



District of Columbia Department of Health

DC Cancer Update

Welcome

Welcome to the DC Cancer Update from the DC Department of Health Comprehensive Cancer Control Program and the DC Cancer Registry. This update is intended for researchers, cancer registrars, advocates, program directors, policy makers and others engaged in cancer control activities in the District of Columbia.

Each issue will contain:

- **DC Cancer Activities:** Pertinent information on cancer activities within the Department of Health and the general cancer community;

- **Cancer Spotlight:** Highlighting a particular cancer site including incidence and mortality, risk factors, and overview of treatment.
- **Registry Report:** Overall incidence and mortality tables highlighting the impact of cancer among District residents by race, gender, and stage.

The Registry Report table in this issue reflects data from the Cancer Registry for 2006—the most recent year with complete data. Completed data for 2007 will be presented in the



fall.

Any questions about this update should be directed to the Community Health Administration, Bureau of Cancer and Chronic Disease at (202) 442-5892.

Joanne Lynn, MD, MA, MS
Bureau Chief, Cancer and Chronic Disease
Community Health Administration

Medicaid Rate Increase: Good News for the City's Medicaid Providers

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The low rates of Medicaid reimbursement in the District of Columbia has forced many healthcare providers to opt out of the Medicaid program, leaving DC residents with limited access to healthcare services. On April 1, 2009, the District of Columbia raised its Medicaid rates to the highest level in the DC Metropolitan area. The District's Medicaid reimbursement for an office visit rose

from \$46 to \$101, higher than the Maryland and Virginia rates of \$71 and \$62 respectively. This rate increase, made possible by a 2008 tobacco tax increase, should have a substantial impact on reimbursement for cancer screening and diagnosis for the city's underserved. According to DC City Councilmember David Catania (At-Large), who spoke about the rate increase in a 2008

press release, "The lack of adequate Medicaid reimbursement rates has created an illusory benefit whereby Medicaid residents have coverage but can't see a doctor when they need to."

An analysis of the impact the rate hike had on breast cancer screening reimbursement shows increases ranging from a low of 11% for percutaneous

“Increasing [Medicaid] rates will draw physicians and specialists back into our Medicaid program so that we can start tackling our city’s health disparities.”

*David Catania
DC City Councilmember
(At-Large)*

Rate Increase should lure back cancer specialists

(continued from Page 1)

needle core using imaging guidance for a breast biopsy (CPT 19103) which increased from \$546.57 to \$608.12; to a high of 188% for a breast ultrasound (CPT 76645). The 2009 Medicaid reimbursement rate for a breast ultrasound (\$106.56) has now surpassed the Medicare rate

(\$100.66) for the same procedure. The reimbursement for a bilateral screening mammogram rose 88% from (\$50.09 to \$94.19). According to Councilman Catania, “Increasing [Medicaid] rates will draw physicians and specialists back into our Medicaid program so that we

can start tackling our city’s health disparities.” Table 1 shows a rate comparison for selected breast cancer procedure codes with their corresponding rates.

**Table 1
2009 Medicaid Reimbursement Comparison**

CPT	Procedure Name	Medicare	Medicaid	2009 Medicaid	Rate Difference	% Increase
SCREENING						
77057	Screening Mammogram, bilateral	\$97.10	\$50.09	\$94.19	\$44.10	88%
DIAGNOSTIC						
77055	Diagnostic Follow-up-Unilateral	\$96.73	\$47.69	\$98.21	\$50.52	105%
77056	Diagnostic Follow-up Bilateral	\$122.27	\$59.53	\$124.77	\$65.24	110%
76645	Ultrasound breast(s) (unilateral or bilateral) B-scan and/or real time documentation.	\$100.66	\$37.00	\$106.56	\$69.56	188%
19100	Breast biopsy; needle core (surgical procedure only).	\$148.42	\$63.00	144.86	\$81.86	130%
19101	Biopsy of Breast; open, incisional	\$338.99	\$175.00	\$328.19	\$153.19	88%
19105	Removal of breast tissue	\$2,328.42	\$1,810.76	\$2,400.43	\$589.67	33%
88305	Breast biopsy-surgical pathology, gross and microscopic examination not requiring microscopic evaluation of surgical margins	\$122.50	\$51.15	\$121.59	\$70.44	138%



World No Tobacco Day Update: “Tobacco is NASTY..”

“The video portrays the toll smoking can take on someone physically and socially.”

**Pierre Vigilance, MD
Director of DOH**

The District of Columbia Department of Health (DOH) recently unveiled a new music video – and viral movement – to let teens know that tobacco use is “Nasty.”

Steve Fitzhugh, who wrote and performed the song in the video, worked with Anacostia High School students, to come up with the concept and film the video in the Anacostia neighborhood. The video, which can be used in any educational setting, comes with a facilitator’s guide to help teachers and peer

educators lead discussions about the themes and messages of “Nasty”.

Through the video and discussions, DOH hopes to educate youth about tobacco companies’ strategies to target teenagers and about the consequences of tobacco use.

This video and curriculum was the result of a partnership Association between DOH, DC between DOH, Tobacco Free

Association of DC, and the American Cancer Society teamed up with Anacostia High School students.

To view a copy of the video visit www.doh.dc.gov or contact Bonita McGee at bonita.mcgee@doh.gov for more information.

Cancer Spotlight: Melanoma

Melanoma is the most serious form of skin cancer. However, if it is recognized and treated early, it is nearly 100 percent curable. Undetected it can spread to other parts of the body, where it becomes hard to treat and can be fatal.

About 68,720 adults (39,080 men and 29,640 women) will be diagnosed with melanoma of the skin; and 8,650 adults will die of the disease in 2009.

In the District of Columbia the incidence of malignant melanoma is increasing (Figure 1). In 2006, approximately 124 new cases were diagnosed. This represents a 31.5% increase over the previous year.

Of the 124 new cases, less than 10% were diagnosed at an advanced stage at the time of diagnosis, which illustrates the importance of continued vigilance. Some of the increase in incidence might arise from increased early detection

Risk Factors

- Family History of Melanoma
- Dysplastic Nevi
- Weakened Immune System
- Many Ordinary Moles (>50)
- Ultraviolet (UV) Radiation
- Severe, Blistering Sunburns
- Freckles
- Fair Skin

Malignant Melanoma Incidence and Mortality 2000—2006
District of Columbia Cancer Registry

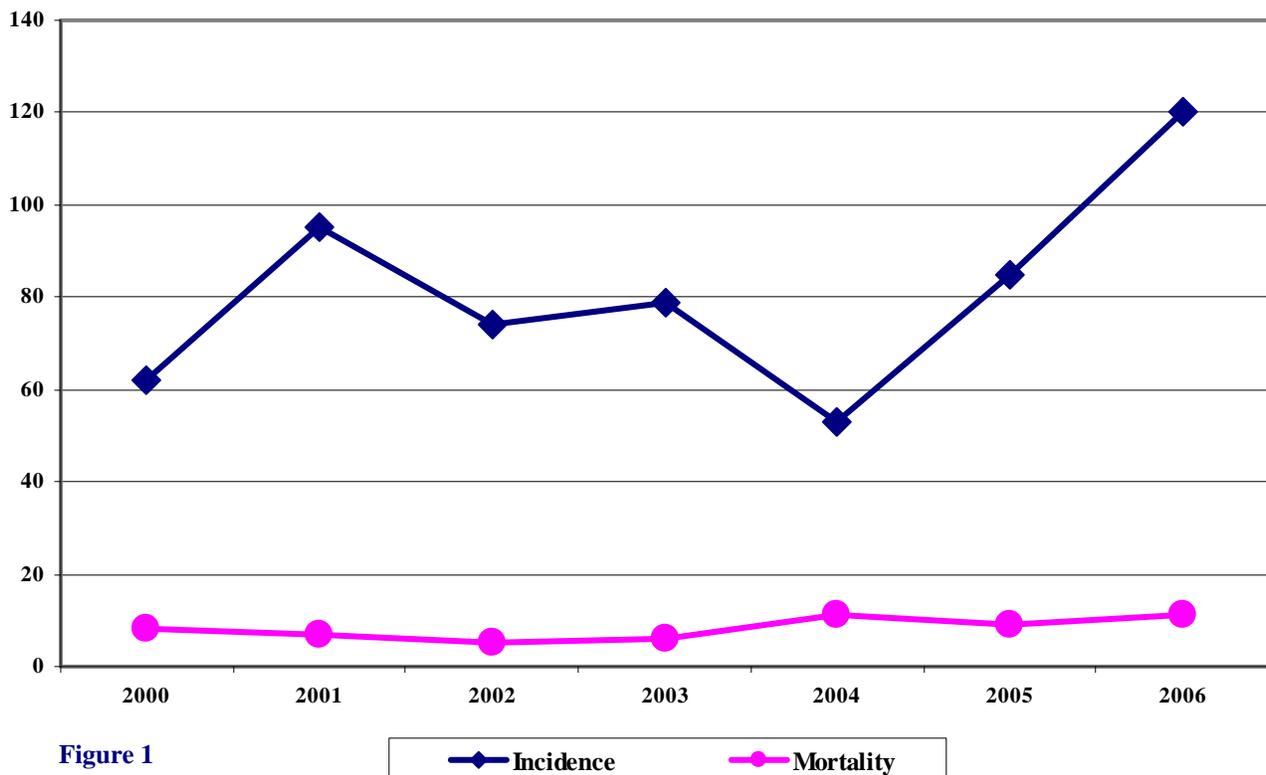


Figure 1



Early Detection of Melanoma - ABCDE vs. "Ugly Duckling"



Figure 1. Asymmetry



Figure 2. Border



Figure 3. Color



Figure 4. Diameter



Figure 5. Evolving

“ABCDE.” is the acronym used by most to identify the early signs of melanoma. **A** stands for Asymmetry, **B** stands for uneven or indistinct Border, **C** for varying Color, **D** for large Diameter and **E** for Evolving or changing. The ABCDE rules apply to most melanoma cases but there are a few cases that manifest differently. A new method for detecting skin lesion which could be a melanoma was developed by a group of melanoma specialists.

This new method is based on the sight of melanomas, using the concept that these skin lesions look different - i.e., “the ugly duckling.” Thinking of “the ugly duckling” mole, (also known as “the outlier”) as the lesion that *looks* or *feels* different than the patient’s other moles, or that over time, *changes differently*.

This methodology may be especially useful in the detection of nodular melanomas. These melanomas are dangerous because they generally lack the classic ABCDE signs.

There are three different scenarios defining the “ugly duckling” (Figure 6) moles.

- In A, Dominant Mole Pattern - the “ugly duckling” this mole is clearly larger and darker than all surrounding moles
- In B, Two Predominant Patterns- one of larger moles and the other of smaller, darker moles. In this case the “ugly duckling” is small but lacks pigmentation
- In C, Only one lesion– this “ugly duckling” single mole is changing, symptomatic, or exhibits the ABCDE characteristics.

Approximately 30% of melanoma cases will occur in a “new” mole versus a preexisting mole. Generally, melanoma is more common in people with light skin.

The best way to detect a melanoma early is by performing a self-examination of your skin monthly. Surgical excision is often effective treatment for localized disease.

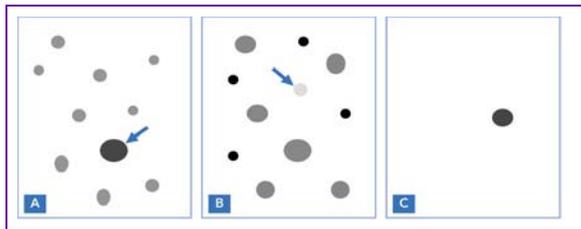


Figure 6. Ugly Duckling

District of Columbia Malignant Melanoma Incidence & Mortality, 2002—2006, By Ward

Incidence

	Cases	Rate	Sig.
District of Columbia	265	9.1	
Ward 1	27	6.6	
Ward 2	56	18.0	>
Ward 3	71	16.2	>
Ward 4	27	5.7	<
Ward 5	19	4.6	
Ward 6	27	7.0	
Ward 7	6	1.5	
Ward 8	3	1.0	
Unknown ¹	29		

Mortality

	Deaths	Rate
District of Columbia	42	1.5
Ward 1	6	2.1
Ward 2	3	1.1
Ward 3	13	2.8
Ward 4	4	.8
Ward 5	5	1.0
Ward 6	4	1.0
Ward 7	5	1.3
Ward 8	2	.8

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.

¹Address for cancer case unknown

*Includes white, black and other races

~Number of cases too small (35 or less) to calculate reliable rate

> Significantly higher than District rate.

< Significantly lower than District rate.

Source: District of Columbia Cancer Registry

2006 D.C. Site Table—by Stage, Race, Gender

Primary Site	AJCC STAGE									RACE			GENDER	
	Percent	Count	I	1	2	3	4	UNK	W	B	OTH	M	F	
Oral Cavity & Pharynx	30.0%	98	3	12	11	9	37	26	23	64	11	74	24	
Lip	0.1%	2	0	1	0	0	0	1	1	1	0	1	1	
Tongue	0.9%	30	2	3	2	3	12	8	7	17	6	20	10	
Major Salivary Gland	0.3%	9	0	1	3	0	3	2	2	7	0	8	1	
Floor of Mouth	0.4%	12	1	2	2	2	4	1	5	5	2	11	1	
Gum and Other	0.4%	12	0	2	1	1	3	5	4	8	0	10	2	
Nasopharynx	0.1%	4										3	1	
Tonsil	0.2%	7	0	1	0	0	3	3	2	4	1	5	2	
Oropharynx	0.3%	10	0	1	1	2	5	1	1	9	0	6	4	
Hypopharynx	0.3%	9	0	1	1	1	5	1	0	8	1	9	0	
Pharynx	0.1%	3										1	2	
Digestive System	17.7%	570	28	88	112	96	132	114	133	401	36	290	280	
Esophagus	1.4%	45	0	5	6	10	12	12	11	34	0	32	13	
Stomach	1.6%	52	0	9	8	5	16	14	10	39	3	28	24	
Small Intestine	0.4%	14	0	1	2	0	1	10	2	12	0	5	9	
Colon	6.8%	218	15	33	54	55	40	21	52	150	16	90	128	
Rectum and Rectosigmoid	2.1%	69	3	15	7	9	17	18	16	47	6	37	32	
Anus	0.7%	22	9	5	4	2	0	2	6	9	7	13	9	
Liver	1.5%	48	0	13	5	8	5	17	10	37	1	32	16	
Gallbladder	0.2%	7	1	0	2	1	2	1	0	6	1	2	5	
Other Biliary	0.2%	7	0	4	0	0	2	1	2	5	0	4	3	
Pancreas	2.5%	79	0	2	24	6	35	12	20	57	2	41	38	
Other Digestive System	0.3%	9	0	1	0	0	2	6	4	5	0	6	3	
Respiratory System	12.3%	398	5	65	15	80	147	86	88	297	13	220	178	
Nasal Cavity Sinuses	0.1%	2										1	1	
Larynx	1.0%	31	4	7	3	8	8	1	4	25	2	21	10	
Lung and Bronchus	11.3%	365	1	58	12	72	137	85	84	271	10	198	167	
Bones and Joints	0.2%	5	0	2	0	0	0	3	4	1	0	3	2	
Soft Tissue (incl. Heart)	0.3%	11	0	3	0	2	2	4	4	4	3	4	7	
Skin (excl. Basal and Squam)	3.8%	122	41	30	3	2	3	43	67	7	48	71	51	
Melanoma of Skin	3.7%	120	41	29	3	2	3	42	67	5	48	71	49	
Other Skin Cancers	0.1%	2										0	2	
Breast	18.5%	598	104	174	159	56	29	76	181	388	29	15	583	
Female Genital System	8.6%	276	62	74	25	32	21	62	73	150	53	0	276	
Cervix	2.7%	85	51	13	5	9	2	5	19	43	23	0	85	
Corpus Uteri	3.5%	112	2	47	10	6	5	41	29	62	20	0	112	
Ovary	1.6%	51	0	11	5	15	12	8	19	30	2	0	51	
Vagina	0.3%	10	4	0	1	0	2	3	1	7	2	0	10	
Vulva	0.5%	17	5	2	4	2	0	4	4	7	6	0	17	
Other Female Genital	0.0%	1										0	1	
Male Genital System	15.2%	489	2	5	320	31	35	96	143	288	58	489	0	
Prostate Gland	14.8%	476	0	1	320	28	35	92	133	287	56	476	0	
Testis	0.3%	11	0	5	0	3	0	3	8	1	2	11	0	
Penis	0.0%	1										1	0	
Other Male Genital	0.0%	1										1	0	
Urinary System	5.6%	179	40	66	17	12	23	21	61	105	13	113	66	
Urinary Bladder	2.8%	91	39	18	12	6	9	7	38	49	4	61	30	
Kidney and Renal Pelvis	2.7%	87	1	47	5	6	14	14	23	55	9	51	36	
Other Urinary Organs	0.0%	1										1	0	
Eye	0.1%	2										1	1	
Brain and Other Nervous Sys	1.9%	61	N/A	N/A	N/A	N/A	N/A	N/A	18	37	6	28	33	
Brain	1.1%	34	N/A	N/A	N/A	N/A	N/A	N/A	12	17	5	19	15	
Other Nervous System	0.8%	27	N/A	N/A	N/A	N/A	N/A	N/A	6	20	1	9	18	
Endocrine System	2.3%	73	0	35	4	7	10	17	28	34	11	17	56	
Thyroid Gland	1.9%	60	0	35	4	7	10	4	25	26	9	13	47	
Other Endocrine	0.4%	13	0	0	0	0	0	13	3	8	2	4	9	
Lymphomas	4.2%	134	0	35	22	16	36	25	47	73	14	73	61	
Hodgkin's Disease	0.6%	18	0	2	7	3	5	1	5	12	1	11	7	
Non-Hodgkin's Lymphoma	3.6%	116	0	33	15	13	31	24	42	61	13	62	54	
Multiple Myeloma	1.9%	61	N/A	N/A	N/A	N/A	N/A	N/A	13	46	2	28	33	
Leukemias	1.4%	45	N/A	N/A	N/A	N/A	N/A	N/A	13	27	5	23	22	
Othe Ill Defined & Unknown	3.1%	99	N/A	N/A	N/A	N/A	N/A	N/A	20	69	10	63	36	
TOTAL	100.0%	3221												

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“To promote healthy lives, prevent illness, provide equal access to quality healthcare services, and protect the safety of all in the nation’s capital.”



Department of Health
Cancer and Chronic Disease Bureau
825 North Capitol Street, NE
3rd Floor
Washington, DC 20002

Comprehensive Cancer Control Program

The mission of the Comprehensive Cancer Control Program (CCCP) is to reduce the District’s cancer burden by using a collaborative process that brings together the expertise and resources necessary to:

- Prevent cancer risk factors.
- Research effective cancer interventions that address cultural differences.
- Educate citizens about the importance of early detection and screening.
- View cancer as survivable a disease.
- Eradicate cancer disparities.
- Navigate patients effectively through the cancer screening and treatment journey.
- Treat cancers early with high quality care.



Amari Sokoya Pearson-Fields, MPH
Director Comprehensive Cancer Control Program
(202) 442-5895 ♦ Amari.Pearson-Fields@dc.gov

DC Cancer Registry

The mission of the DC Cancer Registry is to bring about a reduction in the cancer rates of District residents through: (1) effective cancer surveillance and epidemiological evaluations, (2) the formulation and presentation of sound epidemiological data for the promotion of effective public education and awareness programs regarding early detection and preventive health measures, (3) the provision of analytical cancer data for implementing targeted cancer screening initiatives in the at-risk, non-insured segments of the District, and (4) conduct of epidemiological research for understanding the etiology, spatial and temporal trends in the levels of cancer among District residents.



Kathleen M. Rogers , CTR
Quality Control and Program Specialist
(202) 442-5878 ♦ Kathleen.Rogers@dc.gov

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