



**WEST VIRGINIA BREAST AND CERVICAL
CANCER SCREENING**
FISCAL YEAR 2024
Annual Report



OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
DIVISION OF WOMEN'S AND FAMILY HEALTH
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This report has been prepared by the West Virginia Department of Health, Bureau for Public Health, Office of Maternal, Child and Family Health to comply with the requirements of West Virginia Code §§16-33-6 and 16-33-7(c).

Program Overview

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP), within the West Virginia Department of Health (DH), Bureau for Public Health, is a comprehensive public health program that provides breast and cervical cancer screening to low-income, uninsured, and underinsured women who may not otherwise get screened.

WV was one of the first states to begin screening women in April 1991 with funds from a cooperative agreement from the Centers for Disease Control and Prevention (CDC) through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program focuses services on low-income, uninsured, and underinsured women aged 21-64 years. A woman can enroll in the program at age 21 for cervical screening services only and must be age 40 or above to enroll and receive breast screening services. Those under 40 years of age can be screened if they have symptoms such as breast mass, nipple discharge, breast pain, etc. and meet all other screening eligibility criteria. Those older than 64 who do not have Medicare Part B may also be eligible for screening provided they meet the other eligibility criteria. Additionally, transgender men (female-to-male) who have not undergone a total hysterectomy or who have not undergone a bilateral mastectomy and transgender women (male-to-female) who have taken or are taking hormones are eligible for services through WVBCCSP if they meet all other screening eligibility criteria.

The WVBCCSP provides clinical breast examinations (CBEs), mammograms, Pap tests, and human papillomavirus (HPV) tests for eligible women, as well as diagnostic testing for women whose screening outcomes are abnormal. The WVBCCSP is implemented through a network of approximately 500 physicians and health care providers throughout WV.

Although screening services are key to early detection, they are insufficient alone to achieve reduction in the illness and death associated with breast and cervical cancer. The WVBCCSP engages in the following additional program activities to execute a comprehensive program:

- Implementation of Evidence-Based Interventions (EBI);
- Use of Surveillance Systems and Population-Based Surveys;
- Program Monitoring and Evaluation; and
- Support Partnerships for Cancer Control and Intervention.

Enrollment and Screening

The WVBCCSP enrolled 1,792 women in the program during FY 2024. The program screened 831 women for breast cancer and 829 for cervical cancer.

Breast and Cervical Cancer Detection

From inception in 1991 to FY 2024, the WVBCSP has assisted in the detection of 1,410 cases of invasive breast cancer and 169 cases of invasive cervical cancer. In FY 2024, 14 cases of invasive breast cancer and 3 cases of invasive cervical cancer were detected through the program.

Definition of the Problem

Breast Cancer

Incidence and Mortality

Breast cancer is the most diagnosed cancer and the second leading cause of cancer related death in WV women. In 2021, the CDC reported 1,679 cases of female breast cancer in WV and in 2022 (latest mortality data available) 297 women died from breast cancer deaths. From 2017-2021, the incidence of breast cancer in WV was lower than the US incidence, 124.7 per 100,000 women compared to 130 per 100,000 women.

Risk Factors

The main factors that influence risk include being a woman and getting older. Most breast cancers are found in women who are 50 years old or older. In certain cases, women may develop breast cancer despite the absence of any identifiable risk factors. It is important to note that possessing a risk factor does not guarantee the onset of the disease, and the impact of various risk factors can differ significantly. Most women have some risk factors, but most women do not get breast cancer. Read more about the risk factors of breast cancer. <https://www.cdc.gov/breast-cancer/risk-factors/index.html>.

Early Detection

The National Breast and Cervical Cancer Early Detection Program through which the WVBCSP is funded recognizes mammography and clinical breast exam (CBE) as the standard for breast cancer screening. Mammography remains the best method for early detection of breast cancer. Studies show that early detection of the disease not only increases a woman's chance of survival, but also increases her treatment options. A core competency of the program is to ensure that women go from screening to diagnosis within 60 days and from diagnosis to treatment within 60 days.

According to the 2022 WV Behavioral Risk Factor Surveillance System, 76.1% of WV women aged 50-74 had a mammogram in the past two years and 70.3% of women ages 40 and over had a routine mammogram in the past two years. Those less likely to have had a mammogram in the past two years included women with less than a high school education and women with an income of less than \$15,000.

Practice Updates

The WVBCSP updated program policy for young women who exhibit breast symptoms requiring diagnostic workup as the breast ultrasound without a diagnostic mammogram coverage has been revised per the American College of Radiology (ACR) recommendations. When a female age 40 or older has a palpable breast mass, a diagnostic mammogram and breast ultrasound is

appropriate; in females aged 30-39 with a palpable breast mass, a diagnostic mammogram and breast ultrasound is appropriate; in women under the age of 30 with a palpable breast mass, a breast ultrasound only is recommended. Therefore, the WVBCSP has updated the program to include approving ultrasound only for women aged 29 years and younger with a palpable breast mass or clinically significant exam finding. Other participants that request breast ultrasounds without a screening mammogram will be reviewed on a case-by-case basis. For additional information visit [ACR Appropriateness Criteria](#).

Recommendation

Community and education outreach efforts for breast cancer screening should be prioritized and adapted for low-income women and women with less than a high school education.

Cervical Cancer

Incidence and Mortality

In 2021, the U.S. Cancer Statistics report indicated 89 WV women were diagnosed with cervical cancer and 34 died as a result of that cervical cancer. The incidence of cervical cancer in WV is 9.6 per 100,000 women, higher than the U.S. rate 7 per 100,000 women. Cervical cancer mortality rate is also higher than the U.S. rate 3.1 per 100,000 women compared to 2 per 100,000 women.

Risk Factors

Risk factors for cervical cancer include obesity, infection with HPV, smoking, using birth control for five years or more, giving birth to three or more children, having several sexual partners, or having human immunodeficiency virus (HIV), and exposure to diethylstilbestrol (DES) in the womb. Cervical cancer screening may be more difficult in those with obesity, leading to lower detection of pre-cancers and a higher risk of cancer. For additional information, please review <https://www.cancer.org/cancer/types/cervical-cancer/causes-risks-prevention/risk-actors.html>.

Early Detection

Cervical cancer is a preventable cancer that can be detected early, even as a pre-cancer. If routine cervical screening is followed, most cases of cervical cancer can be prevented. There are two tests that can help prevent cervical cancer or find it early – the Pap test and the HPV test. The Pap test can detect cervical abnormalities in their earliest stage before the disease progresses and allows the woman to seek appropriate treatment. The HPV test looks for the virus that can cause pre-cancerous cell changes and cervical cancer.

Practice Updates

In May 2024, the FDA approved an HPV self-collection test to screen for HPV, the virus that causes cervical cancer. The sample is collected in the health care setting by the patient and sent to lab for processing. This may eliminate many of the barriers to cervical cancer screening, particularly for women who exhibit higher weight or physical disability. Once the screening kit is approved by NCCEDP, the WVBCSP will add clinic testing kits and lab processing to the WVBCSP payment fee schedule to provide access for clinic use.

Recommendation

Community Outreach efforts should prioritize education about the importance of HPV vaccination along with the importance of screening for early detection of cervical cancer. The program will also focus on screening for women who have never been screened or have not been screened in past 10 years. Once the self-collection tests are approved through the NBCCEDP, education will be disseminated to the providers and to the public in the form of health fairs and in person and virtual education.

Another priority area includes improving modifiable risk factors, such as smoking status and engagement in healthy behaviors. The WVBCCSPP has incorporated the WISEWOMAN program, which focuses on cardiovascular screening risks for eligible WVBCCSPP participants aged 35-64 years old. Within this program, healthy behavior support programs are offered to help with weight management, smoking cessation, and other healthy behaviors associated with decreasing cardiovascular risks among women.

Screening and Diagnostic Services

Screening and diagnostic services are the core of the WVBCCSPP. These services include screening/rescreening, tracking, follow-up, and case management. The WVBCCSPP contracts with a variety of health care practitioners to provide CBEs, mammograms, pelvic exams, HPV tests, Pap tests, and diagnostic procedures.

The WVBCCSPP is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted health care provider agrees to work in coordination with the WVBCCSPP to notify women of their results and arrange for timely follow-up. In addition, the WVBCCSPP database is monitored monthly to identify women with incomplete records. If an incomplete record is identified, tracking and follow-up nurses contact the health care provider to identify and resolve any issues underlying the incomplete record.

Health care providers are required to monitor women enrolled in the program and contact them by mail or telephone to schedule their routine screening examinations and follow-up visits. When a woman is unable to keep her appointment for follow-up services or treatment, providers and the WVBCCSPP staff work together to help the woman overcome identified barriers and return for medical care.

When a woman is diagnosed with breast cancer, cervical cancer, or certain pre-cancerous cervical conditions, she may be eligible to have her medical costs paid through Medicaid. Once eligibility is assessed and granted, the woman is enrolled in the West Virginia Medicaid Treatment Act (MTA) program. As part of the MTA, enrolled women receive patient navigation/case management services via Nurse Case Managers who are responsible for assessing their needs, developing a care plan, monitoring them throughout their treatment, and assisting them in resolving barriers to treatment. Once a woman has completed active treatment, the Case Manager disenrolls her from the MTA, and depending upon eligibility, may refer her to the WVBCCSPP for a continuation of screening services.

Health Disparities

The WVBCCSPP actively works to reduce health disparities in breast and cervical cancer across West Virginia through a comprehensive approach. This includes targeting specific populations, educating both the community and healthcare professionals about related health disparities, identifying social determinants of health through surveys, and building collaborative partnerships to achieve shared goals.

Health disparities are seen between White and Black women. According to the National Cancer Institute, while White women have a higher incidence of breast cancer, Black women are more likely to die of breast cancer compared to White women (Cancer Disparities, 2022). The program seeks to improve this disparity by working with healthcare and other partners to ensure that Black women receive breast and cervical cancer screening, timely follow-up, and quality treatment through outreach, education, and patient navigation. The program has partnered with Medicaid Managed Care Organizations to provide patient navigation services to increase breast and cervical cancer screenings in the Black population.

Health disparities also exist in the disabled population. According to the CDC Disability and Health Data System (DHDS), in 2022 WV had the fifth highest disability prevalence rates in the United States for women ages 18 and older who report having any disability (38.4%). People with disabilities are less likely to be up to date on their breast and cervical cancer screenings. In 2022, WV ranks 24th in the country in the prevalence of females ages 50-74 with disabilities who have not completed a mammogram in the last two years (30.4%). More specifically, there is a 11.2% disparity in the prevalence of breast cancer screening for WV women with disability compared to their able-bodied counterparts. In 2020, WV also had the 15th highest prevalence of women between 21-65 years with disabilities who are not up to date on their cervical cancer screenings (20.1%). More specifically, there is a 6% disparity in cervical cancer screening rates for WV women with disability compared to their able-bodied counterparts. People with disabilities are more likely to be diagnosed with cancer at some point in their life compared to those without disability (Hughes, Robinson-Whelen, & Knudson, 2022), WV has the 3rd highest prevalence of women with disability who have ever been diagnosed with cancer (12.6%) (DHDS, 2022).

The WVBCCSPP has formed a collaborative partnership with the Developmental Disabilities Council to better understand the challenges associated with breast and cervical cancer screening and to gain insight into how to improve screening rates in this population.

Patient Navigation Medicaid Managed Care Organization Project

The WVBCCSPP has collaborated with three of West Virginia's Medicaid Managed Care Organizations (MCOs) to improve breast and cervical cancer screening rates among West Virginia's Black Medicaid population. This was accomplished by offering patient navigation services to help patients overcome barriers to scheduling and attending mammogram and Pap test screening appointments. In addition, patients received a \$50 gift card for completing the screening through their MCOs, and all WVBCCSPP clinics involved in the project were reimbursed \$50 per patient for screening patient navigation services fees.

The project started in March 2024. As of October 31, 2024, 208 out of 956 eligible participants have been successfully contacted. Of those contacted, 39 (18.75%) patients have utilized the patient navigation services to plan for their screening appointments, 30 (14.42%) completed a mammogram screening, and 111 (53.37 %) had screening appointments scheduled or planned to schedule a screening appointment with a healthcare provider on their own.

The project's primary goal was to identify the barriers preventing West Virginians from getting mammograms and to find solutions to these issues. Participants expressed several concerns related to mammogram screenings and Pap tests, including:

- Transportation needs
- Anxiety
- Lack of knowledge about the screening process
- Fear of cancer being found
- Fear of pain or discomfort
- Fear of others' experiences with screening
- Time commitment for scheduling and attending screening appointments

These barriers highlight the importance of educating and preparing women for mammogram screening and Pap tests. Addressing fears, anxieties, and other challenges will empower women to schedule and attend appointments without hesitation.

While the project's successes are evident, patient navigators faced the significant challenge of contacting patients via phone. Only 21.75% of patients responded to calls from patient navigators, and many of these still declined patient navigation services for various reasons. As a result, it is difficult to determine how many women require an updated mammogram screening and the obstacles they might face in scheduling or attending one. Despite these challenges, the patient navigation project will continue its efforts to reach more of West Virginia's Black population and expand to include other priority populations in the near future.

Professional Education

Professional education activities aim to improve the ability of health care providers to screen for and diagnose breast and cervical cancer to ensure women receive appropriate and high-quality screening and diagnostic services. The WVBCCSP provides professional education training through annual training and information updates.

The Second Annual WVBCCSP Training Collaborative was held in April 2024 at Marshall University in Huntington, WV with 155 attendees. Presentations included:

- Addressing Health Inequities: Updates from the WV Breast and Cervical Cancer Screening Program (WVBCCSP) and Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) Survey Results
- Unveiling the Impact – West Virginia Family Planning Program (FPP) Annual Report on Patients Served, Services Provided, and Statistical Insights
- WISEWOMAN Updates and CareHalo Demonstration
- WVU BCCSP Evidence-Intervention Based Clinics

- Collaborating with Medicaid Managed Care Organizations to Reduce Health Disparities and Increase Breast Cancer Screening Rates in West Virginia - A Panel Discussion
- Harnessing WVBCCSPP and WVFPP Health Visits to Identify and Manage Undiagnosed Hypertension, Emphasizing Preconception Care
- Sensitive Practice Strategies for Conducting Breast and Cervical Cancer Screening in Individuals with a History of Sexual Trauma
- Cultural Competency in Healthcare
- The Role of Community Health Workers in Breast and Cervical Cancer Screening and Family Planning
- Thinking Outside the Box: Unique Community Partnerships for WVBCCSPP and WVFPP

The program also provides ongoing technical assistance to WVBCCSPP providers and staff.

Increasing Breast and Cervical Cancer Screening Through Evidence-Based Interventions

The WVBCCSPP supports evidence-based interventions (EBI) to improve breast and cervical cancer screening rates through intensive work with clinics, which includes identifying baseline screening rates and implementing and maintaining two EBIs over the course of a three-year commitment. These EBIs include:

- Client or Patient Reminders
- Group Education
- One-on-One Education
- Small Media
- Reducing Structural Barriers
- Reducing Out-of-Pocket Costs
- Programs to Reduce Out-of-Pocket Costs
- Provider Assessment and Feedback
- Provider Reminder and Recall Systems
- Patient Navigation

Partnership and Collaboration

Partnerships are critical to the WVBCCSPP's cancer control efforts. Success depends on the involvement of a variety of committed partners at the local, state, and national levels. Partners help strengthen the program through their expertise, connections, resources, and enthusiasm. WVBCCSPP is proud to have a strong, committed group of partners that provide the following resources:

- **Health Care Professionals**
Health care professionals are the backbone of the WVBCCSPP. Physicians, nurses, nurse practitioners, and physician assistants provide high-quality, life-saving screening and diagnostic services to WV women. The WVBCCSPP has a statewide network of screening and referral providers that includes approximately 500 professionals. Since the program's inception, this number has more than quadrupled, resulting in easier access and timely provision of services. These dedicated professionals not only provide compensated care to women, but also volunteer to participate in free screening clinics, serve as preceptors, and train/teach other health care providers.

- **Volunteers**

Each year hundreds of volunteers assist in outreach activities for the WVBCCSP, including Breast Cancer Awareness Month activities, Cervical Cancer Awareness Month activities, and cancer walks. Volunteers help distribute WVBCCSP literature and talk with community members, family, and friends about the importance of early detection and the services available through the WVBCCSP. Volunteers have donated thousands of hours of service completing these activities. These and other activities have been diminished greatly by the pandemic.

- **Organizations**

The WVBCCSP partners with groups and organizations that share the program's goals and vision. Collaboration on this level allows resources to be combined without duplicating efforts. Partnering with groups such as the American Cancer Society, Appalachian Community Cancer Network, Mountains of Hope Cancer Coalition through the West Virginia Cancer Control Program, West Virginia Breast Health Initiative, and numerous community and faith-based groups allows all parties to work together on prevention, early detection, patient navigation, survivorship, and end-of-life care issues affecting WV residents.

Evaluation

Surveillance

Surveillance is the continuous, proactive, timely and systematic collection, analysis, interpretation, and dissemination of health data. The purpose of surveillance is to use relevant data to plan, monitor, and evaluate WVBCCSP activities. Data is used to help make sound program decisions, such as determining where to implement pilot studies to utilize limited resources effectively. Evidence-based practices are utilized when applicable. Data is also used to determine the types of activities that will increase WVBCCSP enrollment and impact hard-to-reach women, design studies to understand the targeted population, and plan marketing and advertising strategies. Data is monitored and analyzed using several databases that collect a variety of information.

Quality Assurance

Quality assurance is defined as the use of established standards, systems, policies, and procedures to monitor, assess, and identify practical methods for improvement. The purpose of this component is to ensure the quality of services delivered to women through the WVBCCSP and to ensure provider compliance with program guidelines.

Quality assurance monitoring is conducted at contracted WVBCCSP provider sites that screen a minimum of 10 enrolled women each year. Monitoring may include, but is not limited to, review of medical records, review of service policies and procedures, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services.

During an on-site review, the OMCFH Quality Assurance Monitoring Team is given access to all necessary information and is allowed to observe the WVBCCSP examinations to ensure patient

care standards are met and services are provided in accordance with the WVBCCS policy. All quality assurance monitoring reports are submitted to the WVBCCS and OMCFH and are carefully reviewed. Areas of provider deficiency are noted, and a corrective course of action is put into place. Staff nurses contact providers to discuss deficiencies and work with them to ensure that these deficiencies are addressed appropriately.

An epidemiologist reviews data on a routine basis to identify and report potential service problems to the Program Director. Problem areas are reviewed and discussed with nursing staff so a resolution can be determined. Any identified problems continue to be monitored by the epidemiologist to ensure the situation is resolved effectively and efficiently.

Technical Assistance

All technical assistance needs are performed by WVBCCS staff. Technical assistance is commonly requested for proper completion of WVBCCS forms, billing, and policies. Training on policies and procedures is provided by the WVBCCS to newly contracted provider staff and to refresh existing staff. In addition, WVBCCS works with contracted providers to utilize evidence-based interventions to increase breast and cervical cancer screening rates.

Medicaid Treatment Act (MTA)

The Medicaid Treatment Act (MTA), Public Law 106-354, was passed in 2000, and permits states the option to provide medical assistance for breast and cervical cancer diagnosis and treatment through Medicaid. WV was one of the first states to include the costs of breast and cervical cancer treatment for women younger than age 65 through Medicaid. To receive services through MTA, women must be uninsured and enrolled in the WVBCCS. The program also supports medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer through the Diagnostic and Treatment Fund (Fund).

During FY 2024, 47 new participants were enrolled in the MTA. Of these new enrollees, 35 were enrolled for breast cancer treatment and 12 were enrolled for treatment of cervical cancer. At the end of the program year, June 2024, 316 women were enrolled in the MTA. Cancer treatment services to women were approximately 75% for breast cancer and 25% for cervical cancer throughout the program year. During FY 2024, 76 participants were disenrolled for various reasons such as over the age limit, residency status, insurance status, death, eligibility for straight Medicaid due to decrease in income, and disenrollment due to the end of the COVID-19 public health crisis.

For additional information regarding this program, please visit <http://www.wvdhhr.org/WVBCCS/>.

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