Ask Dr. Miller

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HPV Self-Collection Announcement

The FDA has approved HPV self-collection in healthcare settings only. Roche Cobas and BD Onclarity are the only tests that are approved for self-collection and must be ordered by a provider. The Enduring Guidelines Group is developing recommendations for use. The draft recommendations are currently open for public comments. There are some slight differences from provider-collected HPV testing such as screening every 3 years and not preferred as use for surveillance. Once the recommendations are finalized, we will incorporate this testing into the NBCCEDP. In the meantime, you may begin planning how you would implement self-collection in your program, if you chose to incorporate this strategy. We have heard that there are plans underway for at-home HPV self-collection to be submitted for FDA approval in the future. But we do not know when that will happen. We will provide further updates when the Enduring Guidelines Group recommendations are finalized.

The following questions were posed by NBCCEDP recipients:

Question #1: We have a patient who does not have health insurance and has a diagnosis of CIN III. The provider is recommending that she have a hysterectomy. Since this is technically not a cancer diagnosis (Stage I-IV), can we pay for this with our NBCCEDP funds?

Answer: No. A hysterectomy is considered treatment for her CIN III. By law, the NBCCEP is not allowed to pay for any treatment services. A precancerous diagnosis such as CIN III for cervical or DCIS for breast still goes to the Medicaid Treatment Act. The Treatment Act covers cancerous and precancerous conditions.

Question #2: We have a patient who presented with breast pain. She was found to have a breast mass. A biopsy diagnosed breast cancer. The physician who performed the biopsy requested ER-PR assays and Her-2-neu tests. The lab technician has informed the physician that approval from the B&C program is required. Are we allowed to cover these tests?

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Answer: Yes. It is now standard to perform these receptor tests on the breast tissue sample when someone is diagnosed with breast cancer. CDC allows for this testing to be reimbursed. The CPT codes for immunohistochemical testing and FISH are already listed on CDC's CPT allowable list.

Question #3: We have a patient who is high-risk for breast cancer with a lifetime risk of 25.7%. The provider wants to know if we would cover a diagnostic mammogram with CAD and contrast instead of doing a breast MRI. He feels that it is better for the patient since it is cheaper and just as good as a breast MRI.

Answer: For someone that is high risk for breast cancer, the national recommendations are annual breast MRI along with annual mammogram. NBCCEDP follows national guidelines. We do not make any separate recommendations regarding screening tests not make substitutions because a test is cheaper. The only exception should be made is when a patient does not have access to a breast MRI. Therefore, NBCCEDP would not substitute from the recommendation and perform contrast enhanced mammography instead of a breast MRI for screening someone who is high risk. For someone with an abnormal mammogram who needs a diagnostic follow-up test, it is up to the provider for which type of diagnostic study they wish to order. We do not require that a breast MRI be performed for follow up of an abnormal mammogram.

Question #4: In the CDC manual, high-risk for cervical cancer is identified as women with HIV infection, who have had an organ transplantation, who may be immunocompromised from another health condition and taking medication, or who had Diethylstilbestrol (DES) exposure in utero. We have a provider who does more frequent Pap testing if the client has had multiple sex partners. We do not think this would make the client high-risk for cervical cancer. Can you clarify if the NBCCEDP can cover sooner than 3-year Pap testing/5-year co-testing based on sexual history?

Answer: A person's sexual activity history is not a listed criteria for more frequent Pap testing. Therefore, the program should not cover more frequent testing if that is the only criteria.

Question #5: The ASCCP has recently published their "Recommendations for Use of p16/Ki67 Dual Stain for Management of Individuals Testing Positive for Human Papillomavirus". One of our providers asked if the program could cover immunohistochemistry test with screening Pap tests.

Answer: Yes. Immunohistochemistry is a lab technology used to identify markers that are highly associated with cervical cancer. This is already included on our CPT list under pathology.