

# WEST VIRGINIA

West Virginia Cancer Registry (WVCR); Steve Blankenship,  
Epidemiologist, WVCR

## Using Registry Data to Reduce Breast Cancer Morbidity and Mortality

# NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

**SUMMARY:** The West Virginia Department of Health and Human Resources (DHHR) utilized a grant from the Association of State and Territorial Health Officials (ASTHO) to identify underserved areas for breast cancer screening and treatment. DHHR offices including the West Virginia Cancer Registry (WVCR), Breast and Cervical Cancer Screening Program, and Maternal, Child and Family Health met with representatives from Medicaid, hospitals, private insurance providers, the American Cancer Society, West Virginia University (WVU) Cancer Institute, WVU's Bonnie Wells Wilson Mobile Mammography Program and community groups to discuss needed and available data regarding breast cancer screening and treatment. WVCR incidence and stage-at-diagnosis data were combined with data on mammography screening rates, time-to-diagnosis, time-to-treatment, education, and income to identify underserved areas with high breast cancer rates.

One result of this work was implementation of a pilot program at a hospital system in an underserved West Virginia county. With funding from the ASTHO grant, we developed a table-top flip chart to educate women about breast cancer and the importance of regular screening. The chart is designed for a brief 5-10 minute discussion with the patient at area physician offices. A full-time patient navigator was hired for this hospital system to send reminders for screening appointments, arrange transportation, and address other concerns as needed.

Early results have shown an increase in mammography screening rates for the pilot program. The relatively simple intervention of a patient navigator appears to be an effective way to promote cancer screening and move toward the goal of reducing late-stage breast cancer diagnoses.

**CHALLENGE:** There is never a shortage of cancer data or analyses that can be performed on those data. But once a cancer registry has results in-hand that show, for example, an area of a state with a relatively high percentage of cases with delayed treatment, then what? The challenge is to build alliances with non-governmental public health partners who can act on registry data to improve the situation. In a world of "evidence-based interventions," cancer registries can provide the "evidence," but we must rely on partnerships to implement the "interventions."

**SOLUTION:** With support from ASTHO, community stakeholders were assembled very early in the learning process, generating immediate collaboration among the stakeholder groups. Hospitals were very interested to learn what registry data could show regarding their hospital operations, and were eager to share possible solutions to gaps uncovered by registry data.

Our team identified a West Virginia county with a relatively high rate of late-stage breast cancer diagnoses and set up a pilot program with

the hospital system in that county. A portion of the ASTHO grant was used to develop a breast cancer flip chart. The flip chart was designed to facilitate an in-office, comprehensive conversation between the physician or nurse and patient to highlight the importance and value of breast cancer screening. The side facing the patient has simple, straight-forward information on breast cancer topics, and the reverse side has talking points for the nurse or physician.

Additional grant funds were used to hire a patient navigator at the hospital. The navigator mailed reminders and made phone calls to ensure screening-eligible women attended their appointments, arranged for transportation if needed, and addressed any other barriers to screening.

**RESULTS:** Early results from this pilot project show that mammography screening rates have improved for this hospital system. It will take several years to determine the results of this intervention on the late-stage cancer diagnosis rate in this area of the state; however, increasing screening rates is one of the most effective interventions known for diagnosis of breast cancer at an earlier stage when it is easier to treat, resulting in better prognoses for these patients.

**SUSTAINING SUCCESS:** We would like to expand this pilot project to more hospitals and health systems throughout West Virginia to promote early detection for all screenable cancers. Educational flip charts could be developed to promote routine screening for lung, colorectal, and prostate cancer. Having a designated patient navigator at each facility could be a very effective way of reducing late-stage diagnoses across a spectrum of cancers.

We will continue to monitor late-stage breast cancer rates and screening rates at facilities throughout West Virginia to determine next steps in implementing these types of evidence-based interventions. We will also continue and expand the relationships established during this ASTHO breast cancer learning community grant, and seek new ways to use registry data as a driving force behind real-world health practice to improve the health of all West Virginians.

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