

2016 Public Outcomes Report: Sage Breast Cancer Screening Program

According to the American Cancer Society (ACS), an estimated 246,660 new cases of invasive breast cancer are expected to be diagnosed among women in the U.S. during 2016; about 2,600 new cases are expected in men. An expected 61,000 new cases of in situ breast cancer in women, particularly carcinoma in situ (CIS), are projected for 2016. Unfortunately, approximately 40,450 women will die from breast cancer in 2016. For breast cancer screening, Minnesota ranks 11th at 76.5 percent in rate of mammography for women age 40 years or older, as of 2014. The national rate for screening in this demographic is 72.8 percent.

Aside from cancers of the skin, breast cancer continues to be the most commonly diagnosed cancer in women.

Common risk factors include:

- weight gain after age 18
- being overweight or obese
- the use of menopausal hormone therapy (MHT, combined estrogen and progesterin)
- lack of physical activity
- alcohol consumption.

Long-term smoking has also been shown to increase risk of breast cancer.

A family history of breast cancer, especially one or more affected first-degree relatives, may also be a risk factor, although most women with breast cancer do not have a family history. Genetic counseling can be helpful in determining a patient's risk of developing cancer by:

- interpreting complex family histories
- educating about cancers that run in families (known as inherited or genetic cancer)
- talking about risks and prevention
- helping families make informed decisions about genetic testing and test results.

Early detection of breast cancer saves lives. Breast cancer screening, including breast self-exams, clinical breast exams, and mammograms, are responsible for

the steady decline in breast cancer mortality among women since 1989. When breast cancer is detected at an earlier stage, more treatment options are available and effective. According to ACS guidelines, it is recommended that all women, age 40 and older, have regular mammograms.

Sage Screening Programs are run by the Minnesota Department of Health to help prevent disease and keep Minnesotans healthy. These programs encourage healthy behaviors by providing free screenings for breast, cervical and colorectal cancer, and helping interested Minnesotans quit smoking. Sage, the largest program within the Sage Screening Program family, is a breast and cervical cancer screening program. For eligible women, Sage provides free office visits for breast and cervical exams, as well as screening mammograms and Pap smears. If a screening test shows a problem, Sage covers many diagnostic services and will link uninsured women to treatment coverage, if needed.

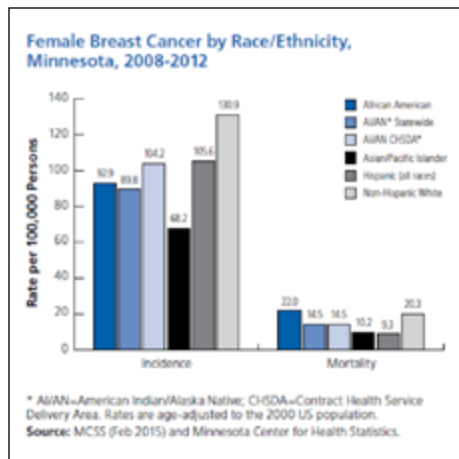
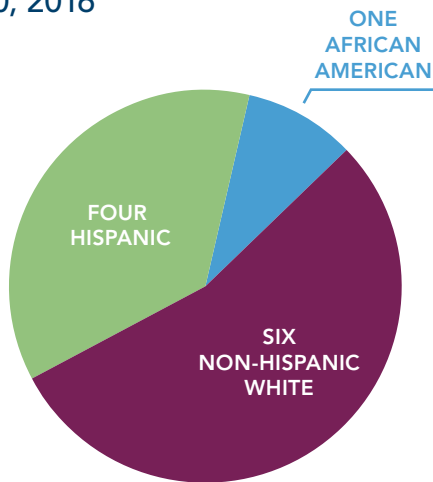
The Virginia Piper Cancer Institute – Mercy & Unity hospitals is proud to partner with Sage to provide a free screening mammography event for women in our community and to help Sage in its mission to focus on underserved women in communities with an unequal burden of breast cancer.

As an additional effort to reach more people who might benefit from this type of event, marketing flyers were printed in English and Spanish, and distributed to many locations around the county. On Sept. 20, 2016, a designated event was held at the Breast Center of Suburban Imaging in which 11 patients were enrolled in Sage and screened through this special offering. There were no positive results from the 11 women who met with a certified nurse practitioner (CNP) and received a breast exam and mammogram. Every participant also met with a certified genetic counselor (CGC) to discuss their personal and family history and receive information

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on whether or not a formal genetic counseling appointment would be appropriate and beneficial. A representative from the ACS was also present at the screening event and available to provide information and referral to the many services offered to community members through ACS. Continued efforts will be made to accommodate the needs of our patients enrolled in Sage to assure they are receiving the right care, at the right time, to promote early detection and optimal health in our community.

BREAST CANCER SCREENING EVENT SEPT. 20, 2016



Race/Ethnicity	Average Number of Cases Diagnosed/Year	Late Stage*
African American	43	50%
American Indian Statewide	8	33%
American Indian CHSDA Residents	5	29%
Asian/Pacific Islander	21	41%
Hispanic (All Races)	30	50%
Non-Hispanic White	1,206	35%

* Late-stage cancers have extended beyond the breast (regional or distant stage) when diagnosed. The denominator is all invasive cancers, including those that were unstaged (2.2%).
Source: MCSS (March 2015).

Per Sage protocols, patients who participated in the aforementioned screening event could expect the following process and procedure for tracking and follow up:

- **Normal test results**

Screening sites communicate normal test results to patients in writing or by telephone within ten days of receipt.

- **Abnormal test results**

Screening sites attempt to notify a patient of an abnormal test results within five days of receipt. Several attempts to notify a patient are made by phone. If they are unable to reach a patient by phone, a certified letter can be sent. All dates and attempts to reach a patient, as well as the follow-up recommendations, are documented in the patient's medical record. The recommendations and a plan for follow-up are clearly communicated to the patient.

Sage screening sites are expected to track patients with abnormal test results until they receive all their diagnostic/treatment services. Sage screening sites will have a plan to assist women with abnormal test results receive the recommended care. Sites are expected to work with each woman to ensure that she understands the need for follow-up and knows where and how to access these services.

Before considering a patient as lost to follow-up, there is a minimum of three separate attempts to contact the patient, the last attempt being through certified mail. Contact is attempted at various times of day, and on various days of the week. Sage's case manager is also available to try to reach patients otherwise considered lost to follow-up.

The Sage Screening Program will generate and send to the screening site an Abnormal Follow-up Report for each woman with an abnormal test result approximately 45 days after the result or procedure date. This form should be completed by the health professional involved in the patient's care, and returned to Sage within two weeks.

Through the information provided on the follow-up reports, the Sage Screening Program monitors the follow-up care provided to women using guidelines developed by its Medical Advisory Committee. Providers may be contacted for additional information when questions arise, or if the care provided falls outside of the expected norm. The Sage Screening Program's expectation is that diagnostic care and treatment be provided as soon as possible.

The Sage Screening Program's goals for both breast and cervical abnormalities are:

- **Breast abnormalities:** A diagnosis is reached within 60 days of an abnormal screening. Treatment is initiated within 30 days of diagnosis.
- **Cervical abnormalities:** A diagnosis is reached within 60 days of an abnormal screening. Treatment for high grade lesions and invasive cancer is initiated within 30 days of diagnosis.

RESCREENING

Sage screening sites will remind women to return for rescreening as their recommended rescreening date approaches. To facilitate this, Sage sends screening sites monthly lists of Sage patients due for screening two months in advance of the recommended rescreening date reported to Sage.

For additional information regarding the Sage program, please visit their website:

<http://www.health.state.mn.us/divs/healthimprovement/working-together/who-we-are/sage.html>

BREAST CANCER SCREENING RECOMMENDATIONS

The ACS guidelines for the early detection of breast cancer in asymptomatic women are:

1. Women 30 years of age and older should perform breast self-examination every month.
2. Women 20-39 should have a physical examination of the breast every three years, performed by a health care professional such as a physician, physician assistance, nurse, or nurse practitioner.
3. Women 40 to 44 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.
4. Women 45 to 54 should get mammograms every year.
5. Women 55 and older should switch to mammograms every two years, or have the choice to continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

For more information, see the ACS website:

<http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-detection>

COMMISSION ON CANCER PERFORMANCE MEASURES

The American College of Surgeons Commission on Cancer (CoC) Standard 1.12 requires an annual report of patients or program outcomes be developed and disseminated by the Mercy/Unity Hospital Cancer Committee.

Performance and outcomes data are evaluated annually by the Mercy/Unity Hospital Cancer Committee and clinical service line leadership team. The data for this report is generated by the Virginia Piper Cancer Institute – Mercy & Unity hospitals for 2016.

