Ask Dr. Miller

October 2021

The following questions were posed by NBCCEDP grantees:

Question #1: Sometimes LEEPs are considered diagnostic and sometimes they are considered treatment. How do we determine the difference and whether it should be covered by NBCCEDP or the treatment program?

Answer: NBCCEDP funds may be used to reimburse for colposcopy, colposcopy-directed biopsy, endocervical curettage, diagnostic excisional procedures (such as LEEP and cold-knife excisions) for diagnostic purposes. For example, cytology results with HSIL or AGC may require a diagnostic excisional procedure to obtain a final diagnosis. Sometimes that the diagnostic procedure may also be considered as treatment, if there CIN is identified and the entire lesion completely was excised with the procedure. If a client has a CIN diagnosis from a biopsy and LEEP is being done to remove the entire lesion, then that is considered treatment and show be covered under the Treatment Act.

Question #2: Should we expect to hear more about approval of self-collection HPV testing for cervical cancer screening in the United States?

Answer: There has been a lot of research on efficacy and acceptance of self-collected HPV testing with good results. There is work being done to have self-collection for HPV testing approved by the FDA. It is expected that self-collection will be approved for use in the US in the future. However, we have no update on that timeline.

Question #3: For women under the age of 40 who have a lifetime risk > 20%, a personal history of breast cancer, or a genetic mutation undergo annual mammography and MRI screening? I have not been able to find this information on the USPSTF website.

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Answer: The USPSTF only makes breast cancer screening recommendations for average risk women. The ACS does provide recommendations for high-risk women. Women who they define as high risk include those who:

- Have a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history
- Have a known BRCA1 or BRCA2 gene mutation
- Have a first-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation and have not had genetic testing themselves
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

There is currently not enough evidence for recommending an MRI for women solely with a history of breast cancer. However, that decision should be made between the woman and her provider. Women who are high risk should start screening at the age of 30, but this may vary based on her context.

Question #4: Can we cover a breast MRI for an inverted nipple if the client's mammogram is normal and she is not considered high risk?

Answer: If the client's inverted nipple is new (not something she was born with), then breast cancer is a concern. An MRI may be used as a diagnostic tool especially when mammography and ultrasound are normal. Therefore, a breast MRI would be appropriate to assess for cancer as the cause of nipple inversion and can be covered with NBCCEDP funds.

Question #5: Is atypical lobular hyperplasia considered a pre-cancerous lesion that will require treatment the same as atypical ductal hyperplasia?

Answer: Atypical lobular hyperplasia is not considered precancerous, but it does serve as a marker for increased chance of developing breast cancer. It is not treated the same as atypical ductal hyperplasia. However, depending on the pathological characteristics and prior mammography findings, some providers may be more aggressive in their follow-up.