

I INTRODUCTION

This protocol has been developed for use in the Michigan Breast and Cervical Cancer Control Program and addresses the provision of services related to breast and cervical cancer screening and follow-up care, **only**. BCCCP coordinating agencies (or subcontractors), which have the ability and willingness to screen for and manage other health problems (STD testing, blood glucose testing, hemocult, etc.), may, at their own discretion, do so at the time of the woman's visit to the BCCCP.

However, BCCCP funds cannot be used for the time and materials needed to assess and manage problems unrelated to breast or cervical cancer. The protocol for assessment and management of other health problems should be developed by the BCCCP coordinating agency and added to this core protocol for individual agency use.

The Michigan Cancer Consortium (MCC) Breast Cancer Advisory Committee (BCAC) and the Cervical Cancer Advisory Committee (CCAC) have developed guidelines for both breast and cervical cancer screening and follow-up care. These guidelines are incorporated as part of this BCCCP medical protocol.

The BCAC recognizes and promotes the use of the American Cancer Society (2009) breast cancer screening guidelines, and the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology for Breast Cancer Screening and Diagnosis (V.1.2010).

The Cervical Cancer Advisory Committee recognizes and promotes the use of the American Society for Colposcopy and Cervical Pathology's (ASCCP) 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests and 2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma in Situ. Guidelines are referenced in this document and may be found at <http://www.asccp.org/>

II GENERAL INFORMATION FOR PROVIDING BREAST AND CERVICAL CANCER SCREENING, FOLLOW-UP AND TREATMENT SERVICES THROUGH THE BCCCP.

A. BCCCP Age Criteria* for Program Eligibility

The BCCCP provides breast and cervical cancer screening services and specific diagnostic services to women who meet the following age criteria:

- 40- 64** to receive both breast/cervical cancer screening and/or diagnostic follow-up of breast/cervical abnormalities
- 18 – 39** and referred to BCCCP **from the Title X Program** for diagnostic follow-up of a cervical abnormality.

*** Women over age 64 are eligible for the program if they meet the BCCCP income criteria and are ineligible for Medicare or have not purchased Medicare Part B**

**** Women who are pregnant (regardless of age) are not eligible for participation in the BCCCP while pregnant.**

B. BCCCP Services Provided to Eligible Clients

The BCCCP is a cancer screening program for breast and cervical cancer **ONLY**. Screening is the attempt to detect unsuspected disease in average risk, asymptomatic women.

1. Screening Services Provided by the BCCCP include:
 - Breast cancer screening services: annual Clinical Breast Exam and Screening Mammogram.
 - Cervical cancer screening services: annual Pelvic Exam and Pap test (for eligible women).
2. BCCCP women identified with abnormal breast and/or cervical screening results are referred for appropriate diagnostic procedures to confirm or rule out a cancer diagnosis.
3. Women age 40-64 who meet BCCCP eligibility criteria, but receive breast or cervical cancer screening services from a non-BCCCP provider, may be referred to the program to receive appropriate diagnostic follow-up for the identified breast or cervical abnormality.
4. Women <age 40 who meet BCCCP eligibility criteria, but receive cervical cancer screening services from a non-Title X agency, **MUST be patients of Title X BEFORE** they are referred to BCCCP for colposcopy services.
5. In the event a breast or cervical cancer is diagnosed, all BCCCP enrolled women are assisted in obtaining necessary breast or cervical cancer-related treatment in a timely manner.

C. Clinical Performance Indicators

Clinical performance indicators evaluate timely and appropriate delivery of breast and cervical clinical services to program women. Standards for these indicators are as follows.

1. **Timeliness** - Amount of time (measured in number of days) from an abnormal screening result to final diagnosis. Abnormal screening results include abnormal CBEs or Mammograms for breast screenings or abnormal Pap tests for cervical screenings.
 - 75% of abnormal BREAST cases requiring **IMMEDIATE** follow-up should have a final diagnosis within **60** days
 - 75% of abnormal CERVICAL cases requiring **IMMEDIATE** follow-up should have a final diagnosis within **90** days
 - 80% of all breast and cervical cancer diagnoses should begin treatment within **60 days** of the final diagnosis
2. **Completeness** – Documentation of appropriate diagnostic services (according to the BCCCP medical protocol) for all abnormal screening test results requiring **IMMEDIATE** follow-up
 - 90% of abnormal breast or cervical cases requiring **IMMEDIATE follow-up** have at least **ONE** follow-up diagnostic procedure and a final diagnosis documented
 - 100% of cases with a breast or cervical cancer diagnosis must have a **treatment disposition** documented within **100 days** of the diagnosis

D. Breast/Cervical Screening Results Requiring IMMEDIATE Follow-up

1. **IMMEDIATE** Follow-up
 - Results requiring immediate follow-up should have diagnostic work-up completed **within 30-60 days**
 - Clinical Performance Indicators of timeliness and completeness (See C) **ARE MONITORED.**
 - A final diagnosis to confirm or rule/out cancer **IS** required.
 - If cancer is diagnosed, a treatment disposition **IS** required.
2. Breast Screening Results Requiring IMMEDIATE Follow-up include:
 - CBE – “Abnormality - R/O Breast Cancer” (includes the following results: (dominant mass, nipple discharge-no palpable mass, asymmetric thickening/nodularity, skin changes - Peau d’orange, erythema, nipple excoriation, scaling, eczema)

- Mammogram results of: ACR 0 – Assessment Incomplete-additional imaging required; ACR 4 - Suspicious Abnormality, and ACR 5 - Highly Suggestive of Malignancy

3. Cervical Screening Results Requiring IMMEDIATE Follow-up include

- Pap test results of: ASC-US with POSITIVE HR HPV; ASC-H, LSIL, HSIL, AGC, Squamous cell carcinoma, and Adenocarcinoma

E. Breast/Cervical Screening Results Requiring *SHORT-TERM* Follow-up

1. *SHORT-TERM FOLLOW-UP*

- Results requiring *SHORT-TERM* follow-up occur at > **3 months** to monitor a probably benign abnormality.
- Clinical Performance Indicators of timeliness and completeness (See C) are **NOT** monitored.
- A final diagnosis to confirm or rule/out cancer is **NOT** required.

2. Breast Screening Results Requiring *SHORT-TERM* Follow-up include:

- CBE – “Probably Benign” Finding (nodularity, irregularity or lumpiness that is *not* clinically suspicious)
- Mammogram result of ACR 3 – Probably Benign

3. Cervical Screening Results Requiring *SHORT-TERM* Follow-up include

- Pap test result of ASC-US with negative HR HPV: repeat Pap test in 1 year.

III REIMBURSEMENT OF BCCCP SCREENING AND DIAGNOSTIC SERVICES

- A. Due to limited program funding, and CDC policy restrictions on the type of screening and follow-up tests that may be reimbursed by the program, the BCCCP may not be able to reimburse for all recommended follow-up testing according to the ASCCP or NCCN management guidelines.
- B. As part of yearly contract renewals with BCCCP providers, BCCCP coordinators need to discuss the program’s limitations regarding covered and non-covered services provided to enrolled women.
- C. Any questions regarding coverage for BCCCP services should be directed towards one of the MDCH clinical or reimbursement staff PRIOR to the service being performed to determine if the service will be reimbursed by the BCCCP.

IV BCCCP BREAST AND CERVICAL CANCER SCREENING RECOMMENDATIONS

A. Annual Screening Test Recommendations

1. Breast Cancer Screening Tests – Annual CBE and Mammogram, Breast Self Awareness*

*Women should be familiar with their breasts and promptly report changes to their healthcare provider. Women should be informed about the benefits and limitations of Breast Self Exam. Periodic, consistent BSE may facilitate breast self awareness. Pre-menopausal women may find BSE most informative when performed at the end of menses.

2. Cervical Cancer Screening - Pap test (may or may not be performed according to Pap result history – Table 1), and speculum exam (should be part of annual office visit)
 - BCCCP funds can only reimburse for **SCREENING** Pap tests according to the following guidelines (Table 1).
 - These guidelines **DO NOT** apply to women requiring Pap tests as follow-up for an **ABNORMALITY**.

NOTE: A screening HR-HPV, performed as an adjunct to a screening Pap test, cannot be reimbursed by the BCCCP.

Table 1: Recommendations for Cervical Cancer Screening

Conventional Cytology (Screening Pap tests) may be performed:

- **Annually** until three (3), consecutive normal/negative Pap tests are obtained within a 60-month (5-year period).
- **Then, once every (3) three years, for** women with (3) three, consecutive normal/negative screening Pap tests performed within a 60-month (5 year period).

Liquid Based Cytology (LBC) may be performed:

- Every **TWO** years until three (3), consecutive normal/negative Pap tests are obtained within a 60-month (5 year period).
- **Then, once every (3) three years, for** women with (3) three, consecutive normal/negative Pap tests performed within a 60-month (5 year period).

B. Clinical History/Examination

1. Clinical history should consist of the following:
 - a. Breast Screening History
 - Description of current breast symptoms (if any).
 - Past history of breast problems (abnormal clinical breast exams, abnormal mammograms, breast biopsies, results of biopsies)
 - Personal history of breast cancer or other cancers
 - Last mammogram date and result.
 - b. Cervical Screening History
 - Description of current gynecological symptoms (if any)
 - Past history of abnormal Pap tests.
 - Hysterectomy history, (if applicable) and reason for hysterectomy to determine if Pap test is required or appropriate.
 - Last Pap test date and result
 - c. Family history of breast/ovarian/colorectal cancer (both maternal and paternal, at age at diagnosis).
 - d. Smoking history: past, current, packs per day, and duration.
2. Physical exam
 - a. Clinical Breast Examination
 - Sitting - inspection, palpation of auxiliary and supraclavicular nodes
 - Supine - inspection, palpation
 - b. External Genitalia examination
 - Inspection
 - Palpation
 - c. Internal examination
 - Inspection of cervix and vagina
 - d. Bimanual examination
 - Palpation of vaginal wall, cervix
 - Palpation of uterus and adnexae
 - f. Recto-vaginal exam

C. Obtain Pap test (if indicated)

D. Mammography Screening

1. Order the appropriate mammogram based on clinical breast exam findings:
 - **Screening mammogram** - performed on an **asymptomatic** woman to detect early, clinically unsuspected breast cancer.
 - **Diagnostic Mammogram** - performed on a woman with **clinical signs or symptoms** that suggest breast cancer or past history of a breast cancer or abnormality that requires ongoing monitoring.
2. Forward results of CBE to mammography facility (if able).
3. Request copy of mammogram report. Review report to determine appropriate follow-up (if recommended by radiologist).

E. Patient Education

1. Review physical exam findings with client
 - a. Clinical Breast Exam
 - Discuss normal findings and variances.
 - Discuss Breast Self Awareness: **Emphasize that any time a woman detects a breast change or a palpable mass she should seek evaluation from a qualified health care provider (breast surgeon/specialist).**
 - b. Pelvic Exam
 - Discuss components of the pelvic exam, including whether a Pap test is performed and whether or not the woman is being tested for sexually transmitted infections, including HPV.
 - c. Discuss abnormal breast and/or cervical signs/symptoms that require provider notification and possible evaluation.
2. Discuss the importance of breast and cervical cancer screening which includes:
 - Frequency of breast and cervical cancer screening is based on the woman's risk factors and past medical history.
 - Breast cancer screening tests include both a clinical breast exam and mammogram.
 - Cervical cancer screening tests include a Pap test. (**Frequency of Pap testing depends on BCCCP Pap test history NOT Paps performed prior to BCCCP enrollment**).
 - Pelvic exams should be performed **yearly**, whether or not a Pap test is needed.

3. Discuss limitations of screening procedures in detecting cancer
 - Normal results on a screening exam do not necessarily indicate absence of disease.
 - No screening test is 100% accurate; therefore, some cases of the disease may be unavoidably missed.
 - Normal results never rule out the later development of the disease, which is why annual screening is so strongly recommended.
 - The detection of an abnormality does not mean the abnormality is cancerous. Only some of the women with abnormal screening results will, after further evaluation, be diagnosed with breast or cervical cancer.
4. Discuss BCCCP Limitations Regarding Reimbursement of Services
 - Inform the client that not all BCCCP screening and diagnostic services are paid by the program.
 - Providers may order additional screening and follow-up tests either not reimbursed by BCCCP or not related to a breast or cervical problem.

See Table 2 for Screening services reimbursed by BCCCP and Table 3 for BCCCP non-reimbursable services.

Note: Depending on client history and circumstances, reimbursement for certain breast and/or cervical screening/diagnostic services may be approved. These exceptions are listed in Tables 6 and 7.

F. Client Follow-up

1. Client Notification of Test Results

Each local coordinating agency should develop and implement an agency specific policy/protocol that describes how the client will be notified of test results and procedures for tracking clients who require follow-up. This protocol should include the process for notifying and tracking clients with the following test results:

 - a. Normal breast or cervical screening results – continue annual screening as per program guidelines
 - b. Results requiring short-term follow-up
 - Indications for short-term follow-up based on test result
 - Date of follow-up exam/test.

- c. Results requiring immediate follow-up - should include a discussion of the following:
- The need for further testing to provide definitive diagnosis before treatment
 - Treatment options available, benefits and risks of each
 - BCCCP reimbursement/non-reimbursement of follow-up tests/procedures
 - Scheduling/referring for appropriate follow-up
2. Inability to Contact Clients with Abnormal Test Results
Each local coordinating agency should develop and implement agency specific policy/protocol that describes the procedure to follow if a client is unable to be contacted regarding abnormal test results. The protocol should include:
- Contacting the woman by telephone and/or sending a certified letter
 - Total number of times the agency will initiate the contact
 - Documentation of the attempted contact in the medical record

Table 2: Breast/Cervical Screening Services Reimbursed by BCCCP

Service	Time Frame	BCCCP Reimbursement
Initial Office Visit (to include CBE, Pelvic Exam, Pap test – if eligible per BCCCP guidelines)	≥ 365 days from previous FIRST annual screening office visit	Will reimburse ONE/year (365 days)
Screening Mammogram	≥ 365 days from previous SCREENING Mammogram	Will reimburse ONE/year (365 days)
Screening Pap test	Frequency depends on type and result of Pap test – See Table 1	Reimbursement denied if prior to “Client Eligible for Pap Test” Date unless approved by MDCH Nurse Consultant.

Table 3: Screening Services NOT reimbursed by BCCCP

Breast Services	Rationale	BCCCP Reimbursement
Screening Breast Magnetic Resonance Imaging (MRI)	MRI is not recommended for breast cancer screening of average risk women	NOT reimbursed
Screening Ultrasound (US)	US is used with a mammogram to define abnormalities, not instead of a mammogram	Reimbursed if performed WITH a Screening Mammogram NOT in place of a Screening Mammogram
Computer Assisted Device (CAD)	Used in conjunction with mammogram- aids in interpretation of mammogram	NOT reimbursed

Cervical Services	Rationale	BCCCP Reimbursement
Pap test to rule/out endometrial cancer	Only Cervical Cancer Screening Services are reimbursed by BCCCP	NOT reimbursed
Endometrial Biopsy (EMB) for follow-up of Pap result of “endometrial cells in a woman > age 40”	Only Cervical Cancer Services are reimbursed by BCCCP	NOT reimbursed
HR-HPV as an adjunct to screening Pap test	BCCCP women not eligible for “HR HPV with screening Pap test”	Pap test ONLY will be reimbursed. HR-HPV NOT reimbursed
Pap test post hysterectomy performed for BENIGN gynecological disease - NO CERVIX PRESENT	Screening with vaginal cytology is NOT indicated; Pelvic exam is indicated.	Pap test NOT reimbursed. Office visit (pelvic exam) reimbursed
HR HPV tests performed on Pap test results of: ASC-H, LSIL, HSIL	HR-HPV ONLY indicated on ASC-US and AGC Pap results	NOT reimbursed for Pap results other than ASC-US and AGC



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V BREAST CANCER SCREENING

Table 4: Follow-up of Clinical Breast Exam Screening Results

<u>CBE Result</u>	<u>Type of Follow-up</u>	<u>Recommendation</u>
No Breast Abnormality (Normal glandular tissue felt upon palpation)	No Follow-up Required	Refer for Screening Mammogram
Benign Breast Condition (Symmetrical thickening or area of thickened tissue palpated in the same location in both breasts; simple cyst previously evaluated)	No Follow-up Required	Refer for Screening Mammogram NOTE: Based on the type of mammogram ordered and client’s history, a diagnostic mammogram may be ordered. This mammogram is considered a screening.
Probably Benign Breast Condition (Nodularity, irregularity or lumpiness that is <i>not</i> clinically suspicious)	Short-term Follow-up (> 3 months)	Refer for Screening or Diagnostic Mammogram (based on client’s history) NOTE: Based on the type of mammogram ordered and client’s history, a diagnostic mammogram may be ordered. This mammogram is considered a screening.
3. Abnormal CBE Results that include any of the following: <ul style="list-style-type: none"> • Dominant Mass • Nipple Discharge – no palpable mass • Asymmetric Thickening/Nodularity) • Skin or nipple changes (Peau d’orange, erythema, nipple excoriation, scaling, eczema) 	Immediate Follow-up (within 30-60 days) to confirm or rule/out cancer	Refer for Diagnostic Mammogram AND additional follow-up procedures as indicated. See NCCN Clinical Practice Guidelines in Oncology for Breast Cancer Screening and Diagnosis (V.1.2010).



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Table 5: Follow-up of Mammogram Breast Cancer Screening Results

Mammogram Result	Type of Follow-up	Recommendation
ACR 1 - Negative	No Follow-up	Annual screening unless CBE is abnormal – See Table 4 # 3
ACR 2 – Benign Breast Condition	No Follow-up	Annual screening unless CBE is abnormal. - See Table 4 # 3
ACR 3 – Probably Benign	Short-term Follow-up (6 months)	Refer for diagnostic mammogram and/or ultrasound based on radiologist recommendations. See NCCN Clinical Practice Guidelines in Oncology for Breast Cancer Screening and Diagnosis V.1.2010
ACR 0 – Assessment is Incomplete	Short term Follow-up (for comparison films – obtain films within 30 days) Immediate Follow-up for additional work-up/imaging (within 30-60 days)	Refer for diagnostic mammogram and/or ultrasound based on radiologist’s recommendation. Based on result, additional referral to a breast surgeon/ specialist for evaluation may or may not be indicated.
ACR 4 – Suspicious Abnormality ACR 5 – Highly Suggestive of Malignancy	Immediate Follow-up (within 1-2 months) to confirm or rule/out cancer	Refer for diagnostic work-up. See NCCN Clinical Practice Guidelines in Oncology for Breast Cancer Screening and Diagnosis V.1.2010.

Table 6: Non-Concordant CBE/Mammogram Results

Result	Recommendation	BCCCP Reimbursement
Clinical Breast Exam ABNORMAL Mammogram Result NORMAL (ACR 1, 2, or 3) OR <u>ABNORMAL mammogram,</u> <u>NORMAL clinical breast exam</u>	Refer for diagnostic f/u according to NCCN Clinical Practice Guidelines in Oncology for Breast Cancer Screening and Diagnosis V.1.2010 for abnormal CBE or mammogram result. NOTE: Breast cysts confirmed by ultrasound do not always require referral to breast surgeon. Follow-up determined by size of cyst, patient history, and recommendation by the radiologist.	BCCCP will pay for diagnostic follow-up based on the CBE abnormality and/or mammogram result (E.g. ultrasound, surgical consultation, biopsy) as recommended by the radiologist/breast specialist/surgeon NOTE: Breast consult NOT required PRIOR to stereotactic biopsy by radiologist.



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VI. CERVICAL CANCER SCREENING

Table 7: Special Considerations for Performing Pap Tests

Pap Test Special Consideration	Follow-up	Recommendation	BCCCP Test Reimbursed
<u>NORMAL</u> Pap test <u>ABNORMAL</u> pelvic examination (abnormal appearance of cervix)	Immediate	Perform Pap test (Approval by MDCH Nurse Consultant required)	Pap Test
Satisfactory, Pap test but NO endocervical cells	No Follow-up	Pap test does not need to be repeated - continue regular screening	Screening Pap test as indicated in Table 1
Satisfactory Pap but obscured/partially obscured by inflammation	Short- term Follow-up	Repeat the Pap Test in 6 months. If 2 nd Pap abnormal: refer for colposcopy	Repeat Pap Colposcopy (if indicated)
Unsatisfactory Pap test result.	Short-term Follow-up	Repeat Pap test in 6-12 weeks. If 2 nd Pap unsatisfactory, refer for colposcopy. NOTE: If 2 nd Pap test is negative and satisfactory but lacks transformation zone cells – Pap test is considered NORMAL and needs to be repeated according to guidelines in Table 1	Repeat Pap test Colposcopy (if indicated)
Hysterectomy for cervical cancer/dysplasia (CERVIX PRESENT OR NOT)	Annual Screening	Continue ANNUAL cervical cancer screening (indefinitely) regardless of type of Pap test	Annual Pap test
Hysterectomy for cancer OTHER than cervical (E.g. endometrial)	Annual Screening (depending on date of hysterectomy)	ANNUAL Pap tests regardless of type of Pap test (UP TO 5 YEARS POST DATE OF HYSTERECTOMY)	Annual Pap test up to 5 years post hysterectomy
Confirmed biopsy diagnosis of CIN 2 or greater	Annual Screening	Screen ANNUALLY for 20 years Pap tests regardless of type of Pap test	Annual Pap test
Immunocompromised or HIV + women	Annual Screening	ANNUAL Pap tests regardless of type of Pap test	Annual Pap test

A. Follow-up of ABNORMAL CYTOLOGY RESULTS

The website www.asccp.org contains algorithms on the:

1. Follow-up of **ASC-US** cytology results for all women
 - **BCCCP funds CAN REIMBURSE for HR-HPV testing for BCCCP clients (age 40-64) ONLY as follow-up for screening Pap test results of ASC-US**
 - **BCCCP funds CAN REIMBURSE for HR-HPV testing after colposcopy (etc.) for AGC Pap, in order to determine follow-up care**
2. Management of **HSIL** cytology for all women
 - a. A diagnostic excisional procedure is recommended for adolescents and young women with HSIL when CIN of any grade is identified on ECC
 - b. For diagnostic LEEP or Cone (and for data entry authorizing payment), approval from a MDCH Nurse-Consultant will need to be obtained.
 - c. Ablation is unacceptable for HSIL cytology if:
 - No colposcopy was performed
 - CIN 2/3 is not identified colposcopically
 - ECC identifies CIN of any grade
3. Management and follow-up of **Atypical Glandular Cells (AGC) or Adenocarcinoma In Situ (AIS)**
 - a. In women less than 35 years of age with an AGC cytology result, an endometrial biopsy should be performed in the presence of, but not limited to, the following conditions:
 - Dysfunctional uterine bleeding
 - At risk for chronic anovulation
 - A change in menstrual flow
 - b. In women 35 years of age or older
Initial Evaluation:
 - Colposcopy with endocervical sampling is recommended for women with all subcategories of atypical glandular cells (AGC) (AGC “not otherwise specified [NOS],” AGC “favor neoplasia”) and adenocarcinoma in situ (AIS).
 - Endometrial biopsy should be considered for women age 35 or older as part of the initial evaluation. Contact MDCH Nurse-Consultant who will authorize payment and enter data so service can be reimbursed..
 - Management of women with initial AGC or AIS using a program of repeat cervical cytological testing is ***unacceptable***.
 - Triage of AGC Pap results with HR-HPV is ***unacceptable***

Subsequent Evaluation or Follow-up:

- If biopsy-confirmed CIN is identified during the initial workup of a woman with AGC (NOS), the woman should be referred to a qualified colposcopist (see # 4) for treatment.
- If invasive disease is not identified during the initial colposcopic workup, it is recommended that women with AGC “favor neoplasia” or endocervical AIS undergo a cold-knife conization or LEEP.
- If NO neoplasia is identified during the initial workup of a woman with AGC (NOS), it is recommended that HR-HPV testing be performed. **Follow-up will depend on HPV results.** Management follows the algorithm www.asccp.org

B. Indications for Referral to a Qualified Colposcopist:

1. Women age 20 and under requiring treatment for CIN2/3
2. Women with a significant cervical lesion in which “see and treat” may be indicated.
3. Women desiring fertility who, after excisional treatment, have recurrent or persistent cervical dysplasia.
4. Women who have had two “unsatisfactory for evaluation” tests 2-4 months apart
5. Women with AGC (Abnormal Glandular Cells) or AIS (Adenocarcinoma in situ) on cytology. Management follows the algorithm found at www.asccp.org
6. Women with any gynecologic cancer should be referred to a Gynecologic Oncologist.

C. Management of Women and Adolescents with Histologically-confirmed Cervical Intraepithelial Neoplasm:

The website www.asccp.org contains algorithms on the management of:

1. Women with histological results of CIN1, preceded by ASC-US, ASC-H or LSIL cytology
2. Women with histological results of CIN1, preceded by HSIL or AGC-NOS cytology
3. Adolescents, with a histological result of CIN1
4. Women with a histological result of CIN2/3
5. Women with AIS (Adenocarcinoma in situ) diagnosed from diagnostic excisional procedure.



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- D. Provision of Screening and Diagnostic Services to Special Populations in the BCCCP.

NOTE: The following special populations are eligible to participate in the BCCCP as long as they meet the income requirements

1. Women <40 seen in any **Family Planning/Title X clinics** who have an abnormal Pap test result requiring immediate follow-up, can be referred to BCCCP for diagnostic services **only** to confirm or rule-out a cervical cancer diagnosis.
2. See ASCCP website for Management of adolescent women with HSIL results, ASC-US or LSIL cytology
3. Women age 40-64 seen in a Family Planning/Title X Clinics for cervical services may be referred to BCCCP for breast screening and diagnostic services (if needed).



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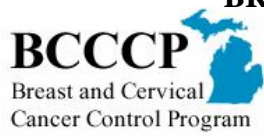
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VII REIMBURSEMENT FOR DIAGNOSTIC SERVICES AS FOLLOW-UP OF NORMAL AND ABNORMAL BREAST AND CERVICAL CANCER SCREENING RESULTS

NOTE: Time frame for each of the following diagnostic services is variable and depends on the type of follow-up required.

DIAGNOSTIC Services	Reimbursement
Office Visits/Breast Consults/Cervical Consults	<ul style="list-style-type: none"> • ONE (1) office visit/consult as follow-up for an abnormal breast/cervical screening test result. (NOTE: BCCCP WILL reimburse for or consult/office visit exam post breast biopsy.) • Prior <u>authorization</u> required for office visit/consult beyond the post biopsy visit.
Diagnostic Mammograms	<ul style="list-style-type: none"> • ONE within a 12-month time period (<365 days) for initial follow-up of screening mammogram results as per radiologist recommendation <p>NOTE: NO prior authorization is needed for the first diagnostic mammogram as follow-up to an abnormal CBE or Screening Mammogram result of ACR 0.</p>
Ultrasounds	<ul style="list-style-type: none"> • ONE Ultrasound exam performed within a 12- month time-period as part of the INITIAL DIAGNOSTIC follow-up to rule out or confirm a cyst vs. solid lesion. • <u>Prior authorization</u> required for additional ultrasound testing
Follow-up Pap tests	<ul style="list-style-type: none"> • Only Pap tests performed according to the medical protocol for follow-up of screening Pap test abnormalities will be reimbursed.
High Risk HPV Tests Performed as immediate follow-up for ASC-US Pap in order to determine triage or as part of diagnostic work-up for AGC test result	<p>FOR BCCCP CLIENTS AGE 40 AND OLDER:</p> <ul style="list-style-type: none"> • ONE High Risk (HR) HPV test within a 12 month time-period may be performed as follow-up for an ASC-US Pap test only • Notify MDCH Nurse Consultant for reimbursement of HR-HPV as part of diagnostic work-up for AGC test result <p>NOTE: More than one HR - HPV test/year or HR-HPV tests performed for Pap test results other than ASC-US will be denied.</p>
LEEP/Cold Knife Cone	<ul style="list-style-type: none"> • Notify MDCH Nurse Consultant for reimbursement of diagnostic LEEP/Cold Knife Cone for Pap test results of HSIL followed by a colposcopy with biopsy result of <=/= CIN 1
Endometrial Biopsy (in women 35 years of age or older)	<ul style="list-style-type: none"> • Notify MDCH Nurse Consultant for reimbursement of EMB as diagnostic work-up of AGC Pap test result.



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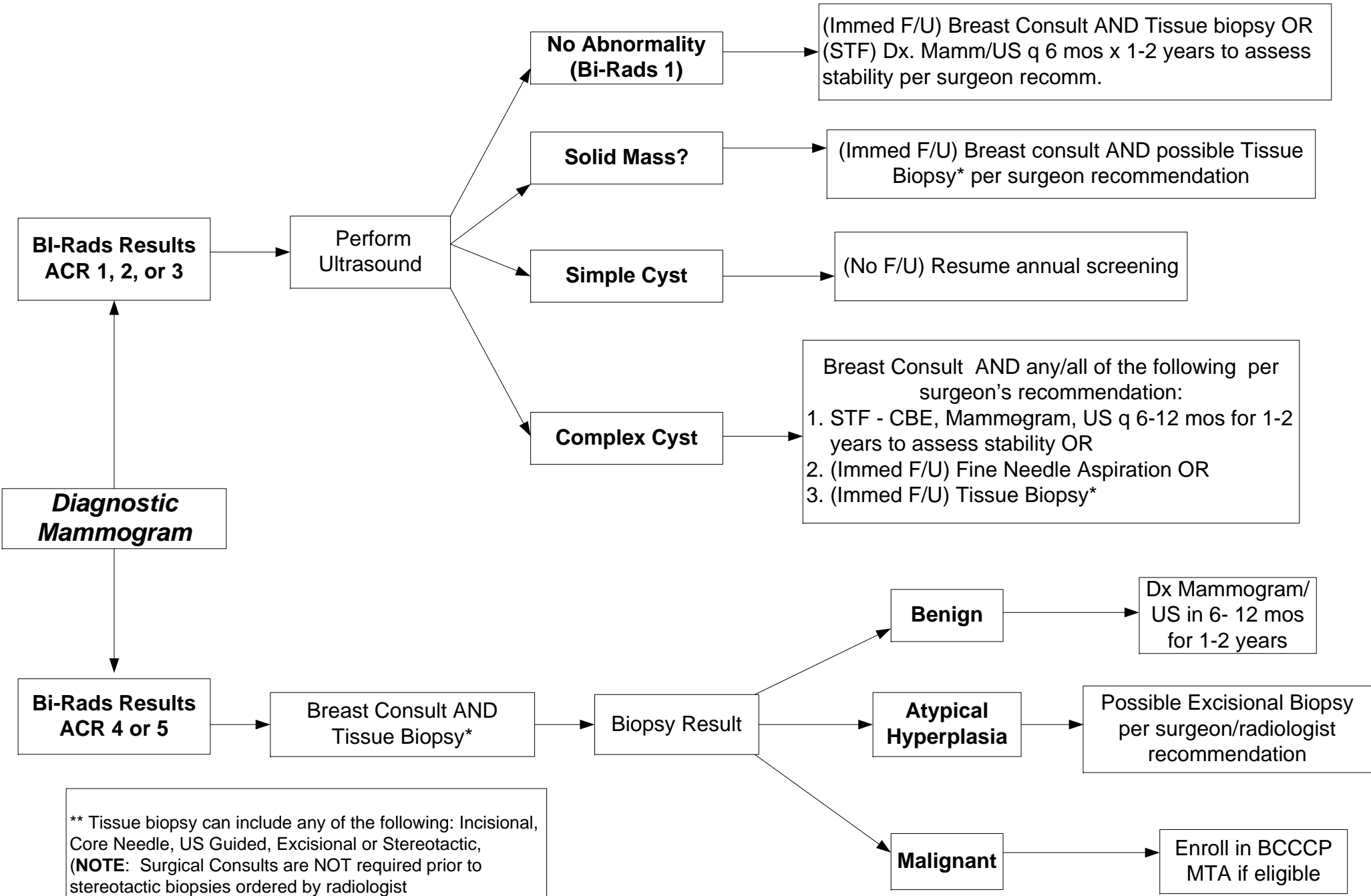
QUESTIONS REGARDING THIS PROTOCOL MAY BE DIRECTED TO:

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BCCCP Medical Protocol

Follow-up of Abnormal CBE Results

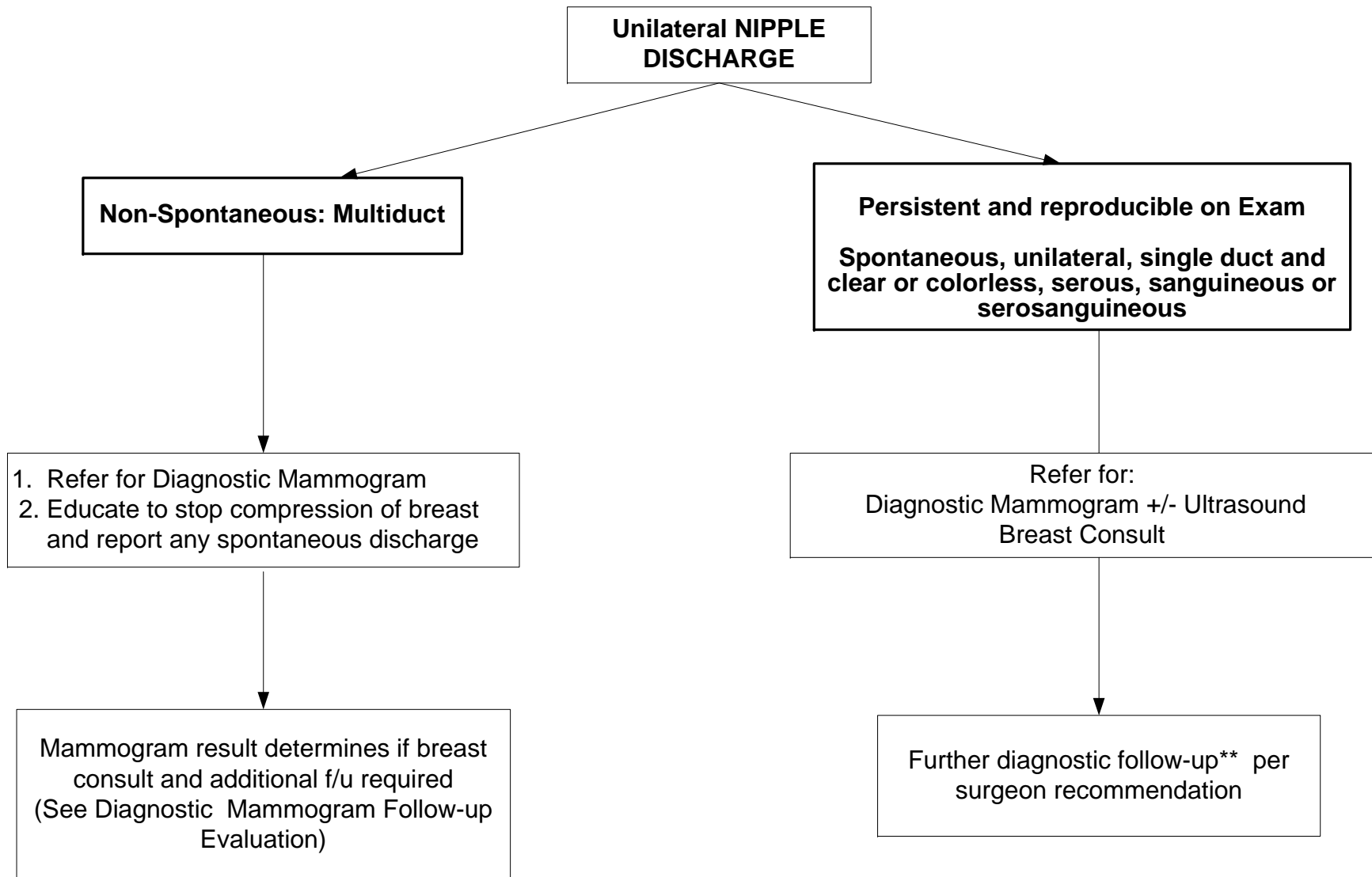
DOMINANT MASS (formerly lump/mass)



BCCCP Medical Protocol

Follow-up of Abnormal CBE Results

NIPPLE DISCHARGE

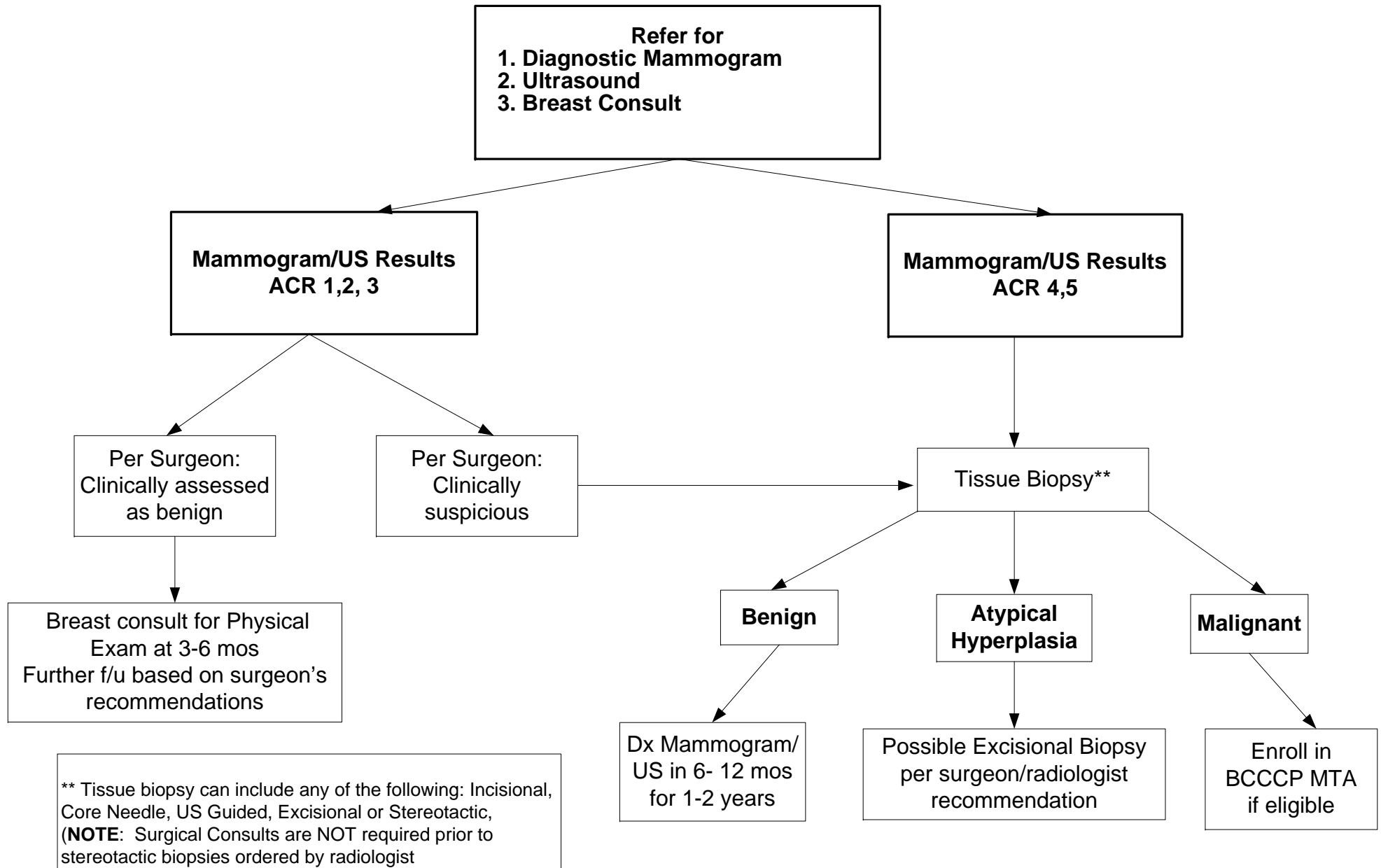


** Diagnostic follow-up may include tissue biopsy or recommendation for ductogram (NOTE: Ductogram not reimbursed by BCCCP)

BCCCP Medical Protocol

Follow-up of Abnormal CBE Results

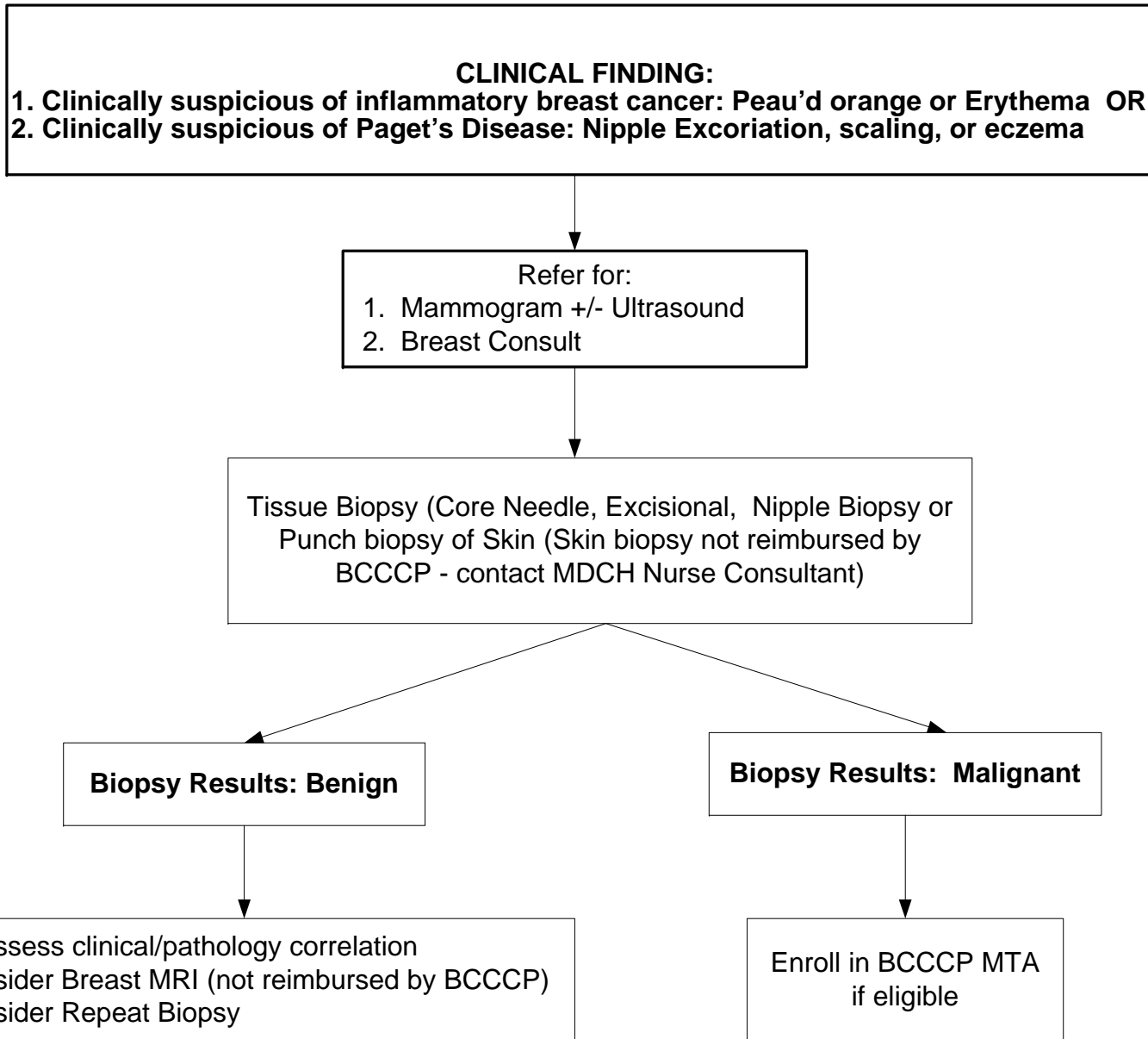
ASYMMETRIC THICKENING/NODULARITY



BCCCP Medical Protocol

Follow-up of Abnormal CBE Results

SKIN CHANGES



BCCCP Medical Protocol

Follow-up of DIAGNOSTIC Mammogram Results

