

Promoting Informed Decision-Making About Mammography

The “PRISM” Project

Personally Relevant Information about Screening Mammography

First Intervention Year

Telephone Counseling Protocol for Women in Their 50s

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MAMMOGRAPHY TELEPHONE COUNSELING PROTOCOL

A COLLABORATION OF

**DUKE CANCER PREVENTION, DETECTION & CONTROL
RESEARCH PROGRAM**

&

BLUE CROSS and BLUE SHIELD OF N.C.



INTRODUCTION

Version for Women Aged 50-59

EXAMPLE

Introduce yourself and the project:	Hello, my name is Linda James and I'm calling for the PRISM Project of Duke University Medical Center and Blue Cross and Blue Shield of North Carolina. If you recall in our initial letter to you, we said we would mail you some information and call you to talk about breast cancer and mammography. Do you have a few minutes to talk?
If she agrees to talk with you, ask:	Great. I'd like to mention that calls may be monitored for quality assurance. <i>GO TO the "Personalized Booklet" section.</i>
If she says, "I don't want to answer any more questions," say	This is a free service endorsed by Blue Cross and Blue Shield of N.C. to give you some information about mammography. It's not a survey. It should only take about 10-15 minutes. I hope you will find the discussion useful because we've prepared some information especially for you.
If she says, "I'm getting regular mammograms," say	This project is for women who are getting mammograms as well as for those who aren't. I'd like to give you some facts to help you be informed about breast screening. That way, you can make your own decisions about mammography. This will only take about 10-15 minutes.
If she says, "I've already made a decision about mammography," say	This project is for women who are getting mammograms as well as for those who aren't. I'd like to give you some facts about breast cancer and mammography so that you are aware of the latest information on screening. That way, you will be sure to be informed of all the issues. This will only take about 10-15 minutes.
If she says, " I don't want to get a mammogram," say	I don't want to force you to get a mammogram. I'd just like to give you some facts to help you be informed about breast screening. That way, you can make your own decisions about mammography. This will only take about 10-15 minutes.
If she refuses to talk, say	Is there another time I could call that would be more convenient for you? We've prepared some information especially for you and it should only take about 10-15 minutes.

<p><u>PLEASE NOTE:</u> IF AT ANY TIME WOMAN SAYS SHE HAS SYMPTOMS:</p>	<p>YOU SHOULD CALL YOUR PHYSICIAN AS SOON AS POSSIBLE. THIS IS VERY IMPORTANT!</p>
<p>IF WOMAN REPORTS SHE HAS HAD A RECENT ABNORMAL RESULT: STOP!</p> <ul style="list-style-type: none"> • Did she find out she has breast cancer? • Is she still waiting to hear the result? • Does she say she won't go through that again? <p>REMEMBER: ENCOURAGE THEM TO CALL THE CIS AT 1-800-4-CANCER FOR MORE INFORMATION</p>	<ul style="list-style-type: none"> • I am sorry to learn that you were diagnosed with breast cancer. But, I hope that it was found early. Please be sure to get all the information you need and follow your doctor's advice. <i>GO TO CLOSING.</i> • I know this is a very difficult time for you. The good news is that most abnormal results won't be cancer. Are there any questions I can answer about mammograms? <i>Address concerns, if any, and GO TO CLOSING. If appropriate, tell her you will call back in a few weeks.</i> • It is hard having an abnormal result. But it really is very important to keep getting regular mammograms. While many women have one abnormal mammogram, few have more than one. <i>Continue with session.</i>

EXAMPLE

HISTORY

EXAMPLE

1.1 Have you ever had a mammogram?

Yes

No

Refuse

Don't Know

If 1.1= No, or Refuse, then go to 1.5a. If 1.1= YES, then go to 1.2a.

1.2a In what month and year was your most recent mammogram?

Month _____

Day 1

Year _____

Est _____

Est X

Est _____

Seas: Spr Sum Fall Win

Real _____

Real _____

REF=Refused

DNK=Don't Know

1.2b Did you have this mammogram at a Blue Cross and Blue Shield network provider facility?

1=Yes

2=No

7=Refuse

8=Don't Know

1.3a Did you have a mammogram before that?

1=Yes

2=No

7=Refuse

8=Don't Know

If 1.3a= Yes → 1.3b

If 1.3a= No, Refuse, Don't know → 1.5a.

1.3b In what month and year did you have it?

Month _____

Day 1

Year _____

Est _____

Est X

Est _____

Seas: Spr Sum Fall Win

Real _____

Real _____

REF=Refused

DNK=Don't Know

1.3c Did you have this mammogram at a Blue Cross and Blue Shield network provider facility?

1=Yes 2=No 7=Refuse 8=Don't Know

1.5a. Have you ever had a breast biopsy?

Yes No Refuse Don't Know

If YES, go to question 1.5b.

1.5b. How many benign (non-cancer) breast biopsies have you had?

1. one
2. two
3. three
4. four or more
5. none – cancer was found

7=Refused 8=Don't Know

If 1.5a=1, 2, 3, 4, continue. If 1.5a= 5 (none – cancer was found), refused or don't know, go to appropriate closing.

EXAMPLE

PERSONALIZED BOOKLET

EXAMPLE

Introduction to the Personalized Booklet	
Counseling Guidelines	Suggested Counselor Responses
<p>Introduction to the PRISM Project tailored booklet on breast cancer risk and mammography.</p> <ul style="list-style-type: none"> • IF READ ALL OR MOST of the booklet, verify if the woman knows the booklet is personalized for her. • IF READ SOME OF IT, NONE OF IT, REFUSED OR DON'T KNOW, 	<p>The project is for women who are getting mammograms as well as for those who are not. The purpose of this call is to talk about breast cancer and mammography so that you are aware of the latest information on screening. That way, you'll be informed of all the issues. I'd like to start by going over the booklet we sent you. This booklet, called "Personally Relevant Information about Screening Mammography," was prepared just for you based on the information you gave us during your phone interview. If you have the booklet near by, it might be useful to get it. If not, that is fine. (Would you like to get the booklet?) Before we go any further:</p> <ul style="list-style-type: none"> ➤ How much of the booklet did you read? • Since some of what I would like to discuss with you is in the booklet, I'd like to give you the chance to read it before we continue. If I may, I will call back in 2-3 days when you have had a chance to (read/read the rest of) the booklet.
<p>Verify if woman knows the booklet is personalized for her.</p>	<ul style="list-style-type: none"> ➤ When you read the booklet, did you know that it was prepared especially for you? (<i>Record</i>)
<p>IF YES,</p>	<p>Great! <i>GO TO the section "Average Risk Concepts."</i></p>
<p>IF NO, REFUSED, DON'T KNOW,</p>	<p>The booklet was prepared especially for you using a special computer program. Some of the information, such as the average woman's chance of getting breast cancer was for all women your age. But your Gail model score of breast cancer risk was estimated just for you. We also gave you information about your own personal thoughts about mammography. <i>GO TO the section "Average Risk Concepts."</i></p>

AVERAGE RISK CONCEPTS

EXAMPLE

Risk Concepts for the Average Woman	
Counseling Guidelines	Suggested Counselor Responses
Verify comprehension of risk concepts for the average woman in the booklet. Explain any or all concepts that are unclear and/or surprising.	<p>The booklet gave you information on an average woman's chance of getting and dying from breast cancer.</p> <ul style="list-style-type: none"> ➤ Was there any information about an average woman's chances that you didn't understand? ➤ Were you surprised by any of the information about an average woman's chances of getting breast cancer?
<p>IF NO, use the provided statement and then continue with the protocol.</p> <ul style="list-style-type: none"> • If does want clarification, use the information below to explain concepts. • If still does not need/want clarification, 	<p>Great! I know some of these concepts are confusing. If anything was unclear, I'd be happy to talk with you about it some more. If not, we can continue.</p> <ul style="list-style-type: none"> • <i>Record concepts that are unclear or confusing in the comments. Once concepts are clarified, GO TO the section "Personalized Risk."</i> • <i>GO TO the section "Personalized Risk."</i>
IF YES , didn't understand some or all risk concepts or found them surprising, ask:	<ul style="list-style-type: none"> ➤ Which part of the information did you find (surprising/unclear)? Explain any concepts that were unclear or surprising. <i>Record concepts that are confusing or unclear in the comments.</i> <p><i>Then GO TO the section "Personalized Risk."</i></p>
What does "average" mean?/ What is an "average woman" mean?	A woman has an average chance of getting breast cancer if she has none of the major risk factors for the disease. (An example of a major risk factor is a strong family history of breast cancer.)
The average woman's lifetime risk of getting breast cancer	The average woman's lifetime risk of getting breast cancer is one in eight or about 13%. This means that at birth, a baby girl has a one in eight or 13% chance of getting breast cancer during her lifetime. In this case, a lifetime is said to be from birth to age 95. So basically, from the time an average woman is born until her death at age 95 or older, her chance of getting breast cancer is about one in eight or about 13%. But her chance of getting breast cancer at any given age is actually less than her chance of getting breast cancer over her entire life. So this number of one in eight (or 13%) can be misleading.

<p>Will my risk ever be higher than 13%?</p>	<p>It is possible for your lifetime chance of getting breast cancer to be higher than 13%. Thirteen percent is an average woman's lifetime chance of getting breast cancer. If you have many risk factors, your lifetime chance of getting breast cancer could be higher than 13%.</p>
<p>The average woman's chance of getting breast cancer at current age (group)</p>	<p>For most women, the chance of getting breast cancer at a given age is much smaller than the average lifetime risk of one in eight or about 13%. This is partly because the chance of getting breast cancer varies by age. The older a woman is, the greater her chance of getting breast cancer.</p> <p>The average 50 year old woman has less than a 3% chance of getting breast cancer in the next 10 years. A 3% chance is much smaller than the 13% lifetime chance of getting breast cancer. <i>(If the woman wants to know the percent chance of getting breast cancer at a younger or older age, refer to the chart by Black.)</i></p>
<p>The average woman's chance of getting breast cancer compared to other common diseases</p>	<p>Many women worry more about their chances of getting breast cancer than other common diseases. But for the average woman, the lifetime chances of getting other diseases, such as heart disease, are often higher than her chance of getting breast cancer. For example, the chance that an average women will get heart disease is four out of eight compared to one out of eight for breast cancer. The lifetime chance of getting diabetes is about three in eight. <i>(Refer to the booklet for all the diseases compared to breast cancer and their corresponding risks.)</i></p>
<p>The average woman's chance of dying of breast cancer</p>	<p>Women have a greater chance of getting breast cancer than they do of dying from it. This is because many women are either cured of breast cancer or they live a long time with it.</p> <p>An average 50 year old woman has less than a 4% chance of dying of breast cancer during her lifetime. This is much less than the 13% chance she has of getting breast cancer. <i>(If the woman wants to know the percent chance of dying from breast cancer at a younger or older age, refer to the chart by Black.)</i></p>

PERSONALIZED RISK

EXAMPLE

Perceived Risk and Gail Model Estimate of Risk	
Counseling Guidelines	Suggested Counselor Responses
<p>Verify perceived risk and Gail model estimates.</p> <ul style="list-style-type: none"> • If woman's perceived risk is higher than her Gail model score, add: • If a woman's perceived risk is lower than her Gail model score, add: 	<p>The next part of the booklet was about your own chance of getting breast cancer in the next 10 years. When our interviewer first talked with you, you thought your chance of getting breast cancer in the next 10 years was <woman's perceived risk>.</p> <p>➤ How do you now see your chance of getting breast cancer in the next 10 years? <i>(Probe if necessary: On a scale from 0 to 100, where 0 = certain not to happen, and 100 = certain to happen, how likely are you to get breast cancer in the next 10 years?" Record.)</i></p> <p>We gave you an estimate of your chance of getting breast cancer based on your risk factors for the disease and a mathematical model called the Gail Model.</p> <p>➤ Do you remember what that estimate was? <i>(Record)</i> <i>If woman does not remember her Gail score or recalls it incorrectly, tell her the Gail score estimate: "We estimated your chance of getting breast cancer in the next 10 years to be <Gail score>."</i></p> <ul style="list-style-type: none"> • Many women are relieved to find out their chances of breast cancer based on the Gail model are lower than they thought. • The Gail model score is higher than your estimate. Several factors go into the Gail model score, and you may not have thought about all of them. Of course, no one knows for sure who will get breast cancer and who will not. The Gail model score is a "best guess."

Discrepancy between Gail Model Estimate of Risk and Perceived Risk	
Counseling Guidelines	Suggested Counselor Responses
<p>Determine if the woman’s estimate of her own risk (asked earlier) is within 10 points of her Gail model estimate.</p> <p>IF HER ESTIMATE IS WITHIN 10 POINTS OF HER GAIL MODEL SCORE,</p>	<p><i>GO TO the section “Understanding of Gail Model Concepts.”</i></p>
<p>IF THE WOMAN’S ESTIMATE IS NOT WITHIN 10 POINTS AND/OR SHE DISAGREES WITH HER GAIL MODEL SCORE, ask:</p> <ul style="list-style-type: none"> • If the woman has questions about the Gail Model, factors that go into it, etc.: • If the woman says the Gail model is only a “guess”/it’s not 100% accurate: 	<ul style="list-style-type: none"> ➤ Why do you think your chance of getting breast cancer is different than we estimated with the Gail Model? (<i>Record in the comments.</i>) • Refer to appropriate sections in the “Understanding Gail Model Concepts.” Then GO TO the “Mammography Basics” section. • You’re right, the Gail model is not 100% accurate; it’s an estimate or “best guess” about your chance of getting breast cancer during a certain time frame. The Gail model gives you a ball park figure of what your risk is right now. <i>Then GO TO the section “Understanding of Gail Model Concepts.”</i>
<ul style="list-style-type: none"> • If the woman thinks her risk is different because so many causes/risk factors of breast cancer are unknown and therefore, not included in the Gail Model, <p>(70% of women who get breast cancer have no known risk factors for the disease),</p>	<p>The Gail model is based only on the proven factors that doctors know about right now. There is still a lot doctors don’t know about what causes breast cancer. The Gail model gives us a “best guess” about your chance of getting breast cancer during a certain time frame. It gives you a ball park figure of what your risk is. Other factors that we don’t know about now may also affect your risk.</p>
<ul style="list-style-type: none"> • If the woman thinks other factors not included in the Gail Model affect her risk, 	<p>Other factors may affect your chance of getting breast cancer. The Gail model includes the most important proven risk factors for breast cancer. Some suspected risk factors, which may actually play an important role in causing breast cancer, may not be supported by good scientific evidence yet. So they are not included in the model. Also, some of the research that has been done recently has not been put into the Gail model. So, some other factors that we haven’t talked about may affect whether or not you get cancer.</p> <p>If you have questions about other factors that may influence your chance of getting breast cancer, be sure to talk with your doctor about them at your next appointment.</p> <p>And remember, there’s still a lot doctors don’t know about breast cancer. Over 70% of women who get breast cancer have no known risk factors for it. But right now, the Gail model is the best way we have to estimate your chance of getting breast cancer. Even if you don’t totally agree with your estimate, it gives you at least a “ball park” idea of what your risk is. <i>GO TO the section “Understanding of Gail Model Concepts.”</i></p>

Understanding of Gail Model Concepts/Estimate of Risk	
Verify understanding of the Gail model concepts.	<p>Some women have told me they find the Gail Model hard to understand. I just wanted to check and see if you have any questions about either the Gail model or the estimate of your chance of getting breast cancer.</p> <p>➤ Is there anything about the estimate of your chance of getting breast cancer that you'd like me to explain further? <i>(For example: "How the different risk factors contribute to your breast cancer risk?" Or "Why things like when you had your first baby or period affect your risk?" Or "Who is Gail?" etc.)</i></p>
IF NO questions or comments about her estimate, say:	<i>GO TO the section "Mammography Basics."</i>
IF YES has questions or concerns,	<i>Use the information below to address any questions or concerns. Then GO TO the section "Mammography Basics."</i>
"What is the Gail Model?/Tell me more about the Gail Model/Who developed the Gail Model?"	<p>The Gail Model is a mathematical model or formula developed by Dr. Gail and other scientists at the National Cancer Institute. It is based on a large breast cancer study. The scientists used information from these women to estimate the chance that other women with similar risk factors would get breast cancer some time in the future. The model is not perfect, because there is still a lot that doctors do not know about breast cancer and who gets it. And, no one knows for sure who will get breast cancer, and who will not. But the Gail Model is the best way we have right now of estimating the chance of getting breast cancer for women who are not at a high genetic risk of breast cancer.</p>
"Who is Gail?"	The model is named for one of the senior scientists, Dr. Mitchell Gail, at the National Cancer Institute who helped create it.

<p>“How do you estimate my Gail Model score?/How is the score calculated?”</p>	<p>There are several factors that go into the Gail Model score, along with a woman’s current age. These include whether she has a family history of breast cancer, the number of breast biopsies she has had, her age at the birth of her first baby, and her age when she started her period. The model also takes into account a woman’s current age since breast cancer risk is affected by increasing age. This information is then put into a mathematical formula or equation that comes up with the woman’s Gail Model score. Not all of the factors have the same effect on the woman’s score. Some of them, such as whether she has a family history of breast cancer, count more than others. The actual formula is very complex, but basically, this is how it works.</p>
<p>“Why was a/were particular risk factor(s) mentioned for me in the booklet?”</p>	<p>When we talked on the phone, we asked you about the four factors in the Gail model. If you had any of the factors that increase your chance of getting breast cancer, they were included in the model and affected your Gail model score. For example, since you told us that you <list risk factors>, this made your Gail model score higher. Since you do not have <list factors that didn’t affect score>, they did not affect your score.</p> <p><i>Use the booklet for the list of risk factors.</i></p>
<p>“What are the different risk factors that go into the Gail model?/How do they contribute?”</p>	<p>(As I said before,) There are several factors that go into the Gail Model score along with a woman’s current age. These include whether she has a family history of breast cancer, the number of breast biopsies she has had, her age at the birth of her first baby, and her age when she started her period. These factors, along with a woman’s current age, are put into a mathematical model that then gives the doctor or health care provider an estimate of a woman’s risk for breast cancer.</p>
<p>“How does a woman’s current age figure in the Gail Model?”</p>	<p>A woman’s current age is not a risk factor for breast cancer like the other four factors. It is included in the model though because the older a woman is, the greater her chance of getting breast cancer. About three-quarters of breast cancer cases are found in women between 50 and 95. So your current age is needed in the model to figure out your risk.</p>
<p>“How does a woman’s current age affect her breast cancer risk?”</p>	<p>As women get older, their chances of getting breast cancer go up. The older a woman is, the greater her chances of getting breast cancer. About three-quarters of breast cancer cases are found in women between 50 and 95.</p>

<p>“How does family history affect breast cancer risk?”</p> <p>If a woman has a strong family history of breast cancer and wants to know how she can find out more about genetic testing, tell her to call Katie Regan (681-4762) to find out if she is eligible for a study on genetic testing and breast cancer.</p> <p>(To determine if a woman has a strong family history for Project 3 of the SPORE, check the eligibility criteria.)</p>	<p>The role that family history plays in causing breast cancer is still somewhat unclear. Experts think that about 10-15% of breast cancer cases are due to family history. But only about 5% of breast cancer cases are caused by genetic mutations.</p> <p>Women who have a family history are at somewhat higher risk of getting breast cancer. A woman’s chances are higher if her mother and/or sisters had breast cancer at a young age (less than 50) or in both breasts due to breast cancer susceptibility genes. The more family members a woman has with breast cancer, the greater her own risk. If she doesn’t have a family history, then her risk is lower.</p> <p>Some families have a gene alteration that plays a role in getting breast cancer. Doctors are now able to do genetic testing to look for changes in genes that can increase the chance of getting breast cancer. But it’s important to understand that with the information we now know, only about 5% of breast cancers are due to these genetic changes.</p>
<p>“How does family history figure into the Gail model?”</p> <ul style="list-style-type: none"> • If a woman indicates that many women in her family have had breast cancer at a young age, add: 	<p>A family history of breast cancer increases the chance that a woman will get breast cancer herself. Family members included in the Gail model are a woman’s mother and/or sisters. If a woman’s mother and/or sisters have had breast, especially at a young age or in both breasts, her chance of getting breast cancer is increased. The Gail model does not include more distantly related family members such as cousins, grandmothers or aunts.</p> <ul style="list-style-type: none"> • The Gail model was not designed to estimate breast cancer risk for women with a very strong family history. You may want to discuss your own risk further with your doctor.
<p>“How does having breast biopsies affect breast cancer risk?”</p>	<p>If a woman has had one or more breast biopsies, her chance of getting breast cancer is greater. Breast biopsies themselves don’t cause cancer or increase the chance of getting it. But the problem that causes a woman to have a biopsy may increase her chance of getting the disease. An example of this is a breast condition called atypical hyperplasia. (Atypical hyperplasia is a benign, that is non cancerous, condition in which breast tissue has certain abnormal features.) Women who have atypical hyperplasia are more likely to get breast cancer.</p>

<p>“How does the age when a woman has her first baby affect her breast cancer risk?”</p>	<p>The age when a woman has her first baby affects her chance of getting breast cancer. Having a baby before age 20 protects a woman against breast cancer. A woman’s risk increases a little bit each year the older she is when she has her first baby. And, if she has her first baby after 30, her risk is higher than if she never had children. Doctors aren’t sure why the age when you have your first baby affects your chance of getting breast cancer. They think it has to do with hormonal changes during pregnancy.</p>
<p>“I’m confused because in the booklet it says having a baby after age 30 is a major risk factor for breast cancer, yet it also says having a baby after age 20 increases a woman’s risk.”</p>	<p>The age when a woman has her first baby influences her breast cancer risk. Having a baby after age 20 slightly increases a woman’s chance of getting breast cancer. Her chance increases a little bit each year the older she is when she has her first baby. By the time she is age 30 or older, not having a baby is a major risk factor for getting breast cancer.</p>
<p>“How does the age when a woman starts her period affect her breast cancer risk?”</p>	<p>If a woman started her period at a young age – before age 12 – her chance of getting breast cancer is a little higher than if she started at an older age. Doctors think this may be because the age when a woman starts her period is influenced by the female hormone estrogen. For some reason, the longer estrogen is working in a woman’s body, the greater her chance of getting breast cancer.</p>
<p>“What about _____ as a risk factor for breast cancer?/Does _____ increase my chances of getting breast cancer?”</p>	<p>In the booklet, we discussed the most important proven risk factors for breast cancer. Some suspected risk factors, which may actually play an important role in causing breast cancer, may not be supported by good scientific evidence yet. So they are not in the Gail model and we did not discuss them. Also, some of the research that has been done recently has not been put into the Gail model. So, some other factors that we haven’t talked about may affect whether or not you get cancer.</p> <p>If you have questions about other factors that may influence your chance of getting breast cancer, be sure to talk with your doctor about them at your next appointment.</p> <p>And remember, there’s still a lot doctors don’t know about breast cancer. Over 70% of women who get breast cancer have no known risk factors for it.</p>
<p>Factors that MAY play a role in the development of breast cancer but the studies are not conclusive yet: (high fat diet, drinking alcohol, using oral contraceptives, hormone replacement therapy)</p>	<p>Things such as eating a high fat diet, drinking alcohol, having taken oral contraceptives (the Pill), or hormone replacement therapy may play a role in the development of breast cancer. But, studies are still being done and are not conclusive so far.</p> <p>Our best advice is to eat a balance, low fat diet, and if you drink, drink moderately.</p>

<p>Known factors that do not cause breast cancer:</p>	<p>There are some things that cancer researchers know do not cause breast cancer. Some of these include:</p> <ul style="list-style-type: none"> • Bruising the breast • Squeezing/flattening of the breast during a mammogram • Stress • Smoking
<p>“What factors are being studied that may prevent breast cancer?”</p>	<p>A recent study, funded by the National Cancer Institute, has found that a drug called Tamoxifen may prevent breast cancer from developing in women who are at high risk for the disease. Healthy women who had never had breast cancer but were at increased risk for the disease took part in the study. The study showed that taking Tamoxifen cut cancer rates almost in half (45%) among women who took the drug compared to those who did not. Tamoxifen has not been studied in women who are at average or low risk for breast cancer.</p> <p>Although Tamoxifen may help prevent breast cancer, it also has some serious side effects, such as an increased chance of developing uterine cancer and blood clots. For these reasons, Tamoxifen is not for everyone. Women interested in taking the drug are advised to talk with their doctors about it.</p> <p>Researchers also are studying other drugs such as anti-estrogen agents. One of these is called raloxifene. In addition to drugs, cancer researchers are also studying the potential role of diet and nutrition, and exercise in the prevention of breast cancer.</p>
<p>“Why aren’t other risk factors included in the Gail model?”</p> <p>If the woman asks about specific risk factors, refer her to her doctor or the Cancer Information Service at 1-800-4-CANCER.</p>	<p>The Gail model includes the most important proven risk factors for breast cancer. Some suspected risk factors, which may actually play an important role in causing breast cancer, may not be supported by good scientific evidence yet. So they are not included in the model. Also, in order to create a model, it is necessary to use data from large studies on breast cancer risk factors that take place over a long period of time. Some of the research that has been done recently has not been put into the Gail model. And, then some factors do not contribute much towards a woman’s risk so they are not included in the Gail Model. Also, remember as we said before, the Gail model is not perfect, but it is the best model we have at this time.</p>
<p>“Does _____ help prevent me from getting breast cancer/make my chances of getting breast cancer lower?”</p>	<p>At this time, only a drug called Tamoxifen has been found to possibly prevent breast cancer. A recent study, funded by the National Cancer Institute, found Tamoxifen cut cancer rates almost in half (45%) among women who took the drug compared to those who did not. Healthy women who had never had breast cancer but were at increased risk for the disease took part in the study. Tamoxifen has not been studied in women</p>

who are at average or low risk for breast cancer.

Although the drug may prevent breast cancer, it has some serious side effects, such as an increased chance of developing uterine cancer and blood clots. For these reasons, Tamoxifen is not for everyone. Women interested in taking the drug are advised to talk with their doctors about it.

Cancer researchers are also studying other drugs to see if they prevent breast cancer; one of these is called raloxifene. They are also studying things like breast feeding, eating a low fat diet, and exercising to see if they might prevent or lower the chances of getting breast cancer. So far, the studies have not been conclusive. That is why getting regular mammograms is so important. Mammograms can find breast cancer early, when there is the best chance for a cure.

If you would like to know the latest information about how _____ affects your breast cancer risk, please call the Cancer Information Service at 1-800-4-CANCER.

EXAMMPLE

MAMMOGRAPHY BASICS

EXAMPLE

General Questions about Mammography	
Counselor Guidelines	Suggested Counselor Responses
Determine if the woman has any general questions about mammography.	The booklet also had several sections on mammography. ➤ Do you have any questions about mammography in general?
IF NO questions,	Great! <i>GO TO the section “The Benefits and Limitations of Mammography.”</i>
IF YES, have questions about mammography,	<i>Address specific concerns with the information provided below.</i> <i>Then GO TO the section “The Benefits and Limitations of Mammography.”</i>

EXAMMPLE

<p>“What is a mammogram?”</p>	<p>A mammogram is an x-ray of the breast. The x-ray itself is taken by a technologist who has special training in doing mammograms. Usually, two pictures are taken of each breast – one from the top and one from the side. After the x-rays are developed, they are read by a doctor (a radiologist) whose specialty is reading x-rays and the results are sent to your regular doctor or health care organization. How you will find out the results of your mammogram will depend upon the facility and your doctor. Be sure to ask your doctor or the place where you have your mammogram about how you will find out your results.</p>
<p>“How is a mammogram done?”</p>	<p>A mammography technologist, who is a woman, will ask you to take everything off from the waist up and to put on a hospital gown that opens in the front. Then she will take you into the room for your mammogram. At first, you will stand next to the mammography machine and the technologist will place your breast between two plastic plates, which will be pressed together to flatten your breast as much as possible. Although this may be a little uncomfortable, the squeeze (compression) usually lasts for only about 2 minutes. It’s needed to get a picture of as much of the breast as possible with as little radiation as possible.</p> <p>A total of 4 x-ray pictures will be made, two of each breast – one from the top to the bottom of the breast and the other from the sides of the breast. After the technologist has finished taking your mammogram, she will ask you to wait while she develops and checks the films to make sure they came out well. Your mammogram will then be read by a radiologist, who is a doctor with specialized training in reading x-rays and mammograms. The results will be sent to your doctor. Ask the mammography facility how you will find out the results of your mammogram.</p>
<p>“How early can a mammogram find cancer?”</p>	<p>A mammogram can find cancer up to 1 and ½ to 2 years before you or your doctor can feel it. A mammogram can see the breast cancer when it is as small as the head on a straight pin. Usually neither you nor your doctor can feel the cancer during a breast exam until it’s grown to the size of a pea. The earlier and smaller the breast cancer is when it’s found, the greater the chances it can be cured.</p>

<p>Screening Guidelines for women who are aged 40-49:</p>	<p>Cancer experts and medical organizations give different advice about mammography to women in their 40s. You may have heard conflicting information about when to be screened in the news media. But now the two largest cancer organizations, the National Cancer Institute and the American Cancer Society, agree that women who are 40-49 should get mammograms every one to two years. Blue Cross and Blue Shield of North Carolina doctors advise women in their 40s get mammograms every other year</p>
<p>Screening Guidelines for woman who are aged 50-59:</p>	<p>Cancer experts and medical organizations all agree that women aged 50 and older should have mammograms every year. Regular mammograms with clinical breast exams are the best way to find breast cancer early in women your age. Blue Cross and Blue Shield of North Carolina doctors advise their woman patients to get mammograms every year.</p> <p>➤ Are you still confused about when to be screened? <i>If she is still confused, identify what is confusing her and address those issues. Some possible responses are provided in the sections below and in the “Benefits and Limitations of Mammography” sections.</i></p>
<p>How to get a mammogram in the BC/BS network if she has a primary medical doctor and is due for a check up:</p>	<p>If you need a mammogram, it is best make an appointment with your primary medical doctor to talk about it and get a clinical breast exam. Then you can get a doctor’s order for your mammogram. Your doctor may recommend a network provider facility for you and schedule your appointment. Or, you may have to schedule your mammogram yourself with a participating Blue Cross and Blue Shield of NC network provider. Check with your doctor on which way is best to set up your appointment.</p> <p>You can check your Directory of Providers or call Member Services to find out which radiologists or mammography facilities are participating Blue Cross and Blue Shield network providers. The Member Services number for PCP members is 1-800-227-3727 and for State Employee PCP members is 1-800-422-2717.</p>

<p>How to get a mammogram in the BC/BS network if she has recently had a check up:</p>	<p>Since you recently have had a check up, you can call your doctor's office to get a doctor's order for your mammogram. Or, you may be able to call and schedule an appointment for a mammogram directly with a radiologist who is a participating Blue Cross and Blue Shield of NC network provider, without the doctor's order. Some radiologists prefer that you have a doctor's order from your regular doctor before they'll do the mammogram. You should check with the mammography network provider you select about whether you need a doctor's order or not.</p> <p>You can check your Directory of Providers or call Member Services to find out which radiologists or mammography facilities are participating Blue Cross and Blue Shield network providers. The Member Services number for PCP members is 1-800-227-3727 and for State Employee PCP members is 1-800-422-2717.</p>
<p>How to get a mammogram in BC/BS system if she doesn't have a primary medical doctor.</p>	<p>Since you don't have a primary medical doctor, you can call and schedule an appointment for a mammogram directly with a radiologist who is a participating Blue Cross and Blue Shield of NC mammography network provider, without a doctor's order. However, some radiologists prefer that you have a doctor's order from your regular doctor before they'll do the mammogram. If you decide to get a mammogram without getting a doctor's order, be sure to see if the radiologist will do the mammogram without a doctor's order. You may want to select a primary medical doctor who participates in the Blue Cross and Blue Shield of NC network. That way, you can have a clinical breast exam, get a doctor's order and then see the radiologist.</p> <p>You can check your Directory of Providers or call Member Services to find out which radiologists or mammography facilities are participating Blue Cross and Blue Shield network providers. The Member Services number for PCP members is 1-800-227-3727 and for State Employee PCP members is 1-800-422-2717.</p>

EXAM

BENEFITS AND LIMITATIONS OF MAMMOGRAPHY

EXAMPLE

General Questions about the Benefits and Limitations of Mammography	
Counselor Guidelines	Suggested Counselor Responses
Determine if the woman has any questions about the benefits and limitations of mammography for a woman her age.	<p>The booklet also gave you information on the benefits and limitations of mammography for a woman your age. It's important for women to think about both the benefits and limitations of medical tests. Many women have heard the benefits of mammograms. But some women are concerned to learn about the limitations.</p> <p>➤ Do you have any questions, comments or concerns about the benefits and limitations?</p>
IF NO , does not have questions or comments:	<i>GO TO the section "Cons and Barriers."</i>
IF YES , has questions, comments or concerns:	<p>Address specific questions or concerns using the responses provided below.</p> <p><i>Then GO TO the section "Cons and Barriers."</i></p>
"Why (are you talking/did the booklet talk) about the limitations of mammography? Why are you trying to tell women not to get mammograms?"	<p>No medical test is perfect. In order to make a good decision about mammography, you need to know the possible problems it carries with it. It's like when you take a drug, it's important to know about any side effects.</p> <p>We are not trying to tell women not to get mammograms. We just want you to have all the latest information about mammography, so you can make informed decisions about it.</p>
Screening evidence for women aged 50-59:	<p>Over the past 30 years, many women around the world have taken part in several large studies of mammography. In 1997, the National Institutes of Health brought together a group of scientists to look at these studies.</p> <p>When the scientists reviewed the results of the mammography studies for women aged 50 and over, they found that regular mammograms reduced breast cancer deaths by about 30%. This means that there were about 30% fewer deaths among the group of women who had mammograms compared with those who did not have mammograms.</p> <p>Most medical organizations, including the American Cancer Society and the National Cancer Institute, advise women in their 50s to get mammograms every 1-2 years. Blue Cross and Blue Shield of NC advises women who are 50 and over to get mammograms every year.</p>

<p>Benefits: Reduction in deaths for women age 40-49</p>	<p>There have been several large studies about the effectiveness of mammography that have included women in their 40s. When combined overall, these studies have found that regular mammograms reduce the chances of dying from breast cancer by about 17% for women in their 40s. This means that of the women who had regular mammograms, 17% fewer died than those who did not have mammograms. Mammography does not save as many lives of women in their 40s as it does women in their 50s. But there appears to be some benefit to being screened in your 40s.</p>
<p>Benefits: Reduction in deaths for women age 50-59</p>	<p>Studies done all over the world show that regular mammograms reduce the chances of dying from breast cancer for women over age 50 by about 30%. This means that of the women who had regular mammograms, 30% fewer died than those who did not have mammograms. There is no question about the benefit of mammograms for women who are 50 and older. Cancer experts and organizations agree that mammograms are the best way to find breast cancer early, when it has a greater chance of being cured.</p>
<p>If wants to know reduction in deaths for women aged 40-49, add:</p>	<p>These studies show that regular mammograms reduce the chances of dying for women who are 40-49 by about 17%.</p>
<p>Benefits: Breast saving surgery</p>	<p>Most women whose breast cancer is found early have more choices about the type of treatment they will have, including surgery. If cancer is found in early stages, a woman may be able to have surgery that saves the breast. One type of breast saving surgery that you may have heard of is a lumpectomy. A lumpectomy involves taking out only the part of the breast with cancer and leaving the rest.</p>
<p>Benefits: Less treatment or more treatment choices</p>	<p>The earlier a cancer is found, the easier it is to treat. Women whose breast cancer is found early by regular mammograms may be able to have less treatment. For example, women may be able to have a lumpectomy and may not need to take drugs (chemotherapy) or have radiation. By finding the cancer early, women may have more choices about the types of treatment they have.</p>

EXAM

Why mammography has had less impact (less benefit) for women in their 40s than women in their 50s.

- **Fewer breast cancers in younger women:**
- **Breasts change during menopause:**
- **Breast cancer may be different in younger women:**
- **May be delayed benefit of screening women in their 40s:**
- **Flaws in the breast cancer studies:**

It is hard to say why mammography doesn't work as well for women in their 40s as women in their 50s. There are several factors that may influence the effect of mammography.

- There are fewer breast cancers in women in their 40s than in women 50 and over. So it's harder to find breast cancer in women in their 40s. Studies show that as many as 2,000 women have to be screened every year in their 40s to save one woman's life from breast cancer. Since breast cancer is more common in women who are 50 and over, it is easier for mammography to find cancer and for us to see a direct benefit from mammography.
 - During the 40s, as women reach menopause, their breasts begin to change. They become more fatty. This is a slow change that does not happen overnight. On a mammogram, it is easier to find cancer in more fatty breasts. Since more women who are 50 and over have been through menopause than women under 50, mammography works better on older women whose breasts are more fatty.
 - Breast cancer may be different in younger women than older women. This may be due to a difference in cancer biology. Breast cancers in younger women seem to grow faster. This means that women in their 40s might have to be screened more often to show a benefit.
 - A recent analysis of the seven mammography studies showed that the longer a study lasted, the more likely it was to show a benefit of mammography screening. This means that the value of mammography for saving the lives of women who are screened in their 40s might not show up until the women are in their 50s. So it's harder for us to see the benefit of mammography for women in their 40s right away.
 - Some researchers have raised questions about the quality of some of the breast cancer studies. They say flaws in the studies could have affected the results so that they don't show much benefit for women in their 40s.
- Are you still unclear about why mammography does not seem to work as well in women in their 40s?

If yes, try to probe more about why she is still confused and then clarify. If no, answer any more concerns and then GO TO the section "Cons and Barriers."

<p>“How many women’s lives are saved by mammography?” (Women aged 50-59):</p> <ul style="list-style-type: none"> • If wants to know how many lives are saved if aged 40-49, add: 	<p>The scientific studies of women in their 50s have shown that regular mammograms reduce (or lower) the chances of dying from breast cancer by about 30%. This means that if 2,000 women in their 50s get yearly mammograms for 10 years, then the lives of about 10 of these women would be saved.</p> <ul style="list-style-type: none"> • Since these studies have shown that regular mammograms reduce the chances of dying from breast cancer by about 17% for women aged 40-49, this means that if 2,000 women are screened yearly for 10 years, 1-2 women’s lives would be saved.
<p>FALSE POSITIVES (problem turns out not to be cancer; causes extra tests)</p>	<p>Sometimes, mammograms find a breast problem that turns out not to be cancer. More tests are needed to see if the problem is actually cancer. Many women think that having more tests and waiting for the results is stressful and causes anxiety, although this anxiety is usually short term.</p> <p>Women who are 50 and over are less likely to have a false positive result than younger women. Even though having more tests may cause worry and anxiety, it is still important to have regular mammograms. If a problem turns out to be cancer, a mammogram can find it early, when the chance for a cure is excellent.</p>
<p>FALSE NEGATIVES (misses a cancer that is present)</p>	<p>Sometimes mammograms result in a “false negative.” This means that the mammogram misses a cancer that is actually present.</p> <p>For women who are 50 and over, this does not happen very often – in only about 10% of cases. It’s important to remember that no medical test is perfect. But mammograms are the best way to find breast cancer early in women who are 50 and over. Because mammograms may miss some breast cancers, it is important to have regular breast exams by a trained health care provider along with a mammogram.</p>

“CONS” AND BARRIERS

EXAMPLE

Current Thoughts on Reasons to Get or Not Get Mammograms	
Counseling Guidelines	Suggested Counselor Responses
<ul style="list-style-type: none"> Ask the woman what she now thinks about the reasons to get or not get a mammogram. <p>(Have the woman's decisional balance table available and selected barriers in case need to refer to her previous reasons to get or not get a mammogram.)</p> <ul style="list-style-type: none"> If she did not have any barriers at the baseline interview: 	<ul style="list-style-type: none"> In the booklet, we also tried to address some of your reasons to get or not get a mammogram. <p>When you talked with our interviewer, you said (you were concerned about/hadn't had a mammogram because) <insert cons and barriers>.</p> <ul style="list-style-type: none"> ➤ Are you still concerned about this/these issue(s)? ➤ Are there any other reasons you would not get a mammogram? (<i>Record.</i>) <p>OR</p> <ul style="list-style-type: none"> When you talked with our interviewer, you did not have any reasons not to get a mammogram. ➤ Do you now have any reasons that you would not get a mammogram? (<i>Record.</i>)
<ul style="list-style-type: none"> IF the woman IS STILL CONCERNED about her cons or barriers, 	<p>Address the woman's cons and/or barriers using the appropriate con or barrier response.</p> <p><i>Once all cons and/or barriers have been addressed, GO TO the "Other General Questions about the Booklet" section of the protocol.</i></p>
<ul style="list-style-type: none"> IF she has NEW CONS OR BARRIERS, 	<p>Address the new cons and/or barriers using the appropriate con or barrier response.</p> <p><i>Once all cons and/or barriers have been addressed, GO TO the "Other General Questions about the Booklet" section of the protocol.</i></p>
<ul style="list-style-type: none"> IF she DOES NOT HAVE ANY NEW OR PREVIOUS cons or barriers, 	<p><i>GO TO the "Other General Questions about the Booklet" section of the protocol.</i></p>

Responses for “Cons”	
Counseling Guidelines	Suggested Counselor Responses
<p>CON: ONCE YOU HAVE A COUPLE OF MAMMOGRAMS THAT ARE NORMAL, YOU DON'T NEED TO HAVE ANY MORE FOR A FEW YEARS.</p> <p><i>Use barrier response #36: One Past Mammogram Is Enough</i></p>	<p>I'm glad to hear that you have had a mammogram. That's a great start. But, in order to find breast cancer early, women need to have regular mammograms. Breast cancer can develop at any time. You need to have regular mammograms, so that you can find it as early as possible, if it does develop. Plus, when you have a mammogram regularly, your mammography provider/radiologist can look at past mammograms and find changes in your breast more easily.</p>

EXAMPLE

Counseling Guidelines	Suggested Counselor Responses
<p data-bbox="92 175 877 243">CON: HAVING MAMMOGRAMS CAUSES A LOT OF WORRY OR ANXIETY ABOUT BREAST CANCER.</p> <p data-bbox="92 282 751 350"><i>Use barrier response #47: Worried about Having a Mammogram</i></p>	<p data-bbox="903 191 2007 334">For some women, thinking about having a mammogram reminds them about the chance that they could get breast cancer some time and that is very upsetting----so upsetting that it makes it hard for them to do what they need to do to stop worrying----have the mammogram.</p> <p data-bbox="903 373 2007 555">One woman said she felt calmer and more in control after having a mammogram. She said she couldn't decide never to get breast cancer, but she could try to beat it if she did get it. A mammogram can find breast cancer 1 and ½ to 2 years before it can be felt, and that means a big head start on treating it. Remember, breast cancer that is found early has the best chance of being cured.</p> <p data-bbox="903 594 2007 698">Some women find it makes them feel less nervous if they take a friend to their appointment. Another thing that might make you feel better is to talk with your doctor about having a mammogram.</p> <ul data-bbox="903 711 1234 743" style="list-style-type: none"> ➤ How does that sound? <p data-bbox="903 782 2007 886">You might also want to call the Cancer Information Service at 1-800-4-CANCER and talk with one of their counselors about mammography. They talk with many women like yourself who are nervous about having a mammogram.</p>

EXAMPLE

Counseling Guidelines	Suggested Counselor Responses
<p>CON: ASSUMING YOUR CURRENT INSURANCE COVERAGE AND FINANCIAL STATUS, THE COST OF A MAMMOGRAM WOULD CAUSE YOU TO HESITATE ABOUT GETTING ONE.</p> <p><i>Use barrier response # 8: Cost</i></p> <p>If Blue Cross and Blue Shield members:</p>	<ul style="list-style-type: none"> • Blue Cross and Blue Shield of NC pays for your mammogram every year. Cost should not stand in the way of protecting your health.
<p>If Non-Blue Cross and Blue Shield members:</p> <ul style="list-style-type: none"> • If yes: • If no: 	<ul style="list-style-type: none"> ➤ Do you have commercial insurance? • The state law of N.C. mandates that all carriers, except in companies that are self-insured, cover mammograms. You should contact your health insurance company to ask about your coverage for a mammogram. • In every county in NC, women can get free or low cost mammograms through the breast and cervical cancer screening program at the health department, depending on their income and age. Call the Cancer Information Service at 1-800-4-CANCER to get the name and number of a local contact in your county or call your local health department directly. They can then see if you qualify for the program.

EXAM

Counseling Guidelines	Suggested Counselor Responses
<p>CON: THERE IS SO MUCH DIFFERENT INFORMATION ABOUT HOW OFTEN WOMEN SHOULD HAVE MAMMOGRAMS THAT YOU ARE CONFUSED. (Women aged 50-59)</p> <p><i>Use barrier response #7: Confusion Regarding Guidelines</i></p>	
<p>Counseling Guidelines</p> <p>“I used to hear that women 50 and older should have a mammogram every year. Now I hear some say it's every 2 years.”</p> <ul style="list-style-type: none"> • If a BC/BS member: • If not a BC/BS member: <p>Find out what she understands the guidelines to currently be/the controversy to be.</p>	<p>Suggested Counselor Responses</p> <ul style="list-style-type: none"> • Experts and the doctors at Blue Cross and Blue Shield agree that routine screening mammograms can save the lives of many women who are 50 and over. They advise yearly mammograms for women aged 50 and older. • Experts agree that routine screening mammograms can save the lives of many women aged 50 and over. Most doctors in the U.S. advise women aged 50 and older to get mammograms every year.
<p>For women age 50-59 with questions about screening debate/guidelines for women in their 40s:</p> <p>“I hear that mammograms aren’t needed for women in their 40’s/Women in their 40s should be screened less often.”</p> <p>Find out what she understands the guidelines to currently be/the controversy to be.</p>	<p>Please keep in mind that all medical organizations agree that women over age 50 need regular mammograms. Most advise yearly mammograms. There is no disagreement about the nature of mammograms for women in their 50's.</p> <p>There is some disagreement in the medical community about how often women in their 40s should get mammograms. That’s because studies have not shown beyond a shadow of a doubt that mammograms save the lives of women aged 40-49. The two largest cancer organizations, the National Cancer Institute and American Cancer Society, both now agree that women in their 40s should get mammograms every one to two years.</p>

Counseling Guidelines	Suggested Counselor Responses
<p>CON: THE PAIN CAUSED BY HAVING A MAMMOGRAM IS BAD ENOUGH TO MAKE YOU PUT OFF HAVING ONE.</p> <p><i>Use barrier response #37: Pain/Discomfort from Mammogram</i></p>	
<p>Find out why the woman is worried about pain/discomfort. <i>(If mentions discomfort due to having large breasts, see Barrier 55)</i></p> <p>If she has never had a mammogram, what has she heard other women say about their mammograms?</p>	<p>➤ Have you heard other women say their mammograms were painful?</p>
<p>If she has had a mammogram, is she worried because she had a bad experience?</p>	<p>If you have had a painful mammogram in the past, you might mention this to your technician so she can be more sensitive to you.</p>
<p>Explain why there is some discomfort with having a mammogram.</p>	<p>Some women do say that having a mammogram is uncomfortable - for just a few moments. That is because the breast must be squeezed (compressed) to an even thickness. This squeezing (compression) helps get a good picture of your breast and lowers the amount of radiation needed. Most women say the mammogram is not painful. In fact, most women we talk to say the mammogram didn't hurt like they thought it would. Thinking about it was worse than the mammogram.</p>
<p>Recommend scheduling at a time when breasts are likely to be less sensitive.</p>	<p>There are some things you might do to make the mammogram less uncomfortable. If you are still having periods, it is best to have the mammogram right after your period. Women taking hormones may also notice certain times of the month when their breasts are less tender and should have their mammogram during those times.</p>
<p>If she mentions having breast implants and is worried about pain/discomfort:</p>	<p>Special techniques must be used to image women with breast implants. It should not hurt. It is very important that the radiology center know ahead of time that you have implants.</p>
<p>In some cases, you might encourage the woman to go to a different mammography facility, if that is possible. This is a last ditch option!</p> <ul style="list-style-type: none"> • If a BC/BS member: <i>Provide the appropriate Member Services number if needed: PCP: 1-800-227-3727 or State Employee PCP. 1-800-422-2717.</i> • If not a BC/BS member: 	<ul style="list-style-type: none"> • Is there another mammography provider that participates in the Blue Cross and Blue Shield of NC network in your area where you could go for your mammogram? You might think about going to another center. It might be a good idea to talk to your doctor to find out what he/she thinks about that. Your doctor may be able to refer you to another mammography provider for the mammogram or you can call the Blue Cross and Blue Shield of NC Member Services number. • Is there another mammography provider that you can go to that is covered by your insurance plan? You might think about going to another center. It might be a good idea to talk to your doctor to find out what he/she thinks about that. Your doctor may be able to refer you to another mammography provider for the mammogram.

Counseling Guidelines	Suggested Counselor Responses
<p>CON: YOU WOULD BE WORRIED THAT A MAMMOGRAM WOULD SHOW THAT YOU HAD CANCER, WHEN IN FACT, YOU DID NOT.</p> <p><i>Use barrier response # 46: Worried about Abnormal Result</i></p>	
<p>Find out if there are any particular reasons the woman is worried about an abnormal result.</p>	<ul style="list-style-type: none"> ➤ Are there any particular reasons you're worried about your mammogram showing something abnormal?
<p>If she is concerned about having an abnormal result and needing additional tests:</p>	<p>Sometimes, mammograms will find abnormalities or problems in the breast. In this case, a woman would need to have more tests to find out whether or not the abnormality was cancer. Most often these abnormalities turn out to be non-cancerous.</p> <ul style="list-style-type: none"> ➤ Has this ever happened to you or anyone you know? <p>The period of time while you're waiting to find out the results of these tests can be stressful usually. If your mammogram does show a problem, this doesn't always mean you have breast cancer. In fact 8 out of 10 abnormal mammograms do not turn out to be cancer, but something like non-cancerous tumors, cysts, or changes in the breast. These abnormalities are usually harmless and may not even require treatment.</p>

EXAM PLE

Counseling Guidelines	Suggested Counselor Responses
<p>CON: YOU WOULD BE WORRIED THAT A MAMMOGRAM WOULD SHOW THAT YOU DID NOT HAVE CANCER, WHEN IN FACT, YOU DID.</p> <p>Use the provided response:</p>	<p>Having a mammogram show that you do not have cancer, when in fact, you do (a false negative result) is very upsetting. However, this doesn't happen very often, especially for women who are 50 and over. And right now, mammography is the best way we have to find breast cancer early. Unfortunately, no medical test is perfect. That's why it is important not to ignore any lumps or breast changes even if no problems were found on your mammogram. And you should have your doctor do a breast exam on your breasts every year.</p>

Counseling Guidelines	Suggested Counselor Responses
<p>CON: MAMMOGRAMS OFTEN LEAD TO BREAST SURGERY THAT IS NOT NEEDED.</p> <p>Use the provided response:</p>	<p>Mammograms find a variety of breast problems, some of which are cancerous and some that are not. Extra tests and sometimes breast surgery may be needed to make sure that these problems are not breast cancer. Having regular mammograms helps the radiologist notice changes over time in your breasts. This may help prevent unnecessary surgery. But, sometimes surgery is the only way to make sure a breast problem isn't cancer.</p>

Counseling Guidelines	Suggested Counselor Responses
<p>CON: IF YOU'VE NEVER HAD BREAST PROBLEMS YOU DON'T NEED TO HAVE A MAMMOGRAM.</p> <p><i>Use barrier response #33: No Symptoms or Problems with Breasts</i></p> <p>Give the message that the purpose of a mammogram is to find breast cancer before there are any symptoms.</p>	<p>I'm glad to hear that you are not having any symptoms or problems. The purpose of a mammogram is to find breast cancer early--before a woman has symptoms. That's when there is the best chance for a cure. A mammogram can find breast cancer very early--about 1 and 1/2 to 2 years before it can be felt. The sooner you do something about breast cancer, the more likely the treatment can be simpler, easier, and less of a hassle than if you wait.</p>

Counseling Guidelines	Suggested Counselor Responses
<p>CON: YOU ARE TORN BETWEEN GETTING AND NOT GETTING A MAMMOGRAM IN THE NEXT YEAR. (WOMEN AGE 50-59)</p> <p>Use the provided statements.</p>	<p>Other women, like you, are torn between getting and not getting a mammogram. It is hard to make decisions about your health, especially if there are reasons that you do not want to get a mammogram. But remember, all cancer experts and medical organizations agree that women who are 50 and over should get regular mammograms. <i>(If BC/BS member, add: In fact, the doctors at Blue Cross and Blue Shield of NC advise women your age to get mammograms every year.)</i></p> <p>Be sure to talk with your doctor about mammography. He or she knows your health history best and can help address any reasons why you are unsure about being screened.</p> <p><i>Explore whether there are barriers that are making the woman feel torn about getting or not getting a mammogram. If she has any barriers, address them.</i></p>

EXAMPLE

Barriers to Mammography	
Counselor Guidelines	Suggested Counselor Responses
IF she DOES NOT have any barriers,	<i>GO TO the “Other General Questions about the Booklet” section of the protocol.</i>
IF she DOES have barriers,	<p><i>Check to make sure you have not already responded to the barriers as a “con” earlier in the call.</i></p> <p><i>The “cons” and barriers that overlap are: confusion re: guidelines (7), cost (8), not necessary due to age (35), one past mammogram is enough (36), Pain/discomfort (37), worried re: abnormal result (46), and no symptoms or problems with breast (33).</i></p> <p><i>If you have not responded to the barrier(s) previously, refer to the appropriate barrier response(s).</i></p>

EXAMPLE

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Barrier 1: Afraid of finding breast cancer

Counseling Guidelines

If she is worried about finding out that she has breast cancer...

Suggested Counselor Responses

If it turns out that you have breast cancer, it is likely that it has been caught at an early stage, when it has an excellent chance of being cured and you have more choices about treatment. In fact, about 9 out of 10 women whose breast cancer is found early will be cured.

The sooner you find breast cancer, the more likely the treatment can be simpler, easier, and less hassle than if you wait. A mammogram can find breast cancer as much as 1.5 to 2 years before it can be felt, giving that much of a head start in treating it.

EXAMPLE

Barrier 2: Afraid of losing breast(s)

Counseling Guidelines

“I'm afraid I might have to lose my breast(s)...”

Suggested Counselor Responses

Having breast cancer does not always mean you'll have to lose your breast. In fact today, most women with breast cancer are given the choice of surgery that saves the breast. The kinds of treatment that might be recommended depend upon many things. A lumpectomy, which involves taking out only the part of the breast with cancer is a breast- saving treatment that can be very effective if breast cancer is found early.

Most women who have to have a breast removed can have plastic surgery to rebuild the breast.

Remember, having regular mammograms is the best way to find breast cancer early. And, that often means more choices about how it is treated.

EXAMPLE

Barrier 3: Afraid of losing hair

Counseling Guidelines

“I’m afraid I might lose my hair from the treatment.”

Suggested Counselor Responses

Some kinds of chemotherapy (drugs) that are used to kill breast cancer cells also may cause hair loss. The hair loss is temporary--it will grow back once the treatment is over.

Remember, though, the earlier breast cancer is found, the more choices there are about treating it. And, it may not be necessary to use chemotherapy. The best way to find breast cancer early is to have regular mammograms. Chances are, if you have a mammogram, you’ll learn that you are fine.

EXAMPLE

Barrier 4: Anxiety (General - Nervous)

Counseling Guidelines

Suggested Counselor Responses

"I'm a little nervous about having a mammogram."

Help her identify why she is anxious/nervous. As she talks, she may identify some of the common concerns about mammography, e.g., pain, radiation, worry about finding something.

- What is it about having a mammogram that makes you nervous?
Refer to other appropriate barriers as necessary, especially if she says fear of pain, radiation, or worry about finding something abnormal.

If she has never had a mammogram, find out if she is nervous about it (the procedure) because of not knowing what to expect or things she has heard other women say about it.

When we were talking earlier, you mentioned that you have never had a mammogram. I'm wondering if you have some questions about what it's like to have a mammogram?

- Have you ever seen a video or picture of a woman having a mammogram?
- What have you heard other women who have had a mammogram say about what it was like?

Perhaps it would help if I tell you what happens when you have a mammogram. The mammography technologist, who is a woman, will ask you to take everything off from the waist up and to put on a hospital gown that opens in the front. Then, she will take you into the room for your mammogram. At first, you will stand next to the mammography machine and the technologist will place your breast between two plastic plates, which will be pressed together to flatten your breast as much as possible. Although this may be a little uncomfortable, the squeeze (compression) usually lasts for only about □ minute. It's needed to get a picture of as much of the breast as possible with as little radiation as possible.

A total of 4 x-ray pictures will be made, two of each breast--one from the top to the bottom of the breast and the other from the sides of the breast. After the technologist has finished taking your mammogram, she will ask you to wait while she develops and checks the films to make sure they came out well. Your mammogram will then be read by a radiologist, who is a doctor with specialized training in reading x-rays and mammograms. In some cases, you may find out the result of your mammogram before you leave. In most cases, you will not get the results until later. Ask the mammography facility or your doctor how and when you will find out the result of your mammogram.

If she has had a mammogram, try to find out whether there was something about her last mammogram that is making her nervous.

- You mentioned earlier that you have had a mammogram.
- What was that like for you?
If she says she had a painful experience, an abnormal mammogram, etc..., go to barrier responses. (Pain/Discomfort, worried about an abnormal result, etc...).

Barrier 5: Care giving duties interfere	
Counseling Guidelines	Suggested Counselor Responses
Find out why she says she doesn't have the time. Is it because of her family or care-taking responsibilities?	<p>Most of us these days lead very busy lives.</p> <ul style="list-style-type: none"> ➤ Is there anything in particular that is making your life busier than normal?
If care giving duties are the problem, suggest she find someone to help her so that she can have the mammogram, and give the message that she needs to take care of herself so that she can continue to care for those who depend upon her.	<ul style="list-style-type: none"> ➤ Who might be able to take care of _____ for the time it will take you to have a mammogram? <p>Having a mammogram is something you need to do for yourself so that you can continue to take care of those who depend on you. A mammogram can find breast cancer 1.5 to 2 years before it can be felt. That is early--when it has an excellent chance of being cured and when you might have more choices about your treatment.</p>
Give facts. Help her see that the advantages of having a mammogram outweigh the hassles of juggling her schedule, etc..., to make time for the mammogram.	<p>The mammogram itself usually only takes about 30 minutes from the time you walk into the facility until the time you walk out. That really isn't very much time, especially when you consider that a mammogram could save your life.</p>
Finally, ask if she has some specific concerns about mammography.	<ul style="list-style-type: none"> ➤ In addition to being busy, are there some concerns or questions you have about mammography? <p><i>If so, address using barrier responses.</i></p>

EXAM

Barrier 6: Concerned About Radiation

Counseling Guidelines	Suggested Counselor Responses
<p>“I’ve had a lot of x-rays in my life... I don’t want to expose myself to any unnecessary radiation...”</p> <p>Find out what she has heard or read about the amount of radiation exposure received during a mammogram.</p>	<p>➤ What have you heard or read about how much radiation a woman is exposed to during a mammogram?</p>
<p>Give factual information about the radiation she will be exposed to during mammography, e.g. improved technology and equipment.</p> <p>Use only if woman seems to have additional concerns:</p>	<p>When mammography was first used, over 20 years ago, the amount of radiation used for taking the mammogram was much higher than it is today. Today the amount of radiation used in taking a mammogram is very small (0.1-0.8 rads). In fact, your risk of getting breast cancer because of having had mammograms is one in a million.</p> <p>In 1994, the Mammography Quality Standards Act required that, to operate legally, all mammography facilities in the US must meet minimum quality standards for personnel, equipment and record-keeping and to be certified by the Food and Drug Administration.</p> <p>Mammography machines are set so that the smallest amount of radiation is used. The risk from mammography is also extremely small when compared with other risks encountered in everyday life. The lifetime risk (of death) would be about the same as the risks involved in traveling 2,500 miles by plane or 220 miles by car.</p>
<p>Emphasize the message that the benefits of having a mammogram far outweigh the tiny risk associated with radiation.</p>	<p>Experts agree that the benefits of mammography far outweigh the risks due to radiation. A mammogram can find breast cancer about 1.5 to 2 years before it can be felt. This is when it is in the early stages--when it has an excellent chance of being cured and when you have more choices about the treatment.</p>

Barrier 7: Confusion Regarding Guidelines for Women 50-59

Counseling Guidelines

For women aged 50-59:

“I used to hear that women 50 and older should have a mammogram every year. Now I hear some say it's every 2 years.”

• **If a BC/BS member:**

• **If not a BC/BS member:**

Find out what she understands the guidelines to currently be/the controversy to be.

Suggested Counselor Responses

- Experts and the doctors at Blue Cross and Blue Shield agree that routine screening mammograms can save the lives of many women who are 50 and over. They advise yearly mammograms for women aged 50 and older.
- Experts agree that routine screening mammograms can save the lives of many women aged 50 and over. Most doctors in the U.S. advise women aged 50 and older to get mammograms every year.

For women age 50-59 with questions about screening debate/guidelines for women in their 40s:

“I hear that mammograms aren't needed for women in their 40's/Women in their 40s should be screened less often.”

Find out what she understands the guidelines to currently be/the controversy to be.

Please keep in mind that all medical organizations agree that women over age 50 need regular mammograms. Most advise yearly mammograms. There is no disagreement about the nature of mammograms for women in their 50's.

There is some disagreement in the medical community about how often women in their 40s should get mammograms. That's because studies have not shown beyond a shadow of a doubt that mammograms save the lives of women aged 40-49. The two largest cancer organizations, the National Cancer Institute and American Cancer Society, both now agree that women in their 40s should get mammograms every one to two years.

Barrier 8: Cost

Counseling Guidelines	Suggested Counselor Responses
Blue Cross and Blue Shield of NC members:	Blue Cross and Blue Shield of NC pays for your mammogram every year. Cost should not stand in the way of protecting your health.
Non-Blue Cross and Blue Shield members: <ul style="list-style-type: none">• If yes: • If no:	<ul style="list-style-type: none">➤ Do you have commercial insurance? • The state law of N.C. mandates that all carriers, except in companies that are self-insured, cover mammograms. You should contact your health insurance company to ask about your coverage for a mammogram. • In every county in NC, women can get free or low cost mammograms through the breast and cervical cancer screening program at the health department, depending on their income and age. Call the Cancer Information Service at 1-800-4-CANCER to get the name and number of a local contact in your county or call your local health department directly. They can then see if you qualify for the program.

EXAM

Barrier 9: Current Illness**Counseling Guidelines****If medical...**

Show understanding for her problem(s).

If appropriate, give message about the importance of mammography.

If you are unsure about her medical status, suggest that she talk to her doctor about having a mammogram. If her problem(s) seems very temporary, e.g., flu or recovering from surgery, suggest she think about having a mammogram when she feels better.

Suggested Counselor Responses

I'm sorry to hear that you're not feeling well...that you're (*describe what the woman tells you*).

I hope you'll make an appointment to have a mammogram when you're feeling better. Having a mammogram is very important because it can help you find a problem--breast cancer--early, giving you a 1 and ½ to 2 year head start on treating it. Finding it early greatly increases your chances of a cure and often means that you have choices about the kind of treatment you can have.

I'm very sorry to hear about the hard time you're having right now and I hope things will start getting better for you very soon. When you feel better, you might want to talk with your doctor about a breast cancer screening program that is right for you.

EXAMPLE

Barrier 10: Didn't get around to it	
Counseling Guidelines	Suggested Counselor Responses
Find out why she has not gotten around to it. Is it because of her family...job...care-taking responsibilities...recent personal/family crises...transportation time to the closest facility?	Most of us these days lead very busy lives. ➤ Is there anything in particular that is making your life busier than normal? <i>If so, address using barrier responses.</i>
If NOT a BC/BS member	<i>Suggest she call her doctor or health care organization for a list of facilities and phone numbers. Help her come up with a way to remember her appointment or find more convenient facility hours. Adapt from sections below.</i>
If she had an appointment, but had to cancel it, or has been intending to make an appointment, but put it off... Reinforce intention to have a mammogram. Help her develop a concrete, immediate plan for making the appointment for her mammogram, i.e., what will she do to make sure she makes it and keeps it. For example, she might pencil it in on her calendar.	I'm happy to hear you have been planning to have a mammogram. We all get busy and it is easy to forget to call to make an appointment. ➤ Do you have the number for a participating Blue Cross and Blue Shield of NC mammography provider in your area? So you don't forget, why don't you call the mammography facility or your doctor about an appointment when we are finished talking? <i>Give her the numbers for Member Services, if needed (State Employee PCP: 1-800-422-2717 or PCP: 1-800-227-3727) to call to find out which facilities are approved by BC/BS in her area.</i>
If situation seems time-limited, suggest she make the appointment now for a time when she will be less busy.	We all have a way of putting things off. Just so you don't forget, when we are finished talking, why don't you call your mammography facility or your doctor about an appointment for a time when you will be less busy? ➤ Do you have the number for a participating Blue Cross and Blue Shield of NC mammography provider in your area? <i>Give her the appropriate Member Services number (State Employees PCP: 1-800-422-2717 or PCP: 1-800-227-3727) to call to find out which facilities are approved by BC/BS in her area.</i>
Give facts. Help her see that the advantages of having a mammogram outweigh the hassles of juggling her schedule, etc..., to make time for the mammogram.	The mammogram itself usually only takes about 30 minutes from the time you walk into the facility until the time you walk out. That really isn't very much time, especially when you consider that a mammogram could save your life.
If the mammography facility's hours are a problem, suggest the woman call to find out about evening and/or weekend hours.	Why don't you call the participating Blue Cross and Blue Shield of NC mammography provider in your area and see if they have evening or weekend hours? If there is more than one participating provider in your area, you might want to try calling several of them to see if they have more convenient hours for you.
Finally, ask if she has some specific concerns about mammography.	➤ In addition to being busy, are there some concerns or questions you have about mammography? <i>If so, address using barrier responses.</i>

Barrier 11: Dislikes Specific Doctor/Provider

Counseling Guidelines

If she doesn't like the doctor she usually sees, it may be appropriate to suggest she find another doctor.

If a BC/BS member:

If not a BC/BS member:

Suggested Counselor Responses

- Have you thought about going to another clinic or going to see another doctor? You might feel better with someone else.

You can check your Directory of Providers to find another primary medical doctor or participating mammography provider in your area. If you don't have a directory or are concerned it may be out of date, you can call the Member Services number for your plan to find out about selecting a different doctor. The Member Services number for State Employee PCP members is 1-800-422-2717 and for PCP members is 1-800-227-3727.

Check with your health insurance company or health maintenance organization to see if you can see another doctor or switch your primary care provider.

EXAMMPLE

Barrier 12: Doctor/Provider Does CBE (Clinical Breast Exam)

Counseling Guidelines

"My doctor examines my breasts for me every year when I go for a check-up and that's enough..."

Reinforce the importance of both a mammogram and a CBE.

Suggested Counselor Responses

Having a yearly breast exam by a health professional is important but so is mammography. You need both mammograms and exams by a doctor. Mammograms can find most breast cancers about 1.5 to 2 years before either you or your doctor can feel a lump. A mammogram can see the breast cancer as small as the size of the head on a straight pin; a breast exam can't usually feel the cancer until it's grown to the size of a pea. The smaller the breast cancer is when it's found, the greater the chances that it can be cured. Breast exams also are needed because they act as a check on the mammogram. You need regular mammograms, a yearly breast exam by your doctor, and a monthly breast self exam to protect yourself against breast cancer.

EXAMPH

Barrier 13: Doctor/Provider Never Recommended

Counseling Guidelines

"My doctor never said anything about having a mammogram."

"My doctor has not talked to me about getting a mammogram recently."

Find out whether or not she has a doctor she usually sees for her health care. It could be the woman's doctor has not told her to get a mammogram because he/she forgets due to the woman's other medical problems. Emphasize woman's need to take care of herself. Encourage the woman to ask her doctor about mammograms. Find out if she needs help practicing how to ask her doctor about a mammogram.

- **If she has a regular doctor, ask:**

- **If check-up within past year:**

- **If no check-up within past year:**

- **If she does not have a regular doctor:**

- **If not a BC/BS member:**

Suggested Counselor Responses

- Do you have a doctor or clinic where you go when you have health problems or want a check-up?
- When did you last see a doctor for a regular check-up? Did he/she suggest you get a mammogram?
- Don't assume that just because your doctor hasn't told you to have a mammogram, he or she doesn't believe it's important. Studies have found that most doctors say they recommend regular mammograms for their women patients 50 years of age and over. In fact, Blue Cross and Blue Shield of NC doctors recommend that women **(age 50 and over get mammograms every year/age 40-49 get mammograms every other year)**. It might have slipped your doctor's mind in the past to talk to you about it--particularly if you had some other medical problems. You should call your doctor's office and speak to the secretary or the nurse about sending you a doctor's order for your mammogram. Most doctors appreciate being reminded about their patients' need for mammograms. How do you feel about doing this? When do you think you might be able to do this?
- Since it has been more than a year since your last check-up, it would be a good idea for you to make an appointment with your doctor anyhow. At that time, he/she can examine your breasts, which you need to have done every year, and you can talk with your doctor about having a mammogram. Even if your doctor doesn't bring up the subject of mammography, you should. It might have slipped your doctor's mind in the past to talk to you about it, particularly if you had some other medical problems.
- You should use the Directory of Providers or call the Member Services number to select a doctor who participates in the Blue Cross and Blue Shield of NC network. At your appointment, your doctor can examine your breasts, which you should have done every year, and then you can talk with him/her about a mammogram. Even if your doctor doesn't bring up the subject of mammography, you should. It might have slipped your doctor's mind in the past to talk to you about it, particularly if you had some other medical problems.
Provide the woman with the appropriate Member Services number so she can call and select a physician. State Employee PCP: 1-800-422-2717 or PCP: 1-800-227-3727.
- Don't assume that just because your doctor hasn't told you to have a mammogram, he or she doesn't believe it's important. Studies have found that most doctors say they recommend regular mammograms for their women patients 50 years of age and over. It might have slipped your doctor's mind in the past to talk to you about it--particularly if you had some other medical problems. You should call your doctor's office and speak to the secretary or the nurse about sending you a doctor's order for your mammogram. Most doctors appreciate being reminded about their patients' need for mammograms. How do you feel about doing this? When do you think you might be able to do this?

Barrier 14: Does own BSE (Breast Self Exam)

Counseling Guidelines

"I examine my breasts myself regularly."

Give the message that while breast self-examination is important, mammograms find breast cancer earlier.

Suggested Counselor Responses

Examining your breasts yourself and your doctor's examination of your breasts are very important but mammograms can find most breast cancers about 1.5 to 2 years before either you or your doctor can feel a lump. A mammogram can see the breast cancer as small as the size of the head on a straight pin; a self breast exam can't usually feel the cancer until it's grown to the size of a pea. The smaller the breast cancer is when it's found, the greater the chances that it can be cured.

You need regular mammograms, a yearly breast exam by your doctor, and a monthly BSE to protect yourself against breast cancer.

"I do a BSE every day."

It's really best to do a BSE only once a month. That way you're most likely to find something that's changed. We tend not to notice small changes in things we see every day.

Many people mention seeing a family member every day and not noticing that they have changed. Then, an out-of-town relative visits and immediately notices a difference.

The best time to do a BSE:

The best time to do a BSE if you still have periods is a few days after your period ends. If your periods have stopped, just pick a regular day you can remember every month.

Barrier 15: Doesn't know purpose of mammograms

Counseling Guidelines

The purpose of a mammogram:

Suggested Counselor Responses

The purpose of a mammogram is to find breast cancer early, before it spreads outside the breast and before there are any symptoms. When breast cancer is found early, women have more choices about the kind of treatment they receive and they have an excellent chance of being cured. Nine out of ten women with early breast cancer will be cured.

If necessary, describe the procedure itself.

If she wants want to know more about what it's like to have a mammogram, use the mammography procedure description under Suggested Counselor Responses for Barrier 4: Anxiety (General - Nervous).

EXAMPLE

Barrier 16: Doesn't know who needs mammograms

Counseling Guidelines

Suggested Counselor Responses

“Who needs mammograms?”

• **If BC/BS Member:**

• All women 50 and older need to have regular mammograms. This is because as women get older, their chances of getting breast cancer are greater. Mammograms are very important for women 50 and older because they can find breast cancers early - often 1 and 1/2 to 2 years before there are any symptoms. Blue Cross and Blue Shield of NC doctors advise all their women patients who are 50 and over to get mammograms every year.

• **If not a BC/BS member:**

• All women 50 and older need to have regular mammograms. This is because as women get older, their chances of getting breast cancer are greater. Mammograms are very important for women 50 and older because they can find breast cancers early - often 1.5 to 2 years before there are any symptoms.

“If I have breast implants do I still need mammograms?”

Women who have breast implants still need to have regular mammograms. Breast cancer can develop in the breast tissue surrounding the implant. Be sure to tell the technologist and radiologist about your implants before your mammogram to make sure the staff is experienced in x-raying patients with implants.

If you've had an implant following breast cancer surgery, ask your doctor if a mammogram is still necessary.

If necessary, describe the procedure itself.

If she wants want to know more about what it's like to have a mammogram, use the mammography procedure description under Suggested Counselor Responses for Barrier 4: Anxiety (General - Nervous).

Barrier 17: Doesn't like to go to doctors/providers

Counseling Guidelines

Find out if there is a reason she does not like to go to doctors.

Listen carefully and show empathy.

If she expresses the idea, "**I only go to doctors when I'm really sick,**" point out the value of mammograms.

Suggested Counselor Responses/Questions

➤ Is there a reason why you don't like going to the doctor?

You're not alone in feeling that way. Many women feel the way you do. Since you don't like going to doctors, taking good care of yourself and finding little problems before they become big problems is very important. If you don't find problems when they are small, they will need a lot more time and attention and even more visits to the doctor. That's one reason why getting mammograms is so important. (It's just like taking care of a car or a house.)

EXAMPLE

Barrier 18: Doesn't think she'll get breast cancer

Counseling Guidelines

"I don't think I'm going to get breast cancer."

Suggested Counselor Responses

- Can you tell me more about why you don't think you'll get breast cancer? I've talked to some women who think that. But the fact is there is no way to tell who will get breast cancer. No woman is immune. We do know that 1 out of 8 women will get breast cancer sometime by the time they are 95. Breast cancer occurs in most often in women who are older.
- Have you ever heard that? (Did you know that?)

About 9 out of 10 women who get breast cancer can be cured, IF their breast cancer is found early before it has a chance to spread outside the breast to other parts of the body.

Mammograms can find the most early breast cancers--often before they can be felt. Breast cancer small enough that it can only be seen on a mammogram usually has not had a chance to spread. And, it has an excellent chance of being cured. That's why mammograms are so important.

EXAMMPLE

Barrier 19: Doesn't want to know

Counseling Guidelines

"If I have breast cancer, I don't want to know anyhow."

Suggested Counselor Responses

Maybe you think you would rather not know if you have breast cancer. Maybe you prefer not to deal with the hassle that may come with breast cancer treatment. Some women feel that as long as they feel fine, they don't want to look for trouble. Other women say something else, which is very true: **If you have cancer, you'll find out eventually, so why not know now, when you can do more about it.** That way, you'd also be more in control. Unless you have regular mammograms, you don't know your breasts are "in trouble" until you start having symptoms such as a lump, discharge, or dimpling of the breast--which might be signs of breast cancer. It's better to find breast cancer before there are any symptoms. Breast cancer does not go away on its own. When breast cancer is present and is found by a mammogram, you sometimes have as much as a 1 and 1/2 to 2 year head start on treating it. Breast cancer that is found early has an excellent chance of being cured. And, the sooner you do something about breast cancer, the more likely the treatment can be simpler, easier, and less hassle than if you wait.

EXAM

Barrier 20: If it ain't broke, don't fix it

Counseling Guidelines

"I believe if it ain't broke, don't fix it."

Suggested Counselor Responses

In the case of breast cancer, it's not always easy to tell whether or not something is broken, that is, whether or not you have breast cancer. Women can have breast cancer without having any symptoms or feeling ill. A mammogram can find breast cancer as much as 1 and 1/2 to 2 years before there are any symptoms. And, it has an excellent chance of being cured. That's why mammograms are so important.

EXAMPLE

Barrier 21: Embarrassed about CBE (Clinical Breast Exam)

Counseling Guidelines

If the problem is going to a doctor for the doctor's order for your mammogram and/or embarrassment about having a breast exam:

If the woman has had a breast exam within the last year:

Suggested Counselor Responses

You may not be able to get a doctor's order for your mammogram without going to see your doctor. Having a yearly breast examination, in addition to regular mammograms, is very important and many doctors like to do this before their patients go for a mammogram.

If you've had your breasts checked within the last year, call a nurse at your doctor's office to ask whether you can schedule your mammogram without having another breast exam. Then, you can also ask the nurse for your doctor's order for your mammogram.

If you haven't had a breast exam in the last year, would you feel better if your breast exam was done by a woman doctor or nurse? If so, this is something you might look into.

EXAMPLE

Barrier 22: Embarrassed about mammogram

Counseling Guidelines

If embarrassment about having the mammogram is the issue:

Suggested Counselor Responses

Some women say they would feel embarrassed about having a mammogram. But keep in mind that all the technologists who do mammograms are women and most are sensitive to women's concerns about the procedure. Since you'll only have to take off the clothing above your waist during the mammogram, you might want to wear pants or a skirt rather than a dress. (That way the rest of you will be covered.) Most women say that once they went, it wasn't embarrassing.

EXAMPLE

Barrier 23: Facility hours are limited

Counseling Guidelines

If the mammography facility's hours are a problem, suggest the woman call to find out about evening and/or weekend hours.

- **If a BC/BS member:**

- **If not a BC/BS member:**

If she is having problems getting a mammogram due to a conflict with her schedule (work, etc...) and the facility hours, give her positive feedback. Suggest ways she can fit getting a mammogram into her schedule. Help her see that the advantages of having a mammogram outweigh the hassles of juggling her schedule, etc..., to make time for the mammogram.

Suggested Counselor Responses

- Check your Directory of Providers or call the Member Services number to see which mammography providers in your area are participate in the Blue Cross and Blue Shield of NC network. Then you can call those facilities and see if they have any evening or weekend hours that are more convenient for you.

Provide the woman with the appropriate Member Services number if necessary: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

- Call your doctor's office or health insurance company to find out which mammography providers in your area are covered by your insurance. Then you can call those facilities and see if they have any evening or weekend hours that are more convenient for you.

The mammogram itself usually only takes about 30 minutes from the time you walk into the facility until the time you walk out. That really isn't very much time, especially when you consider that a mammogram could save your life.

Barrier 24: Family History of Breast Cancer

Counseling Guidelines

If there is anxiety about procedure related to **family history of breast cancer** and perhaps increased personal risk of breast cancer.

Encourage woman to talk about this concern with her doctor. (In view of her family history, her doctor may tell her to have mammograms more often.)

Give message about importance of mammography:

Suggested Counselor Responses/Questions

It is true that if other members in your family have had breast cancer, you may be more likely to get it than the average woman your age. You should discuss this with your doctor. Knowing your medical history, he/she may be able to give you more information about your risk of getting breast cancer. He/she can also tell you how often you should have a mammogram. Regular mammograms are even more important for women with a family history.

Having regular mammograms for any woman your age is so important because the risk of getting breast cancer increases with age for all women. A mammogram can find breast cancer often 1 and 1/2 to 2 years before it can be felt, and that means a 1.5 to 2 year head start on treating it. Breast cancer that is found early has an excellent chance of being cured.

EXAMPLE

Barrier 25: Forgot appointment

Counseling Guidelines

Give general information that some facilities remind women of their appointments. Also brainstorm as discussed below.

For others:
Brainstorm with her ideas on how to keep track of appointments -- e.g. keep calendar, ask someone to remind her, write it on the refrigerator magnet we mailed them, etc....

Suggested Counselor Responses

Some mammography providers remind women of their appointments. You can call the facility where you have your mammogram and see if they provide this service. It might help you remember.

Try to think of some ways you can keep track of your appointments -- e.g. keeping a calendar, putting a reminder on the refrigerator, asking someone to remind you, etc....

EXAMPLE

Barrier 26: Has Symptoms or is Having Problems with Breast(s)

Counseling Guidelines

If she has some breast symptoms, e.g. lump, discharge, etc... urge her to call her doctor right away!

Suggested Counselor Responses

The fact that you are having a breast problem(s) does not mean that you have cancer. Most breast problems aren't cancer. **But, you should have it checked out by your doctor right away.** You should call your doctor's office today, explain your problem, and make an appointment. About 8 out of 10 abnormal mammograms do not turn out to be cancer, but something like non-cancerous tumors, cysts, or changes in the breast. These things are usually harmless and may not even require treatment.

EXAMPLE

Barrier 27: Knows nothing about mammograms

Counseling Guidelines

"What exactly is a mammogram?"

Explain what a mammogram is:

Additional info.:

Suggested Counselor Responses/Questions

A mammogram is an x-ray of the breast. The x-ray itself is taken by a technologist who has special training in doing mammograms. Usually, two pictures are taken of each breast--one from the top and one from the side. After the x-rays are developed, they are read by a doctor (a radiologist) whose specialty is reading x-rays and the results are sent to your regular doctor or health care center. How you will find out the results of your mammogram will depend upon the facility and your doctor. Be sure to ask your doctor or the place where you have your mammogram how you will find out your results.

In some cases, women are told the results of their mammogram at the time of their appointment. Others may be called by their doctor's office or receive a letter in the mail. Some women may have to call their doctor's office for the results.

EXAMMPLE

Barrier 28: Looking for Trouble

Counseling Guidelines

“Having a mammogram just means looking for trouble.”

Explain that breast cancer is one kind of trouble you **DO** want to look for while it is still early.

Suggested Counselor Responses

Some women do feel that having a mammogram is just looking for trouble. But, unless you have regular mammograms, you won't know that your breasts are "in trouble" until the trouble begins to show up in the form of symptoms, such as a lump, discharge, or dimpling of the breast. At that point, if you have breast cancer, it may have already spread outside your breast. After breast cancer starts to spread, it is much harder to control and to cure. It's much better to find breast cancer before there are any symptoms. In fact, you might say, it's much better to go looking for breast cancer, before it comes looking for you.

Point out value of having regular mammograms:

Having regular mammograms is the best way to find breast cancer early. They can often find breast cancer as much as 1 and 1/2 to 2 years before you or your doctor can feel a lump. Finding breast cancer that early gives you a 1.5 to 2 year head start on treatment and an excellent chance of being cured. In some situations, it may also mean you have choices about the kind of treatment you receive.

EXAM

Barrier 29: Mastectomy (Single)

Counseling Guidelines

Encourage the woman to continue to get mammograms on her breast that was not removed. Also encourage her to talk with her doctor about the best screening schedule for her considering that she has had breast cancer.

Suggested Counselor Responses/Questions

Your breast health is very important. Even if you've had a single mastectomy, you still need a mammogram on the other breast. Please be sure to check with your doctor about the schedule you should follow for checkups each year and advice about breast health. Call your doctor if you need to schedule an appointment.

EXAMPLE

Barrier 30: Never Thought About It**Counseling Guidelines**

Find out what the woman knows about mammography.
Explain what a mammogram is if needed:

Find out if there is some particular reason the woman has never thought about having a mammogram.

Give messages about why mammography is so important and encourage her think about it and talk to her doctor about it.

• **If woman is a BC/BS member, add:**

• **If not a BC/BS member, add:**

Also encourage her to get more information – talk to friends, call Cancer Information Service at 1-800-4-CANCER, be open to media messages.

Suggested Counselor Responses/Questions

➤ Have you heard or read anything about mammograms?
A mammogram is an x-ray of the breast. Its purpose is to find breast cancer early before there are any symptoms. That's when the chances for cure are greatest and women have more choices about their treatment.

➤ Are there any reasons that come to mind about why you might not want to have a mammogram?
(If specific barriers are identified, go to those Counseling Guidelines and Responses).

As women get older, they are more likely to get cancer. In fact, about 1 out of 8 women will get breast cancer sometime in their lives. Mammograms can find breast cancer very early--often 1 and 1/2 to 2 years before it can be felt or before there are any symptoms. That's the reason why women should have regular mammograms.

- In fact, Blue Cross and Blue Shield doctors advise their woman patients who are 50 and over to get mammograms every year. Why don't you talk to your doctor about having a mammogram?
- In fact, the two largest cancer organizations, the American Cancer Society and National Cancer Institute, both recommend that women age 40 and over get mammograms every one to two years. Why don't you talk to your doctor about having a mammogram?

You can also call the Cancer Information Service at 1-800-4-CANCER if you have any questions or concerns.

Barrier 31: No Family History**Counseling Guidelines****"Breast cancer doesn't run in my family"****Suggested Counselor Responses**

Some women believe that they don't need mammograms because no one in their family has had breast cancer. But, did you know that 3 out of 4 women who get breast cancer do not have a strong family history of breast cancer or other risk factors for breast cancer?* As women get older, their chances of getting breast cancer increase whether or not anyone in their family has had breast cancer. That's why it's so important for women to have regular mammograms --to find breast cancer early, when it has an excellent chance of being cured and a woman has more choices about the way it is treated. The sooner you find breast cancer, the more likely the treatment can be simpler, easier, and less of a hassle than if you wait.

**Note to Counselor: 'Strong' family history means having a mother, sister, or daughter who had breast cancer before age 50.*

EXAMMPLE

Barrier 32: No Doctor/Provider

Counseling Guidelines

Blue Cross and Blue Shield of NC member:

Probe-Are you clear on the procedure for selecting a doctor?

Non-Blue Cross and Blue Shield member:

Discussion should focus on obtaining routine care in her specific setting.

Suggested Counselor Responses

You need to select a primary medical doctor in your area who participates in the Blue Cross and Blue Shield of NC network for your mammogram to be covered by your insurance. You can call the Member Services number for your plan or use your Directory of Providers to select a doctor. Once you have chosen a doctor, he or she will probably want to see you for an appointment and then give you an order for your mammogram. Your doctor may recommend a participating Blue Cross and Blue Shield mammography provider to you. Or, you may need to call the Member Services number yourself to find out which mammography providers in your area participate in the Blue Cross and Blue Shield of NC network. Then you can make the appointment for your mammogram yourself.

Provide the appropriate Member Services number as needed: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

You should call your health insurance plan to find out how to select a doctor. Once you have a doctor, he or she can refer you to a mammography center for your mammogram.

EXAMPLE

Barrier 33: No Symptoms or Problems with Breasts

Counselor Guidelines

Give the message that the purpose of a mammogram is to find breast cancer before there are any symptoms.

Suggested Counselor Responses

I'm glad to hear that you are not having any symptoms or problems. The purpose of a mammogram is to find breast cancer early--before a woman has symptoms. That's when there is the best chance for a cure. A mammogram can find breast cancer very early--about 1 and 1/2 to 2 years before it can be felt. The sooner you do something about breast cancer, the more likely the treatment can be simpler, easier, and less of a hassle than if you wait.

EXAMPLE

Barrier 34: Not Interested

Counseling Guidelines

Find out why she is not interested in having a mammogram. Probe for barriers. *(Go to barrier responses if mentioned.)*

Suggested Counselor Responses/Questions

- Have you ever thought about having a/another mammogram? Are there any reasons that come to mind about why you might not want to have a mammogram? Has anyone you know ever had a mammogram? What did she have to say about it?
- Has your doctor ever talked with you about having a mammogram? What did he/she have to say about it?

If she does not mention any barriers, give some reasons other women have said about why they are not interested in mammography.

Some women have said that they were not interested in having a mammogram because they were concerned about the cost, being exposed to radiation, finding something abnormal, or they just didn't have the time.

- Do any of these things sound like you?

If barriers are noted, go to those responses. If not, continue with message below about the importance of mammography.

If there are no barriers mentioned, explain purpose for and importance of mammography.

- **If a BC/BS member:**

- As women get older, their chances of getting breast cancer increase. In fact, about 1 out of 8 women will be diagnosed with breast cancer before the age of 95. Mammograms can find breast cancer very early--often 1 and 1/2 to 2 years before it can be felt or before there are any symptoms. That's why Blue Cross and Blue Shield of NC, the National Cancer Institute and several other medical organizations say that women should have regular mammograms. When breast cancer is found early, it has an excellent chance of being cured and a woman often has more choices about the way it is treated.

- **If not a BC/BS member:**

- As women get older, their chances of getting breast cancer increase. In fact, about 1 out of 8 women will be diagnosed with breast cancer before the age of 95. Mammograms can find breast cancer very early--often 1 and 1/2 to 2 years before it can be felt or before there are any symptoms. That's the National Cancer Institute and several other medical organizations say that women should have regular mammograms. When breast cancer is found early, it has an excellent chance of being cured and a woman often has more choices about the way it is treated.

Barrier 35: Not Necessary Due to Age

Counseling Guidelines

Suggested Counselor Responses

"I'm too old to worry about it...At my age, I don't need to worry about breast cancer..."

Emphasize that the risk of breast cancer increases with age.

As women get older, their chances of getting breast cancer increase. The majority of breast cancers occur in women over the age of 50 and about half the women with breast cancer are 65 years of age and older. Did you know that women are living much longer these days? On the average, a 65 year-old woman will live another 18 years, and a 75 year-old woman another 12 years. That's why it's so important for all women 50 and older to have regular mammograms. That is the best way to find breast cancer early, when the chances of it being cured are excellent and when women have more choices about treatment.

"I'm too young to worry about breast cancer."

As women get older, their chances of getting breast cancer increase. The majority of breast cancers occur in women who are age 50 or older. Even though you may feel young and healthy, it's important to get regular mammograms, just to make sure you don't have breast cancer.

EXAMPLE

Barrier 36: One past mammogram is enough

Counseling Guidelines

If she believes that having one mammogram is enough:

Suggested Counselor Responses

I'm glad to hear that you have had a mammogram. That's a great start. But, in order to find breast cancer early, women need to have regular mammograms. Breast cancer can develop at any time. You need to have regular mammograms, so that you can find it as early as possible, if it does develop. Plus, when you have a mammogram regularly, your mammography provider/radiologist can look at past mammograms and find changes in your breast more easily.

EXAMPLE

Barrier 37: Pain/Discomfort from Mammogram

Counseling Guidelines

Suggested Counselor Responses

"I heard that a mammogram hurts."

Find out why the woman is worried about pain/discomfort.
(If mentions discomfort due to having large breasts, see Barrier 54)
If she has never had a mammogram, what has she heard other women say about their mammograms?

➤ Have you heard other women say their mammograms were painful?

If she has had a mammogram, is she worried because she had a bad experience?

If you have had a painful mammogram in the past, you might mention this to your technician so she can be more sensitive to you.

Explain why there is some discomfort with having a mammogram.

Some women do say that having a mammogram is uncomfortable - for just a few moments. That is because the breast must be squeezed (compressed) to an even thickness. This squeezing (compression) helps get a good picture of your breast and lowers the amount of radiation needed. Most women say the mammogram is not painful. In fact, most women we talk to say the mammogram didn't hurt like they thought it would. Thinking about it was worse than the mammogram.

Recommend scheduling at a time when breasts are likely to be less sensitive.

There are some things you might do to make the mammogram less uncomfortable. If you are still having periods, it is best to have the mammogram right after your period. Women taking hormones may also notice certain times of the month when their breasts are less tender and should have their mammogram during those times.

If she mentions having breast implants and is worried about pain/discomfort:

Special techniques must be used to image women with breast implants. It should not hurt. It is very important that the radiology center know ahead of time that you have implants.

In some cases, you might encourage the woman to go to a different mammography facility, if that is possible. **This is a last ditch option!**

• **If a BC/BS member:**

Provide the appropriate Member Services number if needed: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

• **If not a BC/BS member:**

- Is there another mammography provider that participates in the Blue Cross and Blue Shield of NC network in your area where you could go for your mammogram? You might think about going to another center. It might be a good idea to talk to your doctor to find out what he/she thinks about that. Your doctor may be able to refer you to another mammography provider for the mammogram or you can call the Blue Cross and Blue Shield of NC Member Services number.
- Is there another mammography provider that you can go to that is covered by your insurance plan? You might think about going to another center. It might be a good idea to talk to your doctor to find out what he/she thinks about that. Your doctor may be able to refer you to another mammography provider for the mammogram.

Barrier 38: Questions Accuracy of Mammograms

Counselor Guidelines

**"I know a woman who had breast cancer and the mammogram didn't find it."
"I heard that mammograms can make you think you have cancer when you don't and you end up having a lot of unnecessary tests."**

Give information about the accuracy of mammograms.

"How accurate are mammograms if you have breast implants?"

Suggested Counselor Responses

No medical test is perfect, but a mammogram can find about 90% of all breast cancers present at the time of the exam in women age 50 and over. A breast exam by your doctor or health professional can find another 5-10% of the cancers.

New regulations from the FDA have made tougher standards for mammography facilities. The regulations cover not only the equipment, but also the personnel. Although mammograms are not perfect, the accuracy of reading is very high.

Mammograms are important even for women who have implants. Different techniques are used during the mammogram to help increase its accuracy. It's important to tell the technologist and radiologist about your implants before your mammogram to make sure the staff is experienced in x-raying patients with implants.

Because silicone implants are not transparent on x-ray, they can block a clear view of the tissues behind them, especially if the implant has been placed in front of the chest muscles. Experienced technologists and radiologists know how to compress the breasts to keep from rupturing the implant. They can also use special techniques to find any abnormalities or problems. They may slide the implant backward towards the chest wall or pull the breast tissue over and in front of the implant. Sometimes interpreting the mammogram can be more difficult, especially if scar tissue has formed around the implant or if silicone has leaked into nearby breast tissue. However, it is still important to get regular mammograms because breast cancer can develop in the tissue surrounding the implant.

Barrier 39: Questions Effectiveness of Mammograms

Counseling Guidelines

Suggested Counselor Responses

For mammograms that sometimes find something that isn't cancer...

Sometimes, mammograms will find abnormalities or problems in the breast. In this case, a woman would need to have more tests to find out whether or not the abnormality was cancer. Most often these abnormalities turn out to be non-cancerous.

Reinforce advantages of mammography.

➤ Has this ever happened to you or anyone you know?

The period of time while you're waiting to find out the results of these tests can be very hard. But, keep in mind that breast cancers found early can often give women a 1 and 1/2 to 2 year head start on treating the cancer. That greatly increases the chances that the breast cancer will be cured and often gives a woman some choices about the kind of breast cancer treatment she'll have.

EXAMPPLE

Barrier 40: Questions Quality of Mammograms

Counseling Guidelines

Suggested Counselor Responses

Give information about factors that influence mammography quality.

In 1994, the Mammography Quality Standards Act was passed. It required that, to operate legally, all mammography facilities in the U.S. meet minimum quality standards for personnel, equipment and record-keeping, and be certified by the Food and Drug Administration. That means that your mammogram is done on the safest, most modern equipment and by expert professionals.

If you have had a mammogram in the past at another mammography facility, make sure you tell the technologist and complete the paper work requesting that your last mammogram be mailed to your current facility. This is the only way the radiologist can compare your mammogram result. Having your old mammogram improves the accuracy of the test. (By comparing the two mammograms, the radiologist can find changes in the breast more easily.)

If she wants to know more about the qualifications of the personnel:

Doctors and other staff must have special training to perform and interpret breast x-rays. The technologists who take mammograms are certified by the American Registry of Radiological Technologists or licensed by the state. Doctors who read and interpret mammograms should be board-certified radiologists who have taken special courses in mammography.

EXAM

Barrier 41: Radiology Facility Environment

Counseling Guidelines

Doesn't want to go where she went the last time. Wants to go to a different facility.

Explore options she has in selecting a new facility. Remind her that she should request her previous mammogram be sent to the new facility.

If Blue Cross and Blue Shield Member:

If Non-Blue Cross and Blue Shield member:

Complains about facility - e.g. cold and sterile:

Suggested Counselor Responses

Blue Cross and Blue Shield will only cover mammograms done at mammography facilities that participate in the Blue Cross and Blue Shield of NC network. You should check the Directory of Providers or call the Member Services number to find out if there are other participating Blue Cross and Blue Shield mammography providers in your area. If there is another facility that you can use, be sure to request that your previous mammogram report and X-rays be mailed to the new site you select.

Provide the appropriate Member Services number if needed: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

Perhaps going to a different facility will solve the problem. Check with your health care organization/insurance to see which facilities you can go to and still have your mammogram covered. You'll need to request that your previous mammogram report and X-rays be mailed to the new site you select.

You may want to ask your doctor about going to a different facility for your mammogram. If your doctor doesn't know if there are other participating Blue Cross and Blue Shield mammography providers in your area, check your Directory of Providers or call the Member Services number to find out.

Provide the appropriate Member Services number if needed: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

Barrier 42: Social/Emotional problems**Counseling Guidelines**

If financial, social, emotional, family, personal, etc...

If financial remind that Blue Cross and Blue Shield provides mammogram on a regular basis or refer to the Cost barrier.

- **For women who are BC/BS members, add:**

Suggested Counselor Responses

I hope you'll make an appointment to have a mammogram (when things get a little better or when you have a chance). Having a mammogram is something very important that you can do for yourself. It might help you find a problem, breast cancer, early before it becomes bigger and adds to the problems you already have. A mammogram can find breast cancer as much as 1 and 1/2 to 2 years before there are any symptoms. Finding it this early greatly increases your chances of cure and often means that you have choices about the kind of treatment you have.

- Don't forget that Blue Cross and Blue Shield of NC pays for your mammogram every year.

EXAMPLE

Barrier 43: Time Limited (Not Enough Time)

Counseling Guidelines	Suggested Counselor Responses/Questions
<p>Too much to do/ Not enough time Find out why the woman says she doesn't have the time. Is it because of her job...care-taking responsibilities...recent personal/family crises...transportation time to the closest facility? <i>(Refer to other barrier responses if appropriate.)</i></p>	<p>Most of us these days lead very busy lives.</p> <p>➤ Is there anything in particular that is making your life busier than normal?</p>
<p>If situation seems time-limited, suggest she make an appointment now for a time when she will be less busy.</p>	<p>We all have a way of putting things off. Just so you don't forget later, why don't you call today or tomorrow and make your mammogram appointment for a time when you will be less busy?</p>
<p>Give facts --e.g., mammogram itself usually takes no longer than 30 minutes from the time the woman walks through the door of the facility until she walks out.</p>	<p>The mammogram itself usually only takes about 30 minutes from the time you walk into the facility until the time you walk out. That really isn't very much time, especially when you consider that a mammogram could save your life.</p>
<p>Help woman see that the advantages of having a mammogram outweigh the hassles juggling her schedule, etc. to make time for the mammogram.</p>	
<p>If the mammography facility's hours are a problem, suggest the woman call to find out about evening and/or weekend hours.</p> <ul style="list-style-type: none">• If a BC/BS member: <ul style="list-style-type: none">• If not a BC/BS member:	<ul style="list-style-type: none">• Check your Directory of Providers or call the Member Services number to see which mammography providers in your area participate in the Blue Cross and Blue Shield network. Then you can call those providers and see if they have any evening or weekend hours that are more convenient for you. <i>Provide the woman with the appropriate Member Services number if necessary: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.</i>• Check with your doctor or your health insurance plan to see if there are other mammography providers in your area. If there are, you can call them and see if they have any evening or weekend hours that are more convenient for you.
<p>Finally, ask if she has some specific concerns about mammography.</p>	<p>➤ In addition to being busy, are there some concerns or questions you have about mammography?</p>

Barrier 44: Transportation Problems

Counseling Guidelines

e.g. facility is far away, has no way to get there - e.g., doesn't drive, no public transportation, etc..

Ask if she has a friend, neighbor, or relative who might be willing to give her a ride to her mammography appointment.

Using information about transportation to the facilities in your area, help her make a plan for how to overcome this problem.

Suggested Counselor Responses/Questions

- Do you have a friend, neighbor or family member who could take you to your appointment?

A mammogram usually only takes about 30 minutes. That really isn't very much time for your ride to wait, especially since a mammogram could save your life.

You can also try public transportation. Many health facilities can be reached this way.

When you are scheduling your next doctor's appointment, ask if you can also schedule your mammogram for the same day. That way you can go to your appointment and mammogram at the same time; it might be easier to arrange transportation that way.

EXAMPLE

Barrier 45: Uncomfortable asking for doctor's order

Counseling Guidelines

If problem is with going to a doctor for the doctor's order for your mammogram:

Blue Cross and Blue Shield member:

- **If you've had a physical exam within the last year:**
- **If you have not had a physical exam within the last year:**

Suggested Counselor Responses

- If you've had a physical exam within the last year call the nurse at your doctor's office and ask doctor's order for a mammogram.
- If you have not had a physical exam within the last year, you should call your doctor's office and make an appointment. That way you can have a breast exam by your doctor and then ask him/her about a mammogram. You can get a doctor's order for your mammogram at your appointment.

Also, **some** radiologists/mammography providers will do a mammogram without a doctor's order from your doctor. You should to check to see if your radiologist/mammography providers needs a doctor's order or not. Be sure the radiologist you are going to participates in the Blue Cross and Blue Shield of NC network. (You can do this by checking your Directory of Providers or calling the Member Services number.)

Provide the Member Services numbers if needed: State Employee PCP: 1-800-422-2717 or PCP: 1-800-227-3727.

Non-Blue Cross and Blue Shield member:

You may not be able to get a referral for your mammogram without going to see your doctor. Having a yearly breast examination, in addition to regular mammograms, is very important. Call or ask your doctor after your next physical about a doctor's order for your mammogram.

Barrier 46: Worried about Abnormal Result**Counseling Guidelines**

Find out if there are any particular reasons the woman is worried about an abnormal result.

Suggested Counselor Responses/Questions

- Are there any particular reasons you're worried about your mammogram showing something abnormal?

If she is concerned about having an abnormal result and needing additional tests:

Sometimes, mammograms will find abnormalities or problems in the breast. In this case, a woman would need to have more tests to find out whether or not the abnormality was cancer. Most often these abnormalities turn out to be non-cancerous.

- Has this ever happened to you or anyone you know?

The period of time while you're waiting to find out the results of these tests can be stressful usually. If your mammogram does show a problem, this doesn't always mean you have breast cancer. In fact 8 out of 10 abnormal mammograms do not turn out to be cancer, but something like non-cancerous tumors, cysts, or changes in the breast. These abnormalities are usually harmless and may not even require treatment.

EXAM

Barrier 47: Worried about Having a Mammogram

Counseling Guidelines

If the woman does not know why she is nervous, encourage her to have the mammogram in spite of it and do something that might help to lessen the anxiety. Some women feel better if a close friend or family member goes with them to the appointment. (Some women combine having a mammogram with lunch or some other social activity-- suggest something like this, if it seems appropriate).

Suggested Counselor Responses/Questions

For some women, thinking about having a mammogram reminds them about the chance that they could get breast cancer some time and that is very upsetting----so upsetting that it makes it hard for them to do what they need to do to stop worrying----**have the mammogram.**

One woman said she felt calmer and more in control after having a mammogram. She said she couldn't decide never to get breast cancer, but she could try to beat it if she did get it. A mammogram can find breast cancer 1 and ½ to 2 years before it can be felt, and that means a big head start on treating it. Remember, breast cancer that is found early has the best chance of being cured.

Some women find it makes them feel less nervous if they take a friend to their appointment or talk with their doctor about mammography.

Two other suggestions to make to the woman are:

- To talk with her doctor about her anxiety/worries

And/Or

- To talk with someone from the Cancer Information Service at 1-800-4-CANCER

Another thing that might make you feel better is to talk with your doctor about having a mammogram.

- How does that sound?

You might also want to call the Cancer Information Service at 1-800-4-CANCER and talk with one of their counselors about mammography. They talk with many women like yourself who are nervous about having a mammogram.

Barrier 48: Radiology Facility Personnel

Counseling Guidelines

If she complains about personnel at facility:

- **If wants to change facilities and is a Blue Cross and Blue Shield Member:**

- **If wants to change facilities and is a Non-Blue Cross and Blue Shield member:**

Suggested Counselor Responses

I hope you will tell your doctor how you feel so he/she can communicate with the facility. In the meantime you may want to request a different technician when you make your appointment, or call another facility that covers your mammograms.

- Blue Cross and Blue Shield will only cover mammograms done at mammography facilities approved by Blue Cross and Blue Shield. You should check the Directory of Providers or call the Member Services number to find out if there are other Blue Cross and Blue Shield approved facilities in your area. If there is another facility that you can use, be sure to request that your previous mammogram report and X-rays be mailed to the new site you select.

Provide the appropriate Member Services number if needed: PCP: 1-800-227-3727 or State Employee PCP: 1-800-422-2717.

- Perhaps going to a different facility will solve the problem. Check with your health care organization/insurance to see which facilities you can go to and have your mammogram covered. You'll need to request that your previous mammogram report and X-rays be mailed to the new site you select.

If she wants to know more about the qualifications of the personnel:

The Mammography Quality Standards Act requires that all mammography facilities be certified by the FDA. Doctors and other staff must have special training to perform and interpret breast x-rays. The technologists who take mammograms are certified by the American Registry of Radiological Technologists or licensed by the state. Doctors who read and interpret mammograms should be board-certified radiologists who have taken special courses in mammography.

Barrier 49: General Not Necessary (General)

Counseling Guidelines

Try to find out why she feels that she does not need to have a mammogram. Several of the common reasons include age, doing BSE regularly, having a breast physical exam regularly, not having a family history of breast cancer, and not having any symptoms. *Refer to these barrier responses as appropriate.*

Suggested Counselor Responses

- Can you tell me more about why you feel mammograms are not necessary? Are there some particular reasons that come to mind about why you think you do not need to have mammograms?

If woman can't give you any particular reasons, try a probe...

Some women I've talked to think that they don't need to have a mammogram because they're not having any symptoms or breast problems, or because they don't have a family history of breast cancer. Sometimes women who examine their breasts regularly themselves or have their breasts examined by their doctors feel that they don't need to have mammograms. Still others think they don't need mammograms because they're too old or because they just don't think they'll get breast cancer.

- Do you think any of these reasons sound like you?

If YES, proceed with responses to those barriers.

If NO, give this core message about the importance of mammography:

About 1 out of 8 women will get breast cancer by the time they are 95. As women get older, they are more likely to get breast cancer. Breast cancer that is found early has an excellent chance of being cured. In fact, about 9 out of 10 women whose breast cancer is found early will be cured. A mammogram is the best way to find breast cancer in the early stages. A mammogram can find breast cancer 1 and ½ to 2 years before a woman or her doctor would be able to feel a lump. Finding breast cancer this early means a choice about the kind of treatment a woman has.

“I don’t think mammograms are necessary because I have breast implants.”

Women who have breast implants should have regular mammograms. Breast cancer can develop in the breast tissue surrounding the implant. If you have implants, be sure to tell the technologist and radiologist about them before your mammogram to make sure the staff is experienced in x-raying patients with implants.

If you’ve had an implant following breast cancer surgery, ask your doctor about if a mammogram is still necessary.

Barrier 50: Forgot to schedule an appointment

Counseling Guidelines

Find out if she keeps a calendar. If she isn't due for awhile, suggest she make a note in her calendar. If she doesn't keep a calendar, suggest other ways to remember. If she's due immediately/past due, suggest she call a Blue Cross and Blue Shield approved facility or her doctor today or tomorrow.

Scheduling appointments

- **Blue Cross and Blue Shield member and had exam recently:**
- **Blue Cross and Blue Shield member and hasn't had an exam recently:**
- **Getting a mammogram without scheduling through their doctor:**

Provide the Member Services numbers if needed: State Employee PCP: 1-800-422-2717 or PCP: 1-800-227-3727.

- **Non-Blue Cross and Blue Shield member:**

Suggested Counselor Responses

Life can get so hectic it's easy to forget to make an appointment. Could you call a (participating Blue Cross and Blue Shield) mammography provider, or your doctor today (tomorrow) to schedule an appointment? That way, you'll know you have one. If you can't call until tomorrow, write yourself a note and put it where you'll see it. That way you'll have a reminder to call and make your appointment.

- If you've had a physical exam within the last year, call the nurse at your doctor's office and ask for a doctor's order for a mammogram. Then see if the doctor's office needs to schedule your appointment with a participating mammography provider or whether you can call the mammography provider yourself. If you need to call, be sure you get the provider's name and phone number so you can easily contact them. Try to call right after your appointment, so you don't forget.
- If you have not had a physical exam within the last year, you should call your doctor's office and make an appointment. That way you can have a breast exam by your doctor and then ask him/her about a mammogram. You can get a doctor's order for your mammogram at your appointment. Try to call for your doctor's appointment after we finish talking (or first thing tomorrow) so you won't forget.
- Also, some radiologists/mammography providers will do a mammogram without a doctor's order from your doctor. You can call to see if your radiologist/mammography provider needs a doctor's order or not. If not, you can go ahead and schedule your appointment yourself. Be sure the radiologist/mammography provider you are going to participates in the Blue Cross and Blue Shield of NC network. (You can do this by checking your Directory of Providers or calling the Member Services number.) Try to call for your appointment after we finish talking (or first thing tomorrow) so you won't forget.
- Contact your facility or health care organization for information on scheduling mammogram appointments. Be sure to call after we finish talking (or first thing tomorrow) so you don't forget.

Barrier 51: Mammograms Cause Cancer

Counseling Guidelines

Some women will say that compression causes cancer.

If she has concern about radiation, go to that barrier response.

Suggested Counselor Responses

Modern mammograms are safe. Many, many studies have been done, and none have found that the compression causes cancer.

EXAMPLE

Barrier 52: Puts faith in God

Counseling Guidelines

Some women will say that they don't believe in screening because they put their faith in God.

Suggested Counselor Responses

It's great that you put your faith in God. Mammograms are one way to use the wisdom and knowledge God gives us to help ourselves. Many people feel that God helps those who help themselves.

EXAMPLE

Barrier 53: Only get mammogram when doctor/provider recommends

Counseling Guidelines

“I only have mammograms when my doctor recommends them.”

For women who are BC/BS members, add:

Suggested Counselor Responses

You mentioned that you only get a mammogram when the doctor recommends it. You might want to ask your doctor about mammograms. Sometimes doctors forget to remind women.

- Blue Cross and Blue Shield doctors advise all their women patients age 50 and over to get mammograms every year.

EXAMPLE

Barrier 54: Breast size**Counseling Guidelines****Suggested Counselor Responses**

For women who say they have very large or very small breasts (*general*):

All women who are 50 and over need regular mammograms, along with clinical breast exams and breast-self exams, regardless of breast size.

For women who say they have small breasts and therefore feel that abnormalities are just as easy to detect by breast-self examinations:

Some women do not feel they need mammograms due to having small breasts. They believe they can just as easily find lumps by breast-self exams. There is no evidence that it is easier to find lumps in smaller breasts. As women get older, they need regular mammograms, along with clinical breast exams and breast-self exams, regardless of breast size.

For women who say they have large breasts and therefore find mammograms very uncomfortable:

Some women who have large breasts mention that having a mammogram is uncomfortable. This temporary discomfort occurs due to the breast being squeezed to an even thickness. This squeezing helps get a good picture of the breast and lowers the amount of radiation needed. Let the technologist know your concern and she will try to reduce your discomfort.

EXAM

Barrier 95: NO BARRIERS MENTIONED

Barrier 96: OTHER BARRIERS MENTIONED...

Counseling Guidelines

If she mentions **No Barriers**:

Reflect information from staging and ask if she has any concerns (base the question on her mammography history).

- **If Blue Cross and Blue Shield member:**

- **If Non-Blue Cross and Blue Shield member:**

Then ask all women:

*If she mentions **Other Barrier(s)**, try to fit it closely with one of the mentioned barriers. Else, try to help her overcome her barrier(s) and use above messages if needed.*

Suggested Counselor Responses

- As a reminder, all doctors at Blue Cross and Blue Shield of NC advise a mammogram every year for women aged 50 and older. Blue Cross and Blue Shield also covers the cost of your mammogram every year. If your doctor hasn't advised you to get a mammogram, please call him/her to ask for a doctor's order or an appointment. It probably just slipped your doctor's mind to mention it. The complete mammogram procedure only takes 30 minutes, so even if you are busy you can probably find time to fit it into your schedule. It's important to take care of yourself!
- As you may know, most doctors advise mammograms every 1-2 years. If your doctor hasn't advised you to get a mammogram, please call him/her and talk about when and if you need one. It probably just slipped your doctor's mind to mention it. The complete mammogram procedure only takes 30 minutes, so even if you are busy you can probably find time to fit it into your schedule. It's important to take care of yourself!

So, there isn't anything that could get in the way of getting a mammogram?

OR

So, are there any concerns you have about mammograms?

OTHER GENERAL QUESTIONS ABOUT THE BOOKLET

EXAMPLE

Other Questions about the Booklet	
Counselor Guidelines	Suggested Counselor Responses
<p>Use the information below to answer questions women have that are not part of specific sections of the booklet. Once the question(s) has been addressed, return to the place you were previously in the protocol or go to the next section of the protocol.</p>	
<p>IF NO questions,</p>	<p><i>GO TO the “Intentions/Staging” sections.</i></p>
<p>IF YES, has questions,</p>	<p>Address specific questions with the answers below or refer to earlier sections of the counseling protocol as appropriate.</p> <p><i>Then GO TO the “Intentions/Staging” sections.</i></p>
<p>“What is breast cancer?”</p>	<p>Breast cancer is the uncontrolled growth and spread of abnormal cells in the breast. After skin cancer, it is the most common cancer among women. In 1997, about 181,600 women will be diagnosed with breast cancer.</p>
<p>“How many women get breast cancer?”</p>	<p>In 1997, an estimated 181,600 women were diagnosed with breast cancer.</p>
<p>“How many women die from breast cancer?”</p>	<p>In 1997, an estimated 43,900 women died from breast cancer.</p>
<p>“Who gets breast cancer?”</p>	<p>Breast cancer is most common among women – especially women who are age 50 or older. Some men do get breast cancer although it is fairly rare.</p>
<p>“What does it mean to be “at risk” for breast cancer?”</p>	<p>Risk is the chance that something will happen during a specific period of time. You’ve heard the word used when people talk about common things like the weather or the stock market. We take risks all the time such as when we cross a busy street or forget to put on a seat belt. When we speak of your “risk” of getting breast cancer, we are talking about the chance that you will get it. Certain things or “factors” – called risk factors – can increase your chance of getting breast cancer.</p>
<p>“How do I get more information about family history of breast cancer?/Increased risk due to family history?”</p> <p>If the woman has a strong family history of breast cancer and wants to get genetic testing, tell her to call Katie Regan (681-4762) to find out if she is eligible for a study on genetic testing and breast cancer.</p> <p>(To determine if a woman has a strong family history for Project 3 of the SPORE, check the eligibility criteria.)</p>	<p>To get more information about family history and breast cancer risk, you can call 1-800-4-CANCER. Trained information specialists can answer your questions in more detail and may be able to send you some written information as well.</p> <p>Also, be sure to talk with your primary medical doctor. He or she knows your health history best and can help you decide how to best take care of your health.</p>

<p>“What is a risk factor?”</p>	<p>Anything that raises the chance of getting a disease or condition is called a risk factor. For example, a woman who has a family history of breast cancer has a greater chance of getting breast cancer than a woman who does not. Family history is a “risk factor” for breast cancer.</p>
<p>“What about other tests like ultrasound or CT scanning, etc. as ways to find breast cancer?”</p>	<p>Mammograms are the best screening method to find breast cancer early in women who have no symptoms of cancer. Other tests (like an ultrasound) may be useful for diagnosing a problem or finding out more about an abnormality once it has been detected.</p>
<p>“What about other tests like MRIs, PET scanning, or digital mammography as ways to find breast cancer?”</p>	<p>Right now, mammography is the best screening method to find breast cancer early in women who have no symptoms of cancer. New techniques such as magnetic resonance imaging (MRI) and positron emission tomography (PET) scanning are being studied as ways to improve breast cancer screening. Researchers also are trying to improve mammography. Digital mammography, which records x-ray images in computer code, is one way researchers hope to improve the detection power and accuracy of mammograms.</p>
<p>“If I have breast implants do I still need mammograms?”</p>	<p>Women who have breast implants should have regular mammograms. Breast cancer can develop in the breast tissue that surrounds the implant. It’s important to tell the technologist and radiologist about your implants before your mammogram to make sure the staff is experienced in x-raying patients with implants.</p> <p>If you’ve had an implant following breast cancer surgery, ask your doctor about if a mammogram is still necessary.</p>
<p>“Do breast implants affect your mammogram/how your mammogram is done?”</p>	<p>If you have breast implants, your mammogram will be done a little differently. It’s important to tell the technologist and radiologist about your implants before your mammogram to make sure the staff are experienced in x-raying patients with implants.</p> <p>Because silicone implants are not transparent on x-ray, they can block a clear view of the tissues behind them, especially if the implant has been placed in front of the chest muscles. Experienced technologists and radiologists know how to compress the breasts to keep from rupturing the implant. They can also use special techniques to find any abnormalities or problems. They may slide the implant backwards towards the chest wall or pull the breast tissue over and in front of the implant. Sometimes interpreting the mammogram can be more difficult, especially if scar tissue has formed around the implant or if silicone has leaked into nearby breast tissue.</p>

<p>“You did not talk about BSE as a way to find breast cancer./What about BSE?”</p>	<p>Examining your breasts yourself is important because it will help you to know what is normal for you. But mammograms can find most breast cancers about 1 and ½ to 2 years before you can feel a lump. A mammogram can see the breast cancer when it is as small as the head on a straight pin; a breast self exam can’t usually feel the cancer until it’s grown to the size of a pea. The smaller the breast cancer is when it’s found, the greater the chances it can be cured. You need to have regular mammograms, a yearly breast exam by a trained health care provider and a monthly breast self exam to protect yourself against breast cancer. If you don’t know how to do a breast self exam, talk with your doctor about it.</p>
<p>Questions about how to do a BSE:</p>	<p>Your doctor or nurse should be able to give you some information on how to do breast self exams. You can also get information (brochures, etc.) on how to do breast exams from organizations such as the American Cancer Society (1-800-ACS-2345) or the Cancer Information Service (1-800-4-CANCER).</p>
<p>“I had a cyst removed a few years ago. How would that affect a mammogram?”</p>	<p>A cyst is a fluid-filled sac. Usually cysts are removed using a procedure called a fine needle aspiration. A very thin needle and syringe are used to draw the fluid out of the cyst. Removing the fluid causes the cyst to collapse and the lump to disappear. Aspiration of the fluid may cause a bruise in the breast tissue. The bruise may interfere with the accuracy of any subsequent mammograms for about a week after the procedure. If a mammogram or ultrasound is needed soon after the aspiration, it is best to wait at least two weeks. Since most cysts go away after aspiration, they do not affect the quality of later mammograms. If the cyst comes back or is found to be solid instead of filled with fluid, more tests may be done to rule out breast cancer.</p>
<p>“Can mammograms be done on men?”</p>	<p>Because breast cancer in men is rare, mammograms are not used as a screening method in men. Mammograms in men are mainly done to diagnose a problem because of some abnormality or lump. Often a biopsy is done in addition to or in place of a mammogram for diagnosis.</p>
<p>“I’d like information on alternatives to hormone replacement therapy.”</p>	<p>There are a number of choices besides hormone replacement therapy, but none are proven yet. These include taking no medications, using special drugs to overcome bone loss, and using non-medical approaches such as exercise, diet and/or dietary supplements.</p>
<p>“How did you get my name?” “How did you choose me?”</p>	<p>The PRISM project is a collaboration of the Duke University Medical Center and Blue Cross and Blue Shield of North Carolina. Approximately 1,300 women members of BC/BS were identified and asked to be in the study. You were chosen at random from the BC/BS patient list. Any information you provide is confidential and will not be shared with anyone.</p>

“What is the PRISM Project?”	The PRISM Project is a collaboration of the Duke University Medical Center and Blue Cross and Blue Shield of North Carolina. The goal of the project is to help women make informed decisions about mammography. The project is funded by a grant of the National Institutes of Health, National Cancer Institute.
“What does PRISM stand for?”	PRISM stands for “personally relevant information about screening mammography.”

EXAMPLE

EXAMPLE

INTENTIONS

IF WOMAN IS AGE 50 - 59:

PLEASE DETERMINE (QUESTIONS FROM BASELINE SURVEY): ↗

~ **If never had a mammogram, don't know if had one, or refuse:** (see Question 1.1)

-ASK 2.2 AND 2.6, THEN go to STAGES_A

~ **If only had one mammogram, don't know/refuse if had more than one, AND:** (see Questions 1.1 and 1.3A)

-Date of recent is > 12 ms. from date of counseling session, don't know or refuse to give recent date,

ASK 2.1 AND 2.6, THEN go to STAGES_B

-Date of recent is ≤ 12 ms. from date of counseling session, ASK 2.1 AND 2.6, THEN go to STAGES_C

~ **If had two mammograms AND:** (see Questions 1.1 and 1.3A,B)

***Date of recent is don't know date of recent mammogram, or refuse to give recent date AND:**

-Date of prior is ≤ 24 ms. from date of counseling session, ASK 2.1 AND 2.6, THEN go to STAGES_D

-Date of prior is > 24 ms. from date of counseling session, don't know or refuse to give prior date, ASK 2.1 AND 2.6, THEN go to STAGES_D

***Date of recent is > 12 ms. from date of counseling session AND:**

-Date of prior is ≤ 12 ms. from date of recent, ASK 2.1 AND 2.6, THEN go to STAGES_D

-Date of prior is > 12 ms. from date of recent, ASK 2.1 AND 2.6, THEN go to STAGES_D

-Date of prior is don't know or refuse to give prior date, ASK 2.1 AND 2.6, THEN go to STAGES_D

***Date of recent is ≤ 12 ms. from date of counseling session AND:**

-Date of prior is > 12 ms. from date of recent, don't know or refuse to give prior date, ASK 2.1 AND 2.6, THEN go to STAGES_E

-Date of prior is ≤ 12 ms. from date of recent, ASK 2.1 AND 2.6, THEN go to STAGES_F

PLEASE NOTE ↗ FOR THE STAGE TO BE CONTEMPLATION/DOCTOR DEPENDENT, THE WOMAN MUST CURRENTLY BE ON SCHEDULE AND IS DEPENDING ON HER DOCTOR TO TELL HER WHEN TO HAVE ANOTHER MAMMOGRAM.

If woman is 50 – 59 AND have had at least one mammogram:

- 2.1 Which of the following best describes you? Are you...
1. Thinking about having a mammogram within a year.
 2. Definitely planning on having a mammogram within a year.
 3. Not thinking about having a mammogram within a year.
 4. Depends on what her doctor's recommendation/whatever her doctor says
 5. Only have a mammogram if you have symptoms

7=Refused 8=Don't Know

OR

If woman is 50 – 59 AND has never had a mammogram:

- 2.2 Which of the following best describes you? Are you...
1. Thinking about having a mammogram within a year.
 2. Definitely planning on having a mammogram within a year.
 3. Not thinking about having a mammogram within a year.
 4. Depends on what her doctor's recommendation/whatever her doctor says
 5. Only have a mammogram if you have symptoms

7=Refused 8=Don't Know

Go to question 2.6.

- 2.6 Do you have an appointment for a mammogram?

Yes

No

Refuse

Don't Know

Go to staging for appropriate script message.

STAGING

EXAMPLE

Introduction to Stage-based Message	
Counselor Guidelines	Suggested Counselor Responses
<p>Determine if the woman has gotten a mammogram since her interview with Battelle. You can use the provided question, or you can provide the woman with the date of her most recent mammogram and confirm that she has not had one since then.</p>	<p>Before we continue, I'd like to ask:</p> <ul style="list-style-type: none"> ➤ Have you had a mammogram since our interviewer talked with you on <date>? <p><i>If yes, ask when and then <u>record</u> her answer for month and year.</i></p>
<p>Introduce the last part of the call and go to the appropriate stage-based message.</p>	<p>We are almost finished with our call. I see here from your phone interview with our staff that ...</p>

EXAMPLE

STAGING: Women Aged 50-59

Stage_A

EXAMPLE

**FOR WOMEN AGE 50-59, STAGE_A, PRECONTEMPLATION:
WOMEN WHO HAVE NEVER HAD A MAMMOGRAM OR (DON'T KNOW/REFUSE) IF EVER HAD ONE**

<p>PRECONTEMPLATION</p> <p><i>Don't Know/Refuse/Not thinking/Only gets mammogram if has symptoms (Question 2.2)</i> AND <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You have not had a mammogram and are not thinking of having one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE PRECONTEMPLATION message</p>	<p>Regular mammograms and yearly breast exams are the best ways to find breast cancer early. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now thinking about/planning on getting a mammogram, • If now thinking about/planning on getting a mammogram and HAS an appointment, • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the CONTEMPLATION, Stage A message.</i> • <i>GO TO the PREPARATION, Stage A message.</i> • <i>GO TO the "Decision Making" section.</i>

**FOR WOMEN AGE 50-59, STAGE_A, CONTEMPLATION:
WOMEN WHO HAVE NEVER HAD A MAMMOGRAM OR (DON'T KNOW/REFUSE) IF EVER HAD ONE**

<p>CONTEMPLATION</p> <p><i>Thinking/Planning (Question 2.2)</i> <i>AND</i> <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...)</i> You have not had a mammogram, but you are (thinking about/planning on) getting one in the next year.</p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> <i>If she is still in the same stage, give the provided stage-based message. If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE CONTEMPLATION message</p>	<p>It's good that you are (thinking about/planning on) having a mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over.</p> <ul style="list-style-type: none"> ➤ Since you've never had a mammogram, do you have any questions about what to expect, or any concerns? <i>If YES, describe procedure and/or address concerns, then continue with the question below. If NO, continue with the question below:</i> ➤ Why don't you call (today/tomorrow/on Monday) for an appointment, before you forget? <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> If NOT thinking about/planning on getting a mammogram within the next year, ask: If UNSURE about her plans, 	<ul style="list-style-type: none"> What has changed your mind about getting mammograms? <i>Address any concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> <i>GO TO the "Decision Making" section.</i>

**FOR WOMEN AGE 50-59, STAGE_A, PREPARATION:
WOMEN WHO HAVE NEVER HAD A MAMMOGRAM OR (DON'T KNOW/REFUSE) IF EVER HAD ONE**

<p>PREPARATION</p> <p><i>Not Thinking/Thinking/Planning/only has mammogram if has symptoms/Don't know/Refuse (Question 2.2)</i></p> <p align="center"><i>AND</i></p> <p><i>Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You haven't had a mammogram before, and you (choose appropriate one):</i></p> <ul style="list-style-type: none"> • haven't been thinking about getting one in the next year • have been thinking about/planning on getting one in the next year • will only have one if you have symptoms <p>When we spoke with you last, you had an appointment for a mammogram.</p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE PREPARATION message</p>	<p>It's good that you have made an appointment to get a mammogram, and it's important to keep it.</p> <p>➤ Is there anything that might get in the way of keeping your appointment? <i>Address any questions, concerns and/or barriers.</i></p> <p>Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over.</p> <p>➤ Since you've never had a mammogram, do you have any questions about what to expect, or any concerns? <i>If YES, describe procedure and/or address concerns. Then GO TO the "CBE" section.</i></p> <p><i>If NO, GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If not planning to keep appointment, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about keeping your appointment? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the "Decision Making" section.</i>

STAGING: WOMEN AGE 50-59

STAGE_B

EXAMPLE

**FOR WOMEN AGED 50-59, STAGE_B, CONTEMPLATION:
WOMEN WITH ONLY ONE MAMMOGRAM OR (DON'T KNOW/REFUSE) IF HAD MORE THAN ONE
MOST RECENT MAMMOGRAM IS >12 MONTHS FROM DATE OF COUNSELING SESSION
OR
(DON'T KNOW/REFUSE) DATE OF MAMMOGRAM**

<p>CONTEMPLATION</p> <p><i>Thinking/Planning (Question 2.1)</i> <i>AND</i> <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before, and you are (thinking about/planning on) getting another one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE CONTEMPLATION message</p>	<p>We're glad that you are (thinking about/planning on) having another mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. Don't forget to make your appointment. It might be a good idea to make a note so you don't forget.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If NOT thinking about/planning on getting a mammogram within the next year, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about getting mammograms? <i>Address any concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the "Decision Making" section.</i>

**FOR WOMEN AGED 50-59, STAGE_B, PREPARATION:
WOMEN WITH ONLY ONE MAMMOGRAM OR (DON'T KNOW/REFUSE) IF HAD MORE THAN ONE**

**MOST RECENT MAMMOGRAM IS >12 MONTHS FROM DATE OF COUNSELING SESSION
OR
(DON'T KNOW/REFUSE) DATE OF MAMMOGRAM**

<p>PREPARATION <i>Thinking/Planning (Question 2.1)</i> AND <i>Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram and are (thinking about/planning on) getting another one in the next year. You also have an appointment for a mammogram.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> <i>If she is still in the same stage, give the provided stage-based message.</i> <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE PREPARATION message</p>	<p>We're glad that you're (thinking about/planning on) getting a mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. It's good that you already have made an appointment for your mammogram. It's important to keep your appointment.</p> <p>➤ Is there anything that might get in the way of keeping your appointment? <i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> If NOT (thinking about/planning on) getting another mammogram in the next year and/or has cancelled appointment, ask the appropriate question: If UNSURE about her plans, 	<ul style="list-style-type: none"> What has changed your mind about keeping your appointment? <p align="center">OR</p> <ul style="list-style-type: none"> Why are you now not (thinking about/planning on) getting another mammogram? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE_B, RELAPSE: WOMEN WITH ONLY ONE MAMMOGRAM OR (DON'T KNOW/REFUSE) IF HAD MORE THAN ONE MOST RECENT MAMMOGRAM IS >12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF MAMMOGRAM	
<p>RELAPSE</p> <p><i>Don't know/Refuse/Not thinking/only if have symptoms (Question 2.1) AND</i></p> <p><i>Does not have an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that...) You've had a mammogram but you (choose appropriate one):</i></p> <ul style="list-style-type: none"> • Are not thinking of having another one in the next year. • Will have another one only if you have some breast symptoms. <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE RELAPSE message</p>	<p>Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p>➤ Are there any reasons why you are not (thinking about/planning on) getting another mammogram?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now (thinking about/definitely planning on) getting a mammogram but does not have an appointment for a mammogram, • If now (thinking about/definitely planning on) getting a mammogram and HAS an appointment for a mammogram, • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the CONTEMPLATION, Stage B message.</i> • <i>GO TO the PREPARATION, Stage B message.</i> • <i>GO TO the "Decision Making" section.</i>

STAGING: WOMEN AGED 50-59
STAGE_C

EXAMPLE

FOR WOMEN AGED 50-59, STAGE_C, RELAPSE RISK:	
RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING SESSION	
<p>RELAPSE RISK</p> <p><i>Don't know/Refuse/Not thinking/Thinking/Planning/only if have symptoms (Question 2.1)</i> AND <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...)</i> You've had a mammogram before and you:</p> <ul style="list-style-type: none"> • Are thinking about/planning on getting another one in the next year. • Are not thinking about getting another one in the next year. • Will have another one only if you have breast symptoms. <p><i>(But/and) you do not have an appointment for a mammogram in the next few months.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE RELAPSE RISK message</p>	<p>We're glad that you've had a mammogram before, but we're concerned that you could get off schedule. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p>➤ Do you have questions or concerns that are keeping you from having another mammogram?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If (thinking about/planning on/not thinking about) getting a mammogram but now HAVE an appointment, • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the ACTION, with appointment, Stage C message.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE C, ACTION:

RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING SESSION

<p>ACTION</p> <p><i>Planning (Question 2.1)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and are planning to have another one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> <i>• If she is still in the same stage, give the provided stage-based message.</i> <i>• If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE ACTION message</p>	<p>We're glad that you are planning on having another mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. Be sure to have your next mammogram when you are due. You'll want to make an appointment a few months before that.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If NOT (planning to get/thinking about getting) a mammogram in the next year, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • Why are you now not (thinking about/planning on) getting another mammogram? Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section. • GO TO the "Decision Making" section.

EXAM

FOR WOMEN AGED 50-59, STAGE_C, ACTION:

RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING SESSION

<p>ACTION</p> <p><i>Refuse/Don't Know/Not thinking/thinking/only if has symptoms (Question 2.1) AND Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and you (choose the appropriate one):</i></p> <ul style="list-style-type: none"> • Are thinking about having another one in the next year. • Are planning on having another one in the next year. • Are not thinking about having another one in the next year. • Will have another one if you have breast symptoms. <p><i>(But/and) you have an appointment for a mammogram in the next few months.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE ACTION message</p>	<p>We're glad that you have already made an appointment to get a mammogram. Mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. It's important to keep your appointment.</p> <p>➤ Is there anything that might get in the way of keeping your appointment? <i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If (planning to cancel/has cancelled) mammography appointment, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about keeping your appointment? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE C, CONTEMPLATION/DOCTOR DEPENDENT:

RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING SESSION

<p>CONTEMPLATION/ DOCTOR DEPENDENT</p> <p><i>Don't know - it depends if the doctor tells her (Question 2.1)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and you may have another one if your doctor tells you to.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE CONTEMPLATION/DOCTOR DEPENDENT message</p>	<p>It's good that you will have a mammogram if your doctor tells you. If your doctor forgets to bring it up, he/she will probably appreciate it if you ask. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now has decided NOT to get a mammogram, ask: • If now is (thinking about/planning on) getting a mammogram, say: • If now is (thinking about/planning on) getting a mammogram AND has an appointment, • If UNSURE about her plans, 	<ul style="list-style-type: none"> ➤ What has changed your mind about getting mammograms? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the RELAPSE RISK, Stage C message.</i> • <i>GO TO the ACTION, with an appointment, Stage C message.</i> • <i>GO TO the "Decision Making" section</i>

STAGING: Women Aged 50-59

Stage_D

EXAMPLE

FOR WOMEN AGED 50-59, STAGE D, WOMEN WITH >1 MAMMOGRAM, CONTEMPLATION: RECENT MAM. > 12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR ≤12 MONTHS FROM DATE OF RECENT OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR >12 MONTHS FROM DATE OF RECENT OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELINGSESSION & (DON'T KNOW/REFUSE) DATE OF PRIOR OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR ≤12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR >12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & (DON'T KNOW/REFUSE) DATE OF PRIOR	
<p>CONTEMPLATION</p> <p><i>Thinking/Planning (Question 2.1)</i> <i>AND</i> <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram and you're (thinking about/planning on) getting another one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE CONTEMPLATION message</p>	<p>We're glad that you are (thinking about/planning on) having another mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. Don't forget to make your appointment. It might be a good idea to make a note so you don't forget.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If NOT (thinking about/planning on) getting a mammogram, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about keeping your appointment? <p><i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i></p> <ul style="list-style-type: none"> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE D, WOMEN WITH >1 MAMMOGRAM, PREPARATION: RECENT MAM. > 12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR ≤12 MONTHS FROM DATE OF RECENT MAMMOGRAM OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR >12 MONTHS FROM DATE OF RECENT MAMMOGRAM OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELING SESSION & (DON'T KNOW/REFUSE) DATE OF PRIOR MAMMOGRAM OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR ≤12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR >12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & (DON'T KNOW/REFUSE) DATE OF PRIOR MAMMOGRAM	
<p>PREPARATION</p> <p><i>Thinking/Planning (Question 2.1)</i> AND <i>Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram and are (thinking about/planning on) getting another one in the next year. You also have an appointment for a mammogram.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE PREPARATION message</p>	<p><i>We're glad that you've had a mammogram before and are planning to get another one. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. It's good that you have made an appointment to get a mammogram, and it's important to keep it.</i></p> <ul style="list-style-type: none"> • <i>Is there anything that might get in the way of keeping your appointment?</i> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now NOT (thinking about/planning on) getting another mammogram in the next year and/or has cancelled appointment, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>What has changed your mind about keeping your appointment?</i> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • <i>Why are you now not (thinking about/planning on) getting another mammogram?</i> <p><i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i></p> <ul style="list-style-type: none"> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE_D, WOMEN WITH >1 MAMMOGRAM, RELAPSE: RECENT MAM. > 12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR ≤12 MONTHS FROM DATE OF RECENT OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELING SESSION & PRIOR >12 MONTHS FROM DATE OF RECENT OR RECENT MAM. >12 MONTHS FROM DATE OF COUNSELINGSESSION & (DON'T KNOW/REFUSE) DATE OF PRIOR OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR ≤12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & PRIOR >12 MONTHS FROM DATE OF COUNSELING SESSION OR (DON'T KNOW/REFUSE) DATE OF RECENT MAMMOGRAM & (DON'T KNOW/REFUSE) DATE OF PRIOR	
<p>RELAPSE</p> <p><i>Don't know/Refuse/Not thinking/only if have symptoms (Question 2.1)</i> AND <i>Does not have an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that...) You've had a mammogram but you (choose appropriate one):</i></p> <ul style="list-style-type: none"> • Are not thinking of having another one in the next year. • Will only have another mammogram if you have breast symptoms. <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE RELAPSE message</p>	<p>Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p>➤ Are there any particular reasons why you are not (thinking about/planning on) getting another mammogram?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If (thinking about/planning on) getting a mammogram, • If (thinking about/planning on) getting a mammogram AND has an appointment, • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the CONTEMPLATION, Stage D message.</i> • <i>GO TO the PREPARATION, Stage D message.</i> • <i>GO TO the "Decision Making" section.</i>

STAGING: Women Aged 50-59

Stage_E

EXAMPLE

FOR WOMEN AGED 50-59, STAGE E, WOMEN WITH >1 MAMMOGRAM: RELAPSE RISK RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS >12 MONTHS FROM RECENT OR RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & (DON'T KNOW/REFUSE) DATE OF PRIOR	
<p>RELAPSE RISK</p> <p><i>Don't know/Refuse/Not thinking/Thinking/only if have symptoms (Question 2.1)</i> AND <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...)</i> You've had a mammogram before and you (choose appropriate one):</p> <ul style="list-style-type: none"> • Are thinking about having another one in the next year. • Are not thinking about having another one in the next year. • Will have another mammogram only if you have breast symptoms. <p>(But/and) you do not have an appointment for a mammogram in the next few months.</p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE RELAPSE RISK message</p>	<p>We're glad that you've had a mammogram before, but we're concerned that you could get off schedule. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p>➤ Do you have concerns that I can address that are keeping you from having another mammogram?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If (thinking about/planning on/not thinking about) getting a mammogram AND now have an appointment, say: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the ACTION with appointment, Stage E message.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE E, WOMEN WITH >1 MAMMOGRAM: ACTION	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS >12 MONTHS FROM RECENT OR RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING & (DON'T KNOW/REFUSE) DATE OF PRIOR	
<p>ACTION</p> <p><i>Planning (Question 2.1)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and are planning to have another one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE ACTION message</p>	<p>We're glad that you are planning on having another mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. Be sure to have your next mammogram when you are due. You'll want to make an appointment a few months before that.</p> <p><i>Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now NOT (planning to get /thinking about getting) a mammogram in the next year, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • Why are you now not (thinking about/planning on) getting another mammogram? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE E, WOMEN WITH >1 MAMMOGRAM: ACTION	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS >12 MONTHS FROM RECENT OR RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING & (DON'T KNOW/REFUSE) DATE OF PRIOR	
<p>ACTION</p> <p><i>Refuse/Don't Know/Not thinking/thinking/only if has symptoms (Question 2.1) AND Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and you (choose appropriate one):</i></p> <ul style="list-style-type: none"> • Are thinking about having another one in the next year. • Are not thinking about having another one in the next year. • Will only get another one if you have breast symptoms. <p><i>(But/and) you have an appointment for a mammogram in the next few months.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE ACTION message</p>	<p>We're glad that you have already made an appointment to get a mammogram. Mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. It's important to keep your mammogram.</p> <p>➤ Is there anything that might get in the way of keeping your appointment? <i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now (planning to cancel/has cancelled) mammography appointment, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about keeping your appointment? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE E, WOMEN WITH >1 MAMMOGRAM: CONTEMPLATION/DOCTOR DEPENDENT	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS >12 MONTHS FROM RECENT OR RECENT MAMMOGRAM ≤12 MONTHS FROM DATE OF COUNSELING & (DON'T KNOW/REFUSE) DATE OF PRIOR	
CONTEMPLATION/ DOCTOR DEPENDENT <i>Don't know - it depends if the doctor tells her (Question 2.1)</i>	<i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and you may have another one if your doctor tells you to.</i> <i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
IF NO, GIVE CONTEMPLATION/DOCTOR DEPENDENT message	It's good that you will have a mammogram if your doctor tells you. If your doctor forgets to bring it up, he/she will probably appreciate it if you ask. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. <i>GO TO the "CBE" section.</i>
IF YES, CHANGED MIND/STAGE: <ul style="list-style-type: none"> • If has decided NOT to get a mammogram, ask: • If is now thinking/planning to get a mammogram in the next year, say: • If is now thinking/planning to get a mammogram in the next year and has an appointment, say: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • Why are you now not (thinking about/planning on) getting another mammogram? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the ACTION, Stage E message.</i> • <i>GO TO the ACTION, with an appointment, Stage E message.</i> • <i>GO TO the "Decision Making" section</i>

STAGING: Women Aged 50-59
Stage_F

EXAMPLE

FOR WOMEN AGED 50-59, STAGE_F, WOMEN WITH >1 MAMMOGRAM: RELAPSE RISK	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS ≤12 MONTHS FROM RECENT	
<p>RELAPSE RISK</p> <p><i>Don't know/Refuse/Not thinking/Thinking/only if have symptoms (Question 2.1)</i> <i>AND</i> <i>No/Refuse/Don't Know appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...)</i> You've had a mammogram before and you (choose the appropriate one):</p> <ul style="list-style-type: none"> • Are thinking about having another one in the next year. • Are not thinking about having another one in the next year. • Will have another one only if you have breast symptoms. <p><i>(But/and) you do not have an appointment for a mammogram in the next few months.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE RELAPSE RISK message:</p>	<p>We're glad that you've had a mammogram before, but we're concerned that you could get off schedule. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. All cancer and medical organizations agree that women who are 50 and over should get mammograms every one to two years. <i>(If BC/BS member, add: In fact, Blue Cross and Blue Shield of NC doctors advise women your age to get a mammogram every year.)</i> I hope you will consider getting a mammogram soon.</p> <p>➤ Do you have concerns that I can address that are keeping you from having another mammogram?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF YES, CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If (thinking about/planning on) getting a mammogram AND now have an appointment give the provided message. • If UNSURE about her plans, 	<ul style="list-style-type: none"> • <i>GO TO the Maintenance, with appointment, Stage F message.</i> • <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE_F, WOMEN WITH >1 MAMMOGRAM: MAINTENANCE	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS ≤12 MONTHS FROM RECENT	
MAINTENANCE Planning on (Question 2.1)	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and are planning to have another one in the next year.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> <i>If she is still in the same stage, give the provided stage-based message.</i> <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
IF NO, GIVE MAINTENANCE message	<p>We're glad that you are planning on having another mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. Be sure to have your next mammogram when you are due. You'll want to make an appointment a few months before that.</p> <p><i>Then GO TO the "CBE" section.</i></p>
IF YES, CHANGED MIND/STAGE: <ul style="list-style-type: none"> If NOT (planning to get /thinking about getting) a mammogram in the next year, ask: If UNSURE about her plans, 	<ul style="list-style-type: none"> Why are you now not (thinking about/planning on) getting another mammogram? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> <i>GO TO the "Decision Making" section.</i>

FOR WOMEN AGED 50-59, STAGE F, WOMEN WITH >1 MAMMOGRAM: MAINTENANCE	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS ≤ 12 MONTHS FROM RECENT	
<p>MAINTENANCE</p> <p><i>Refuse/Don't know/Not thinking/Thinking (Question 2.1)</i></p> <p><i>AND</i></p> <p><i>Has an appointment (Question 2.6)</i></p>	<p><i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...) You've had a mammogram before and you (choose the appropriate one):</i></p> <ul style="list-style-type: none"> • Are thinking about having another one in the next year. • Are not thinking about having another one in the next year. <p><i>(And/But) you have an appointment for a mammogram in the next few months.</i></p> <p><i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i></p> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
<p>IF NO, GIVE MAINTENANCE message</p>	<p>We're glad that you have already made an appointment to get a mammogram. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. It's important to keep your appointment.</p> <p>➤ Is there anything that might get in the way of keeping your appointment?</p> <p><i>Address any questions, concerns and/or barriers. Then GO TO the "CBE" section.</i></p>
<p>IF CHANGED MIND/STAGE:</p> <ul style="list-style-type: none"> • If now (planning to cancel/has cancelled) mammography appointment, ask: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • What has changed your mind about keeping your appointment? <p><i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i></p> <ul style="list-style-type: none"> • <i>GO TO the "Decision Making" section</i>

FOR WOMEN AGED 50-59, STAGE F, WOMEN WITH >1 MAMMOGRAM: CONTEMPLATION/DOCTOR DEPENDENT	
RECENT MAMMOGRAM ≤ 12 MONTHS FROM DATE OF COUNSELING & PRIOR MAMMOGRAM IS ≤12 MONTHS FROM RECENT	
CONTEMPLATION/ DOCTOR DEPENDENT <i>Don't know - it depends if the doctor tells her (Question 2.1)</i>	<i>(We are almost finished going over the information in the booklet. I see here from your phone interview with our staff that ...)</i> You've had a mammogram before and you may have another one if your doctor tells you to. <i>Verify if the woman is still in the same stage as at baseline or whether she has changed her mind about screening.</i> <ul style="list-style-type: none"> • <i>If she is still in the same stage, give the provided stage-based message.</i> • <i>If she has changed her mind, re-stage her and go to the appropriate stage-based message.</i>
IF NO, GIVE CONTEMPLATION/DOCTOR DEPENDENT message	It's good that you will have a mammogram if your doctor tells you. If your doctor forgets to bring it up, he/she will probably appreciate it if you ask. Regular mammograms and yearly breast exams are the best ways to find breast cancer early, especially in women who are 50 and over. <i>Then GO TO the "CBE" section.</i>
IF YES, CHANGED MIND/STAGE: <ul style="list-style-type: none"> • If is NOT (thinking about/planning on) getting a mammogram in the next year, ask: • If is thinking about/planning on getting mammograms every 1-2 years, say: • If is thinking about/planning on getting mammograms every 1-2 years, and has an appointment, say: • If UNSURE about her plans, 	<ul style="list-style-type: none"> • Why are you now not (thinking about/planning on) getting another mammogram? <i>Address any questions, concerns and/or barriers. Re-stage if necessary. Then GO TO the "CBE" section.</i> • <i>GO TO the Maintenance, Stage F message.</i> • <i>GO TO the Maintenance, with appointment, Stage F message.</i> • <i>GO TO the "Decision Making" section</i>

DECISION MAKING

EXAMPLE

Decision Making for All Women	
Counseling Guidelines	Suggested Counselor Responses
<p>If the woman is unsure (based on earlier staging section) about whether to get a mammogram/regular mammograms, ask if there are any questions or concerns you can address.</p> <ul style="list-style-type: none"> • If yes, • If no, 	<ul style="list-style-type: none"> ➤ Are there any questions that I can answer for you that will help you in making your decision? • Address specific questions or concerns using earlier sections of the protocol. Then proceed to the section below if necessary. • Proceed to the section below.
<p>For women who are still undecided about mammography, provide a summary of things to do/think about in making a decision.</p> <ul style="list-style-type: none"> • If a BC/BS member, add: 	<p>I'd like to summarize for you some things to think about as you make your decision about mammography.</p> <ol style="list-style-type: none"> 1. Think about your risk factors for breast cancer that we have discussed here on the phone and in your booklet. Refer her to her booklet where risk factors are listed. 2. Think about your Gail model score. Provide her Gail score, if necessary. 3. Weigh the benefits and limitations of mammography for yourself. You may want to ask yourself for each of the benefits and limitations, "How important is this benefit or limitation to me?" For example, how important is it that mammography may reduce your chance of dying from breast cancer by <insert % based on age>. 4. Think about your reasons to get or not get a mammogram. If you look in your booklet, you can see the reasons you thought you would get or not get a mammogram. You can cross out or add other reasons in your booklet as well. 5. Write down any questions you have about your breast cancer risk and mammography. 6. Talk with your doctor about: <ul style="list-style-type: none"> • Your Gail model score • Your questions • Any roadblocks you have to screening <p>Hopefully, as you think through this information and talk with your doctor, your decision will be easier.</p> <ul style="list-style-type: none"> • And remember, Blue Cross and Blue Shield of NC doctors and all cancer and medical organizations agree that women who are 50 and over should get mammograms every year.

CBE
CLINICAL BREAST
EXAMINATION

EXAMPLE

Clinical Breast Exam	
Counseling Guidelines	Suggested Counselor Responses
Introduction to CBE part of protocol:	We've spent a lot of time talking about mammograms. I'd also like to mention the importance of breast exams.
<ul style="list-style-type: none"> If woman is on schedule for her CBE (has had a CBE within the last 12 months) 	Routine breast exams by a doctor or trained health care provider are a central part of breast cancer screening. Together, regular mammograms and breast exams are the best ways to find breast cancer early. We're glad that you are on schedule for your next breast exam. Be sure to have one every year.
<ul style="list-style-type: none"> If women is not on schedule for her CBE (has NOT had a CBE within the last 12 months) 	In addition to having regular mammograms, you need a yearly breast exam by your doctor or a trained health care provider. This is very important and many doctors like to do a breast exam before their patients go for a mammogram. Together, regular mammograms and yearly breast exams are the best ways to find breast cancer early.

EXAMPLE

EXAMPLE

CLOSING

Closing/Summary	
Counselor Guidelines	Suggested Counselor Responses
<p>CLOSING:</p> <p>SUMMARY: Focus as much as possible on specific behaviors.</p>	<p>➤ Are there any other concerns or questions I can address? <i>If YES, address any questions, concerns and/or barriers.</i> <i>If NO, continue</i></p> <p>Don't forget now to...(call your doctor and discuss mammography, ask a friend/relative for a ride to a mammography facility, make an appointment for a mammogram, etc...).</p> <p>Thank you for taking the time to talk about this important topic.</p> <p>You may receive a call within 2-3 days to get your impression of this discussion. Thank you again.</p>

EXAMPLE

Counseling Guidelines

POSSIBLE PLANS/GOALS:

- **For a woman, age 50-59, who is very resistant to having a mammogram**
- **For a woman, age 50-59, who is resistant, but agrees to talk with her doctor or nurse:**
- **For a woman who needs to see her doctor, a doctor, or a health care provider:**
- **For a woman who seems unsure about having a mammogram in general:**

Suggested Counselor Responses

- I hope you will think about some of the things we talked about (today/this evening). I appreciate your taking the time to talk with me about mammography and I hope that you will change your mind about having a mammogram.
- I'm glad to hear you're going to talk with your doctor about having a mammogram the next time you see him/her. I appreciate your taking the time to talk with me about mammography and hope that you will have one in the near future.
- I hope you will call your doctor for an appointment. *For someone who's really agreed to do this:* It's great that you're going to call your doctor for an appointment. As I mentioned, it's important to see your doctor every year to have your breasts examined as part of your regular checkup. At that time, don't forget to talk to your doctor about mammograms and when to have one.
- It's hard to make decisions about complex health issues. But at least now you have the latest information about mammography. We hope you will think about mammography and talk with your doctor about any questions or concerns you have. Then you can decide when to be screened.

EXAM

- **For a woman who seems unsure about having a mammogram, but is willing to talk about it with her doctor:**
- **For a woman who wants to have a mammogram and she has seen her doctor within the past year for a check-up and breast exam:**
- **For a woman who wants to have a mammogram, but has not seen a doctor within the past year for a checkup and breast exam:**
- **Reinforce movement towards having a mammogram (e.g. going to think about it, call doctor, make appointment), particularly if age 50-59:**

- It's great that you want to talk to your doctor/nurse about having a mammogram. Why don't you call the office in the next couple of days to talk to your doctor about having a mammogram.
- It's great that you've decided to have a mammogram. You will need to call your doctor's office to get a doctor's order to take when you go to the facility for your mammogram. Some mammography providers (radiologists) are willing to see you without a doctor's order. Check to see whether your provider needs the order or not. If you don't need one, you can call any participating Blue Cross and Blue Shield of NC mammography provider directly and schedule your mammogram yourself. I'd like to suggest that you do this within the next couple of days while it is still on your mind. *(Make sure she knows where to go for a mammogram. Be prepared to answer factual information about how to find out about facilities in her area (using the Directory of Providers or Member Services numbers). Encourage her to ask the facility how much they charge for a mammogram, their hours, and how she will find out the results of her mammogram.)*
- That's great that you've decided to have a mammogram. It's best to get a doctor's order from your regular doctor. You will need to call your doctor's office for the order. Since it has been more than a year since your last check-up and breast exam, your doctor will probably want to see you and examine your breasts before you have your mammogram. *(If she does not have a doctor, tell her to call the Member Services number at 1-800-227-3727 for PCP or 1-800-422-2717 for the State Employees PCP to find out which primary medical doctors in her area participate in the Blue Cross and Blue Shield of NC network. She also can check her Directory of Providers. Note: Once a woman says she is interested in having a mammogram, move to a discussion of how to go about having one, as outlined above, i.e., obtaining a doctor's order from the doctor, deciding where to go, making the appointment, etc.)*
- *If she wasn't thinking about a mammogram, try to get her to think about one. If she said she was thinking about a mammogram, try to get her to take a step toward action, e.g., getting more information, asking a friend to go with her, making an appointment. If she is in action and has had one mammogram, our goal should be to get her to have the next one.*

- **Make sure to give message about importance of mammography and recommendation for regular mammograms (interval depends on age) and a yearly clinical breast examination.**

- Remember, regular mammograms can find breast cancer early, when it is easier to treat. Since you're <age>, you should get a mammogram and breast exam by a health provider every year.

EXAMPLE

Resource Phone Numbers

Blue Cross and Blue Shield of NC office and number

- **State Employee PCP Member Services:**
1-800-422-2717 (8:00 a.m. – 5:00 p.m., Monday – Friday)
- **PCP Member Services:**
1-800-227-3727 (8:00 a.m. – 5:00 p.m., Monday – Friday)
- **Personal Health Advisor:**
1-800-999-1629, 24 hours a day, 7 days a week

Women can also consult the Directory of Providers to see which primary medical doctors and mammography providers (radiologists) in their area participate in the Blue Cross and Blue Shield network.

For additional information on cancer, women can call the Cancer Information Service at 1-800-4-CANCER from 9:00 a.m. to 4:30 p.m.

Thank her before closing.

<p style="text-align: center;">Counseling Guidelines</p> <p style="text-align: center;"><u>Other Closings</u></p>	<p style="text-align: center;">Suggested Counselor Response</p>
<p>C2 Wrong Number</p>	<p>I'm sorry to have bothered you. I must have dialed the wrong number. Can I verify the number? I was trying to reach _____.</p>
<p>C3 Unavailable, Call Back Later (CB)</p>	<p>When would be a good time to call? <i>Record date and time on call record.</i></p>
<p>C4 Inconvenient Time to Talk, Call Back Later</p>	<p>Sorry to have caught you at a bad time. I would be happy to call back. When would be a good time for me to call, within the next day or two?</p>
<p>C5 Refusal (REF)</p>	<p>Is there another time I could call that would be more convenient for you? We've prepared some information especially for you and it should only take 5-10 minutes. <i>If so, reschedule her for another date and time. If not, thank her for her time.</i></p>
<p>C6 Out of Local Area</p>	<p>N/A</p>
<p>C7 Male</p>	<p>I'm sorry to have troubled you. I called to speak with a woman about the importance of breast cancer screening.</p>
<p>C8 Wrong Age, Woman Under Age 50</p>	<p>N/A - No women under age 50 in sample</p>
<p>C9 Deceased</p>	<p>I am very sorry to have troubled you. Please excuse my call.</p>
<p>C10 Double Mastectomy</p>	<p>I'm very sorry to hear that. I was calling to talk about the importance of breast cancer screening. We would not want to interfere with any advice your doctor gives you about breast screening.</p>
<p>C11 Current Life Threatening Illness</p>	<p>I'm very sorry to hear that. I apologize for bothering you.</p>

HELP!

SUGGESTIONS FOR WHAT TO DO WHEN YOU'RE STUCK

- **If unsure of technical question, use the provided response:**
- **If unsure of the answer to a technical cancer-related question, refer the woman to the CIS:**
- **Use questions selectively:**
- **Use messages that might arouse more concern:**

- Although I am a trained health advisor, I am not a (doctor/cancer researcher/statistician). I will check on <the woman's question> and call you back with that information. When would be convenient for me to call back? **(Record date and time and file for call back.)**

- Although I am a trained health advisor, I am not a doctor. If you call the Cancer Information Service at 1-800-4-CANCER, they may be able to answer that question for you. Or you may want to ask your primary medical doctor.

- Have you ever thought about that? **OR**

- Have you ever thought about things that way? **OR**

Turn a factual statement into a question, e.g., Did you know that most breast cancer cases occur in women 50 and older? **OR**

Did you know that 1 out of every 8 women will get breast cancer sometime during their lifetime?

- Mammograms find the greatest number of breast cancers that have not yet spread beyond the breast and they often find them 1 and 1/2 to 2 years before there are any symptoms. Having regular mammograms and a breast examination by your doctor every year are the best ways to find breast cancer early---before it has a chance to spread.

