND FLOOR  
SAN DIEGO, CA 92123  
**Monday - Friday**  
8:00 AM to 5:00 PM

# At A Glance

Our Patient Care consists of clinical **treatment** for patients:

- Medical
- Behavioral Health
- Dental
- Specialty (HIV, Chiropractic Care, Optometry, Cardiology, Ophthalmology, Podiatry)

Our Patient Experience consists of clinical **support** for patients:

- Case Management
- Outreach
- Nutrition
- Health Education
- Family Support Programs (WIC)
- Research

Our Patient Profile Is:

- Nearly 97,000 patients, generating 453,348 annual visits
- 91.92% of patients live at or below 200% of the Federal Poverty Level
- 40% are children (ages of 0-19 years)
- 22.20% are seniors (ages 55+ years)



# Cancer Detection Program (Every Woman Counts)

Our mission is to reduce mortality from breast and cervical cancer among low-income women.

For a woman to be eligible for EWC, her PCP must certify that she is uninsured or underinsured, based on the woman's self-report.



# Patient Engagement Strategies



- Mammogram events per site
  - Mobile mammogram unit
  - After hours PAP events
- Incentives
  - Hygiene kit
  - Gift card
- Outreach
  - At internal health fairs
  - By phone or mail.

# 2018 Breast Cancer Screening

- Total mammograms completed: 8785
- Abnormal results: 2726
- Breast Cancer: 31





# 2019 Breast Cancer Screening (1<sup>st</sup> Quarter)

	EWC	Non-EWC
# of Patients	446	3,030
# of Screening Mammograms	305	2,175
# of Diagnostic Mammogram, Biopsy, Ultrasound	145	636
# of Breast Cancer Diagnosis	5	10

# 2018 Cervical Cancer Screening

- Total PAPs completed: 16014
- Abnormal results: 1824
- Cervical Cancer: 8



# 2019 Cervical Cancer Screening (1<sup>st</sup> Quarter)

	EWC	Non-EWC
# of Patients	223	1,864
# of PAPs	154	1,062
# of Abnormal PAPs	14	182
# of Cervical Cancer	0	4

# Challenges

- Patients lost to follow up
  - Patient that were initially contacted and unable to reach subsequently
  - Patients unable to reach despite multiple calls and/or letters
- Non-compliant patients
  - No show for mammogram and/or PAP appointment
  - No follow up after results

# Best Practices

- Team Based Approach

- CDP Case Manager
- Clinic Manager
- Patient Navigator
- Medical Assistant
- Referral Specialist
- Provider

- Patient Education and CDP Promotion

- Events
- Flyers
- At PCP visit
- Phone
- Mail



