I have seen many sides of breast cancer: statistical, social, economic, diagnostic, therapeutic and regulatory. All of us, in some way, shape or form, have been affected by breast and/or cervical cancer. There are so many pieces to the puzzle of cancer.

I have worked in the X-ray Machine Radiation Control Program (RCP) for the North Dakota Department of Health (NDDoH) for 18 years. A large part of my job includes providing information to North Dakota facilities practicing mammography. My coworker and I survey 43 mammography facilities annually for compliance with U.S. Food and Drug Administration requirements. The standards include areas of equipment performance, quality assurance testing, patient examination results notification, medical outcomes audit evaluations, personnel training and education requirements. In 18 years of regulatory work with the NDDoH, I have come to realize the best way to do more with less is through education and information.

As a member of the original planning group for the North Dakota Breast and Cervical Cancer Early Detection Program, I am so happy the name was changed to Women’s Way. In the years since 1997, I have seen Women’s Way really define and expand the role they provide for the women of North Dakota. Truly they are a facilitator. They successfully turn needs into action with beneficial results. The need is to improve our ability to fight breast and cervical cancer.

Recently, a need was perceived for training with new digital imaging technology. Within the past two years, the number of North Dakota mammography facilities utilizing digital technology has grown from less than 20 percent to over 90 percent. In this same time frame, the RCP and Women’s Way participated in two endeavors that provided

(continued on page 2)
training to more than 200 medical professionals involved with the production and interpretation of mammography imaging.

The RCP website (www.ndhealth.gov/AQ/RAD/mammo.htm) provides mammography information, including location (by city) and point of contact for mammography imaging services. It also includes a statewide map.

Unfortunately, the biggest detriment to the fight against breast and cervical cancer is screening compliance. I recently reviewed a draft study that demonstrated an increased cancer rate among underserved/underinsured patients. In this group of patients, annual mammography screening compliance for women 40 and older was less than 50 percent.

Health-care providers are on the front line of the entire process. Your encouragement to women and persistence in providing these life-saving services is a vital piece of the cancer puzzle. You are there from start to finish. The RCP and Women’s Way are also pieces of the puzzle, as are numerous federal and state agencies that support and promote breast cancer awareness, diagnosis and treatment.

Early detection of breast and cervical cancer means less morbidity and mortality. Early detection decreases the size of cancer tumors being identified. The cancer puzzle requires the efforts of every one of us. Personally and professionally, let us all support the efforts of Women’s Way.

Visit the Women’s Way website at www.ndhealth.gov/womensway. The website has a wealth of information for the public, volunteers, health-care providers and other health-care professionals. Look for these items:

➤ A listing of Women’s Way local coordinators
➤ State office contact numbers
➤ A listing of health-care facilities that provide services for Women’s Way
➤ Links to information about breast and cervical cancer
➤ The What’s Covered Women’s Way CPT Code Medicare Part B Rate List
➤ A referral form to be used when referring women to Women’s Way
➤ An order form for ordering Women’s Way materials
**Director's Dialogue**

**Women’s Way Program Highlights**

*By Mary Ann Foss, Women’s Way Program Director*

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**Highlight! Our Vital Partnership With You**

*Women’s Way* is all about getting eligible (low-income, uninsured and underserved) women ages 40 through 64 in to see you for breast and cervical cancer screening and diagnostic services. The great partnership we have with our health-care providers is a vital key in reaching these “hard to reach” women. We thankfully shake your hand for referring eligible women to *Women’s Way*.

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**Highlight! Annual Screening Goal**

One of the CDC’s performance measures involves meeting our annual screening goal. For the past several years, our annual screening goal has been to reach 3,200 eligible women and provide them with a mammogram, clinic breast exam and Pap test. For program year July 1, 2009, through July 2010, we reached and exceeded our goal! You deserve the gold medal for making that possible!

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**Highlight! 10th Anniversary of Medicaid – Women’s Way Treatment Program**

When the *Women’s Way* Program screened its first woman in September 1997, there was no funding for treatment if a woman was diagnosed with breast or cervical cancer. On August 1, 2001, the North Dakota Medicaid – *Women’s Way* Treatment Program was implemented. Since that time, 244 *Women’s Way* clients have received life-saving treatment through the Medicaid – *Women’s Way* Treatment Program. Thanks to YOU, their health-care provider, *Women’s Way*, and the Medicaid – *Women’s Way* Treatment Program, these women received the care they desperately needed.

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**Highlight! A Parting Shot**

We are currently conducting a major program evaluation. As part of this process, health-care providers will be surveyed to find out their experiences and opinions about what is working and suggestions for improvement in our efforts to reach the women the program is designed to serve. It is my sincere hope that you will make time in your busy schedule and help us out by completing the survey. Your input is needed and appreciated.

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**One Last Question**

Is anyone interested in serving on the *Women’s Way* Medical Advisory Board? If so, please call me at 1.800.280.5512 or 701.328.2472. Thank you!

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Look for the What’s Covered Women’s Way CPT Code Medicare Part B Rate List posted online at www.ndhealth.gov/womensway. Click For Professionals, Downloads and What’s Covered By Women’s Way. Post this handy reference in a convenient spot and use it to look up Women’s Way payable CPT codes. Please share a copy with your billing staff.

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1.800.44 WOMEN (1.800.449.6636)
Peggy Piehl wants women to know that they make a difference and they matter. She wants to encourage them to make the call to Women’s Way for themselves and for the people in their lives.

Peggy currently works for Custer Health in Mandan as a Women’s Way local coordinator, and prior to her three years in Mandan, she worked with Women’s Way at the Southwestern District Health Unit in Dickinson for four years. Peggy enrolls and provides program case management for women eligible to receive breast and cervical cancer screenings through Women’s Way. She assists and encourages women to schedule and complete their annual exams. In her many years working with Women’s Way, Peggy has helped many women, some of whom are alive today because of Women’s Way.

Peggy said, “I believe every woman that is part of Women’s Way is empowered to be able to receive health exams that could save her life. These tests are an important part of a woman’s life at all ages. When women become educated and made aware of the program, they are able to take advantage of these services and have this as a part of their lives.”

Peggy encourages health-care providers to take the extra step and visit with those women who are coming in for chronic disease management or urgent care sick calls and who may qualify for Women’s Way. If a woman is in need of breast and cervical cancer screenings, health-care providers can call the Women’s Way local coordinators with a referral and the local coordinator will help the woman find the help she needs. Another option is for local coordinators to teach health-care staff how to enroll women and they can schedule appointments for the testing that is needed.

To women, Peggy says, “If you are without resources to have your annual women’s health exams, make the call. Don’t wait. Find out about the program for yourself. You can even find out about the program and talk to your family members, friends or neighbors who may qualify.”

Peggy said, “I’ve seen women setting examples for each other – some that enroll and get their tests and encourage others to do the same because it’s so easy. Women enroll, make their own appointment with their health-care provider, and Women’s Way takes care of the paperwork and the payments. It’s just that easy.”

She reminds women that if they qualify they can receive an annual health check, which includes a clinical breast exam and a pelvic exam. Women also can receive a mammogram every year and a Pap test every two or three years.

As a wife and mom to two boys, Peggy undoubtedly does a lot for her family. In her spare time, she enjoys camping, fishing, riding bike, learning to play golf, walking the dogs, gardening, canning, quilting and pottery.

And Peggy does a lot for other women too. When asked how many women she has helped with Women’s Way, Peggy said, “Too many to count. But I’m very glad to have been a part of their stories and so glad that these women are here today to tell their stories.”
Clinical Coordinator's Corner

Do You Know About Women’s Way?

By Barb Steiner, Women’s Way Clinical Coordinator

What is Women’s Way?

*Women’s Way* is North Dakota’s Breast and Cervical Cancer Early Detection Program. There is a similar program in each of the other states, but with a different name.

Who is eligible for Women’s Way?

A woman is eligible if she:
- Lives in North Dakota.
- Is age 40 through 64.
- Has insurance that does not cover Pap tests and/or mammograms or can’t afford to pay her insurance deductible or co-pay.
- Is not currently enrolled or eligible for Medicare Part B or Medicaid.
- Meets the income guidelines.

How does a woman enroll?

A woman can enroll by calling 1.800.44 WOMEN (1.800.449.6646) or 1.800.280.5512. If you are aware of a woman who may be eligible for *Women’s Way*, encourage her to call.

What services are paid by Women’s Way?

Screening services paid by *Women’s Way* include:
- Office visit that would include a clinical breast exam and/or pelvic exam.
- Pap test.
- Mammogram.

Diagnostic services paid by *Women’s Way* include:
- Cyst aspiration.
- Diagnostic mammogram.
- Breast ultrasound.
- Breast biopsy.
- Colposcopy.
- Pathology.
- Surgical consults and second opinions.

*Women’s Way* reimburses only for breast and cervical cancer screening and diagnostic services that are listed in the What’s Covered *Women’s Way* CPT Code Medicare Part B Rate List. A copy of the What’s Covered List is available by calling 1.800.280.5512.

Some of the CPT codes listed in the What’s Covered *Women’s Way* CPT Code Medicare Part B Rate List may apply to other services besides breast or cervical cancer screening. CPT codes such as those for office visits are reimbursed by *Women’s Way* only if the office visit includes breast or cervical cancer screening or diagnostic services or if the office visit is for follow up to breast or cervical cancer screening or diagnostic services.

What are the breast cancer screening and diagnostic guidelines for Women’s Way?

*Women’s Way* will reimburse for an annual mammogram for eligible women ages 40 through 64. For abnormal screening mammogram results, *Women’s Way* will reimburse for diagnostic mammograms, ultrasounds or breast biopsies that are needed for definitive diagnosis.

What are the cervical cancer screening and diagnostic guidelines for Women’s Way?

*Women’s Way* will reimburse for a liquid-based Pap test every two years until three consecutive normal results, then every three years; or *Women’s Way* will reimburse for a conventional Pap test annually until three consecutive normal results, then every three years. For abnormal Pap test results, *Women’s Way* will reimburse for colposcopies and for repeat Pap tests as needed for follow up. *Women’s Way* will continue to reimburse for Pap tests for women with total hysterectomies due to cervical neoplasia or invasive cervical cancer.

HPV test – Hybrid Capture II from Digene (High Risk Typing only) or Cervista HPV HR is reimbursable if used in follow-up of an ASC-US screening result, or for surveillance at one year following an LSIL Pap test and no CIN 2,3 on a colposcopy-directed biopsy or any other situation in the 2006 ASCCP recommendations.

*(continued on page 10)*
Lila Fischer sings the praises of *Women’s Way* and tries to pay it forward by spreading the word to friends and family and anyone who she thinks might benefit from the program. Lila has been a *Women’s Way* client for more than 10 years and is so grateful for the services provided.

“I really love *Women’s Way*,” said Lila. “It’s a remarkable program. Not everyone has insurance and this is a great way to get your health taken care of.”

Lila is a stay-at-home mom and grandmother and does not have insurance. She was told about the *Women’s Way* program when she went for an annual check-up many years ago at the Central Valley Health District office.

Lila says the process of getting her health exams couldn’t be easier. The *Women’s Way* local coordinator at Central Valley sends her a notice each year to make sure she gets re-enrolled and also sends a notice when it’s time to have her Pap test and mammogram. Lila makes the appointments with her own health-care providers and the *Women’s Way* local coordinator makes sure the paperwork is ready for the doctor’s office and that the payment is made.

Lila has a special reason for making sure she takes care of her health. Her sister, Cindy, died of Hodgkin’s lymphoma at the age of 27, after battling it for 14 years. To honor her sister and to continue to be there for her three children and two grandchildren, Lila makes sure to get her health exams every year.

“I always carry with me what my sister said to me,” said Lila. “She said, ‘Nothing in this world is more important than your health.’ She was a firm believer in taking care of yourself first so that you are able to take care of others in your life. She told me that if you don’t have your health, you don’t have anything.”

For women who may be hesitating to go in for an exam, Lila has some words of wisdom. She says although some tests are a little uncomfortable, they are pain free and it’s so great to get the results back and breathe a sigh of relief when you know that everything is okay.

“Some people might hesitate to get their exams because they don’t want to hear bad news,” Lila said. “But it’s not good to let things go. At least then you will know and you can take care of yourself. You owe it to yourself. At least then you have a chance. We have to think of our families. They are the reasons to keep going even if you do have health issues.”

Lila encourages all health-care providers to tell their patients about *Women’s Way*, like Central Valley did for her. She thinks a lot of women just aren’t aware of the program or the options available to them.

She said, “*Women’s Way* has been such a blessing. I’m not sure I would be going for my exams if this program wasn’t available to me. I think if a woman qualifies, she should definitely be using it. To those who aren’t, I would say, ‘What are you waiting for?’”

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**Women’s Way Materials**

*Available for you*

Order your free *Women’s Way* resources online at [www.ndhealth.gov/womensway](http://www.ndhealth.gov/womensway). Click For Professionals, Downloads and Patient Education Materials to view the available items and access an order form.
North Dakota Women’s Way Statistics
(September 1997 to February 2011)

By Ann Lunde,
Women’s Way
Data Manager

Number of women who have received any procedure paid for by the Women’s Way Program: 11,605

Number of screening mammograms paid for by Women’s Way: 18,861

Percentage of mammograms that are abnormal (40+ years of age):
  Among Women’s Way women: 8.8%
  Among NBCCEDPs nationwide: 11.2%

Number of Pap tests paid for by Women’s Way: 26,443

Percentage of Pap tests that are abnormal (all ages):
  Among Women’s Way women: 2.6%
  Among NBCCEDPs nationwide: 2.2%

Number of women with breast cancer diagnosed: 216
  Stage 0: 71
  Stage 1: 22
  Stage 2: 45
  Stage 3: 24
  Summary Regional: 1
  Summary Local: 3
  Summary Distant: 2

Number of women with cervical dysplasias: 254
  CIN I: 15
  CIN II: 104
  CIN III: 135

Number of women with invasive cervical carcinomas diagnosed: 17

Percentage of Women’s Way clients enrolled since 1997 who indicated they were current smokers: 35%

These health-care providers agree:

"Women’s Way services are needed in our state. Health-care provider support and involvement in this program is a vital key to reach women who need screening. If you are not familiar with this program, contact your Women’s Way local coordinator at 1.800.449.6636 or the state office at 1.800.280.5512."

Lisa R. Braun, PA-C, Sanford Health Clinic, Wahpeton; Cheryl Hefta, NP, Spirit Lake Maternal Child Health Program, Fort Totten; Tammie Braaflat, FNP, Minne-Tohe Health Center, New Town; and Lori Dockter, PA-C, Trinity Health, Minot
**Patient Navigation - New to Women’s Way**

*By Bobbie Will*

**Women’s Way** has been working on defining a **Women’s Way** Patient Navigation Model over the last year. Our first educational step toward patient navigation was to team up with the American Cancer Society. They provided information about various models of patient navigation and assisted with development of a patient navigation model for **Women’s Way**. This model is defined as: support and guidance offered to **Women’s Way** patients, with the goal of overcoming barriers to timely quality care.

We have started clinic patient navigation pilot projects and the role of the patient navigator is to identify women in need of breast and cervical cancer screening. If the woman is eligible, the patient navigator enrolls her in **Women’s Way** and schedules her for breast and cervical cancer screenings including mammograms and Pap tests. The patient navigator makes certain **Women’s Way** patients obtain their screenings. If they do not follow through with screenings, it is the patient navigator’s role to work with them to identify and try to alleviate barriers that prevent them from coming in for screening. Common barriers encountered are financial concerns, transportation, physical needs, communication issues or cultural needs, lack of health management and referral support programs. Patient navigators work with the **Women’s Way** patients to reschedule screenings and help them keep their appointments.

It is our hope the patient navigator becomes a source of dependable emotional support for **Women’s Way** patients with an unfavorable diagnosis. The connection between the patient navigator and **Women’s Way** patients is key to saving lives of North Dakota women from breast and cervical cancer.

Contact us at 1.800.280.5512 if you have questions or ideas to share.

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**Healthy People 2010 to Healthy People 2020**

Have you ever wondered what the trends for breast and cervical cancer screening are in North Dakota? This information can be found in the Healthy People 2010 North Dakota Final Report now available on the North Dakota Department of Health website. Go to [www.ndhealth.gov](http://www.ndhealth.gov) and under Current Issues click on Healthy People 2020. The link to the Healthy People 2010 Final Report is at the top of the page.

Healthy People is an initiative of the U.S. Department of Health and Human Services and provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is committed to promoting health and preventing illness, disability and premature death. Healthy People 2010 goals were composed of 467 objectives organized into 28 focus areas.

The 2010 North Dakota Report includes 137 Healthy People 2010 objectives in 17 focus areas relevant to the programs within the North Dakota Department of Health.

Focus areas included cancer; diabetes; family planning; food safety; heart disease and stroke; HIV; immunization and infectious diseases; injury and violence prevention; maternal, infant and child health; mental health and mental disorders; nutrition and overweight; oral health; physical activity and fitness; respiratory diseases; sexually transmitted diseases; substance abuse; and tobacco use.

Healthy People 2020 continues the tradition with its 10-year agenda for improving the nation’s health. New topics and objectives have been added. For more information about Healthy People 2020, visit [www.healthypeople.gov/2020/](http://www.healthypeople.gov/2020/).
Summary of Statewide Cancer Registry Statistics

By Marlys Knell, North Dakota Statewide Cancer Registry Program Director

Breast Cancer

Based on information from the North Dakota State Cancer Registry database, during the five-year period of 2004 to 2008, 2,694 female breast cancers were diagnosed with an average of 539 newly diagnosed cancers per year. Twenty-one men also were diagnosed with breast cancer.

Breast cancer was diagnosed most often in the upper-outer quadrant followed by overlapping lesion (cancer located in two different quadrants), unknown, upper-inner quadrant, and then lower-outer quadrant of the breast.

The following table describes some treatment facts regarding what women chose for breast cancer treatment options.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No treatment</td>
<td>2.40%</td>
</tr>
<tr>
<td>Chemotherapy and hormones</td>
<td>0.92%</td>
</tr>
<tr>
<td>Chemotherapy only</td>
<td>0.92%</td>
</tr>
<tr>
<td>Hormones only</td>
<td>0.85%</td>
</tr>
<tr>
<td>Radiation and chemotherapy</td>
<td>0.22%</td>
</tr>
<tr>
<td>Radiation and hormones</td>
<td>0.30%</td>
</tr>
<tr>
<td>Radiation only</td>
<td>0.15%</td>
</tr>
<tr>
<td>Radiation, chemotherapy, hormones</td>
<td>0.30%</td>
</tr>
<tr>
<td>Surgery and chemotherapy</td>
<td>8.40%</td>
</tr>
<tr>
<td>Surgery and hormones</td>
<td>18.31%</td>
</tr>
<tr>
<td>Surgery and radiation</td>
<td>3.33%</td>
</tr>
<tr>
<td>Surgery only</td>
<td>13.02%</td>
</tr>
<tr>
<td>Surgery, hormones, chemotherapy</td>
<td>13.02%</td>
</tr>
<tr>
<td>Surgery, radiation, chemotherapy</td>
<td>6.62%</td>
</tr>
<tr>
<td>Surgery, radiation, hormones</td>
<td>17.72%</td>
</tr>
<tr>
<td>Surgery, radiation, chemotherapy, hormones</td>
<td>13.50%</td>
</tr>
</tbody>
</table>

For women who chose a surgery treatment option, 29.15 percent of patients decided on lumpectomy or excisional biopsy, 19.76 percent had modified radical mastectomy without removal of uninvolved contralateral breast, 12.99 percent had a re-excision of the biopsy site for gross or microscopic residual disease, and 12.91 percent elected for total (simple) mastectomy without removal of uninvolved contralateral breast.

The following chart shows the general summary stage percentage for female breast cancer.

Cervical Cancer

From 2004 to 2008, 92 women in North Dakota were diagnosed with malignant cervical cancer. Carcinoma in situ (CIS) cancer cases are not collected as they are curable if caught early.

The following chart shows the general summary stage percentage for cervical cancer.
Comprehensive Cancer Program Update

By Joyce Sayler, North Dakota Comprehensive Cancer Prevention and Control Program Program Director

North Dakota Cancer Control Plan

The reauthorized 2011-2016 North Dakota Cancer Control Plan is now available on the North Dakota Cancer Coalition website at www.ndcancercoalition.org. Statewide members of the coalition have worked diligently over the past 15 months, updating the plan based on data from the state’s burden of cancer information. The plan provides North Dakotans with a framework for action to prevent and reduce the effects of cancer in our state.

The cancer control plan contains updated cancer data, as well as specific objectives and strategies to address cancer in the following areas: prevention, screening/early detection, treatment, survivorship/wellness of life, health equity, workforce and surveillance, and evaluation.

It is designed to be used by both health-care professionals and the general public.

I invite each of you to consider membership in the North Dakota Cancer Coalition. The coalition is made up of representatives from health-care organizations, local and state public health, community-based organizations, tribal programs, academia, businesses, cancer survivors and individuals with an interest in cancer prevention and control.

If you would like to learn more about the coalition, visit the website, call 701.328.2306, or e-mail cgetz@nd.gov.

Clinical Coordinator’s Corner (continued from page 5)

HPV test is not reimbursable as a primary screening test or as an adjunctive screening test to the Pap for women older than 30. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk genotypes of HPV is not permitted. Also reimbursement of Cervista HPV 16/18 is not permitted.

What if a Women’s Way client requires treatment?

The Women’s Way Program reimburses for breast and cervical cancer screening and diagnostic services and does not pay for any treatment services. However the Medicaid – Women’s Way Treatment Program pays for treatment of breast and cervical cancer, including cervical pre-cancerous conditions.

In order for a woman to be eligible for the Medicaid – Women’s Way Treatment Program, she must:

➤ Be a Women’s Way client before diagnosis.
➤ Be screened and/or diagnosed through Women’s Way.
➤ Be in need of treatment for breast or cervical cancer, including cervical pre-cancers.
➤ Have no credible health insurance.

Treatment includes, but is not limited to:

➤ Cryotherapy.
➤ LEEPS.
➤ Breast cancer treatment, such as surgery, radiation therapy, chemotherapy and adjunctive therapy such as Tamoxifen or Arimidex.

A woman can stay on the Medicaid – Women’s Way Treatment Program for as long as the treatment is needed.

For more information, call your local coordinator at 1.800.44 WOMEN (1.800.449.6636) or the state office at 1.800.280.5512, or visit the Women’s Way website at www.ndhealth.gov/womensway.
Quitline/QuitNet Available To Help Smokers Quit

The percentage of Women’s Way clients enrolled since 1997 who indicated they were current smokers is 35 percent. Health-care providers are encouraged to take an active role in helping their patients quit smoking or using tobacco.

While patients are in the office for their annual Women’s Way exam, please consider using the AAR (Ask, Advise, Refer) method for helping them. Ask the patient if she smokes or uses tobacco, advise her to quit and refer her to the North Dakota Tobacco Quitline or North Dakota QuitNet – free services that help North Dakotans quit using tobacco. Both services offer counseling, support and free nicotine patches, lozenges or gum to those who qualify.

Visit the North Dakota Department of Health’s Tobacco Prevention and Control Program website at [www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco) for more information. Click the Information for Health-Care Providers link to access a fax referral form, a link to order Quitline/QuitNet promotional materials and several other links that help health-care providers help their patients quit tobacco.

### People in the Know

#### State Staff

1.800.280.5512

- **Terry Dwelle, M.D., M.P.H.T.M.**  
  State Health Officer
- **Arvy Smith**  
  Deputy State Health Officer
- **Mary Ann Foss**  
  Director, Division of Cancer Prevention and Control and **Women’s Way Program Director**
- **Ann Lunde**  
  Women’s Way Data Manager
- **Barbara Steiner**  
  Women’s Way Clinical Coordinator
- **Bobbie Will**  
  Women’s Way Project Coordinator
- **Sandra Bush**  
  Administrative Assistant

#### Local Coordinators

1.800.449.6636

- **Theresa Schmidt, R.N.**  
  Bismarck-Burleigh Public Health
  Burleigh, Kidder, Emmons, Wells counties
- **Deb Fischer, R.N.**  
  Central Valley Health Unit
  Stutsman, Foster, LaMoure, Logan, McIntosh counties
- **Peggy Piehl, R.N.**  
  Custer Health
  Morton, Grant, Mercer, Oliver, Sioux counties

#### Women’s Way Materials Ordering

1.800.280.5512

Join the Women’s Way Medical Advisory Board

Help make a difference in the lives of women. Offer your expertise and share your commitment to serving women by joining the Women’s Way Medical Advisory Board. If you are interested, contact Mary Ann Foss at 1.800.280.5512 or 701.328.2472.
“I am thankful to Women’s Way for all their support and for encouraging me to follow my feelings and get a second opinion. This saved my life.” - Margarita Zagazeta

“If you are a woman who is having a hard time being able to afford your yearly exam, please call Women’s Way.” - Fengchun Zhao

“It is hard to know what to do when you lose your insurance. Please do not be afraid to call Women’s Way. What a relief to get financial help. They saved my life for myself, my husband and my children.”
- Dedrae Schadegg

“I’m so glad for Women’s Way. I had pain in my right breast. Their help saved me.” - D. Joyce Kitson

For more information, contact:
Division of Cancer Prevention and Control
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
800.280.5512
www.ndhealth.gov/womensway

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