NORTH CAROLINA BREAST & CERVICAL CANCER CONTROL PROGRAM (NC BCCCP)

Title: NORTH CAROLINA BREAST & CERVICAL CANCER CONTROL PROGRAM (NC BCCCP) CERVICAL CANCER SCREENING POLICY	**Category/Number: N/A**
Approved By: _____ **NC BCCCP Medical Advisor** _____ **NC BCCCP Program Director**	**Section: NC BCCCP Training Manual Overview** **Program: NC BCCCP**
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Purpose:

Cervical cancer incidence and mortality is low, but it remains a problem in the U.S. From 2012 to 2016, the incidence rate was 7.6 per 100,000. The mortality rate was 2.3 per 100,000 from years 2013 through 2017 (CDC State Cancer Profiles). ACS projects an estimated 13,800 new cases in the U.S. for 2020 (ACS Cancer Facts & Figures 2020). The North Carolina Central Cancer Registry estimates 414 cases and 126 deaths in NC for 2021 (North Carolina State Center for Health Statistics Cancer Projections 2021). Incidence and mortality for African American women remains higher than for white women. Early detection leads to nearly 100% survival with timely and adequate treatment.

In August 2018, new joint screening guidelines were released by three major organizations:

- United States Preventive Services Task Force (USPSTF)
- American Cancer Society (ACS)
- American College of Obstetricians and Gynecologist (ACOG)

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) adopted the new guidelines on August 24, 2018.

The 2019 revised ASCCP risk-based management consensus guidelines were published in early 2020. These new guidelines allow for more frequent surveillance, colposcopy and treatment that is recommended for patients who are at progressively higher risk. The guidelines also allow for those patients at a lower risk to be deferred for colposcopy and undergo follow-up at longer surveillance intervals and when at a sufficiently low risk, can return to routine screening. The 2019 risk-based guidelines replace all previous guidelines. The risk threshold tables can be accessed at http://www.asccp.org. To facilitate use of the tables, the information will be accessible via smartphone app available for purchase through the website.

Policy:

Eligible WOMEN:

NC BCCCP reimburses for cervical cancer screening and diagnostic services provided to women ages 21 to 64, who are at or below 250% of the current federal poverty level and have no other source of health care reimbursement such as medical insurance.

- Women ages 21 to 64 may be screened using state or federal NC BCCCP dollars. The priority population includes women who have never been screened (defined by CDC as not screened in 10 years or more). Recruitment efforts should be concentrated on the priority population.
- Women covered by Medicare-Part B and/or Medicaid are not eligible to enroll in NC BCCCP. Women covered by Title X (Family Planning) are not eligible to have cervical cytology reimbursed using NC BCCCP funds.
- Eligible women may enroll in NC BCCCP for diagnostic work-up of abnormal screening results obtained by providers outside of NC BCCCP.

NC BCCCP CERVICAL SCREENING SERVICES PRIORITIES:

Increasing Screening for NC BCCCP-Eligible Women Who Have Never Been Screened:

At least 20% of all NC BCCCP cervical screening tests must be for women who have not been screened for at least 10 years.

Cervical Cancer Screening for Average-Risk Women Ages 21 to 64:

For average-risk women ages 21 to 29 years, NC BCCCP will cover cervical cytology alone every three years.

For average-risk women ages 30 to 64 years, NC BCCCP funds will cover **one** of these:

- Cervical cytology alone every 3 years

- High Risk Human papillomavirus (hrHPV) test alone every 5 years
- Co-testing with the combination of cervical cytology and hrHPV testing every 5 years

Women should discuss with their clinician which strategy is right for them.

Screening for women younger than 21 years is not covered.

Cervical Cancer Screening for High-Risk Women Ages 21 to 64:

Women who are at high risk for cervical cancer need to be screened more often. NBCCEDP defines high risk as those who have or had:

- HIV infection
- Organ transplantation
- Another condition that causes them to be immunocompromised
- In-utero exposure to diethylstilbestrol or DES
- A history of cervical cancer or pre-cancer

For high-risk women ages 21 to 29, NC BCCCP will cover cervical cytology alone every year and hrHPV testing per 2019 ASCCP Guidelines (ASCCP Consensus Risk-based Management Guidelines April 2020).

For high-risk women ages 30 to 64, NC BCCCP funds will cover **one** of these:

- Cervical cytology alone every year
- Co-testing with the combination of cervical cytology and HPV testing every 3 years

NC BCCCP does not cover cervical cancer screening for women under age 21.

Cervical Cancer Screening for Women Over 64 Years of Age:

Cervical cancer screening is not recommended for women once they reach age 65 if they have had adequate screening and are not at high risk. NC BCCCP eligibility continues only through age 64 for most women.

At age 65 most women are eligible for Medicare, which covers extended screening for certain high-risk women. If an eligible woman over 64 is not enrolled in Medicare, she should be encouraged to enroll. Women enrolled in Medicare Part B are not eligible for NC BCCCP clinical services.

Women who are not eligible for Medicare Part B or who cannot afford the premium may receive NC BCCCP services if they are income eligible.

Cervical Cancer Screening Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer:

NC BCCCP does not cover cervical cancer screening after total hysterectomy unless it was performed for treatment of cervical cancer or pre-cancer.

NC BCCCP may serve a woman who remains eligible after cervical cancer treatment is completed and she has returned to routine screening.

A woman with a *history of cervical neoplasia or in situ disease* may have one of these for 20 years after treatment, even if it extends past age 65:

- Cervical cytology alone every year
- Co-testing with the combination of cervical cytology and hrHPV testing every 3 years

A woman with a *history of invasive cervical cancer* may have one of these indefinitely as long as she is in good health:

- Cervical cytology alone every year
- Co-testing with the combination of cervical cytology and hrHPV testing every 3 years

A woman with a total hysterectomy for *unknown reasons* may be screened until there is a 10-year history of negative screening results.

If it is *unknown if a patient's cervix was removed*, NC BCCCP can cover a one-time exam to determine if the patient's cervix is present. NC BCCCP does not cover additional pelvic exams in the absence of cervical cytology.

Women who have had a *supracervical hysterectomy* remain eligible for NC BCCCP cervical cancer screening.

MANAGING WOMEN WITH ABNORMAL CERVICAL CANCER SCREENING RESULTS

The standard of care for management of women with abnormal cervical cancer screening results is found in:

The Cervical Screening Manual: A Guide for Health Departments and Providers (2020)

Covered diagnostic services for follow-up of an abnormal cervical cancer screening test include:

- Colposcopy
- Colposcopy-directed biopsy
- Endocervical curettage
- Certain pre-approved procedures in unusual cases

Diagnostic excisional procedures **must be pre-approved** by a NC BCCCP nurse consultant. These include:

- Loop Electrode Excision Procedure (LEEP)
- Cold-knife excisions
- Endometrial biopsies

- Pathology associated with diagnostic procedures

REIMBURSEMENT OF HPV DNA TESTING:

High-risk HPV DNA testing is allowed for co-testing, primary HPV testing, and triage of ASC-US cervical cytology results. Providers should specify the high-risk HPV DNA panel. Reimbursement for a low-risk HPV DNA panel is not permitted.

REIMBURSEMENT OF OTHER SERVICES:

NC BCCCP **may not pay for any treatment services.**

NC BCCCP funds may not pay for diagnostic services not included on the NC BCCCP services fee schedule *unless pre-approved*.

NC BCCCP may only pay for repeat cervical screening with colposcopy *if it has been more than four months* since the initial screening.

Responsibilities: Local BCCCP providers

Procedure: Local BCCCP providers shall develop internal policy and procedures to assure:

Patient navigation for women served by the NC BCCCCP must include the following activities:

1. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment
2. Patient education and support
3. Resolution of patient barriers (e.g., transportation, translation services)
4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment
5. A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship; and
6. Collection of data to evaluate the primary outcomes of cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.

Women who need screening shall receive assessment of their need for patient navigation and assistance to access screening services, whether by enrollment in BCCCP or referral to a non-BCCCP provider.

References:

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