

# Accreditation and Objectives

## Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Keck School of Medicine of the University of Southern California and the National Consortium of Breast Centers.

The Keck School of Medicine of the University of Southern California is accredited by the ACCME to provide continuing medical education for physicians.

**The Keck School of Medicine of the University of Southern California designates this educational activity for a maximum of 36.25 AMA PRA Category 1 Credits™.** Physicians should only claim credit commensurate with extent of their participation in the activity.

### AMA PRA Category 1 Credits™

- 2/23-2/24/07 Hereditary Breast and Ovarian Cancer—11.0
- 2/23-2/24/07 CBE Course—9.0
- 2/24/07 Surgical Management of Breast Disease Course—8.0
- 2/25/07 conference—4.0
- 2/26/07 conference—7.0
- 2/27/07 conference (Plenary)—6.25
- 2/27/07 conference (Digital Track)—8.0
- 2/28/07 conference—4.75
- 2/28/06 BSE Session—3.0

## Conference Objectives

- Understand the initial level of expertise and quality in a general hospital setting.
- Identify changes needed to implement high quality care.
- Understand the approaches available that have been shown to be effective in improving quality.
- Analyze the number of high risk women in the population.
- Utilize high throughput methods to identify large numbers of women.
- Identify where these high throughput methods can be inserted into the health care system.
- Understand diagnostic challenges in the young woman.
- Identify treatment challenges in the young woman.
- Determine the psychosocial issues facing the young woman with breast cancer.
- Define what patients need when they are in the caregiver's office.
- Identify how to make patients less anxious as they go through their care.
- Explain the biology of estrogen receptors and breast cancer risk.
- Understand the risks of breast cancer with hormone replacement.
- Assess the results of current clinical trials evaluating the use of hormones in women.
- Describe the role of endocrine therapy as chemoprevention.
- List the options for endocrine therapy in use and under investigation.
- Explain the currently completed clinical trials evaluating the role of Tamoxifen versus raloxifene in the prevention of breast cancer (STAR trial).
- Describe the place of the breast center in the health care system.
- Distinguish the role of the administrator in negotiating between providers within the system.
- Judge the components of that comprise a health care system and their interplay.
- Classify the genes and proteins associated with the development of breast cancer.
- Trace the integration of proteomics and genomics in tailoring breast cancer therapy.
- Assess the implications of biological profiling in the care of breast cancer.
- Analyze the causes of malpractice litigation for each member of the health care team.
- Explain how to avoid malpractice suits.
- Identify how to deal with high risk situations caused by other team members.
- Identify the causes of malpractice litigation for each member of the health care team through specific cases.
- List the practical ways to avoid risk.
- Identify how breast centers across the country have devised outreach programs to meet the idiosyncratic needs of their communities.
- Describe why community advisory councils are important, assemble the most effective team and appreciate the varied roles such teams can assume.
- Identify the various programs presented with respect to adoption in their individual centers.
- State the biologic and socioeconomic sources of health care disparities.
- Decide how to make adjustments to our health care system to better care for the under served.
- Classify the standard prognostic indicators used to determine risk of relapse/need for adjuvant therapy.
- Validate the role of genomic profiling to help predict the risk of relapse of breast cancer.
- Distinguish who can forego the use of adjuvant chemotherapy.
- List the issues leading to burn-out.
- Acquire potential methods to help support interdisciplinary teams.
- Administer methods to reduce turn-over in breast centers.
- Explain what defines complementary and alternative medicine.
- Debate the evidence supporting CAM therapies in cancer survivors.
- Identify the current research looking into CAM in breast cancer.
- Compare digital QC compared to SFM QC
- Identify operational issues in instituting digital QC in breast centers.
- Compare performs for FFDM and CR
- Calculate a Return On Investment.
- Identify the role of radiation therapy in improving survival from breast cancer.
- Debate the role of partial breast radiation and current clinical trials of partial versus whole breast radiation.
- Describe the techniques of contrast-enhanced FFDM.
- Assess the enhancement curves of benign and malignant lesions.
- Identify the current barriers to widespread use of CEFFDM.
- Appraise the techniques of digital tomosynthesis.
- Distinguish the distinction of benign and malignant lesions using digital tomosynthesis.
- Discuss current barriers to widespread use of digital tomosynthesis.
- Critique emerging descriptions of breast lesions.
- Explain the implication of LCIS as a precursor lesion of breast cancer.
- Understand the role of the pathologist in decisions regarding breast cancer therapy.
- Describe medico-legal risks for breast centers using FFDM compared to SFM or CR
- Classify risk management strategies for breast centers using FFDM and CR.
- Assess the role of mammography in improving breast cancer survival and in the evaluation of young women.
- Determine the changes in density of the breast associated with age.
- Interpret the role of the various team members in care.
- Debate specific cases of cancer care.
- Appraise typical operational workflow of FFDM and CR in a breast center
- Describe efficiencies and inefficiencies in workflow that are possible with FFDM and CR in a breast center
- Assess the mammography of the benign breast.
- Identify suspicious lesions of the breast.
- Analyze the correlations of malignancy on mammogram.
- Understand the role of nuclear medicine in breast cancer and in staging breast cancer.
- Identify the clinical application of nuclear medicine in the breast center.
- Detail the history of breast cancer management in a community hospital program.
- Construct the process of formulating a breast center team.
- Consider the role of performance measures and the value of the breast center team in delivering coordinated care.
- Summarize the reimbursement trends as defined by the CMS in the Medicare Physician Fee Schedule and Outpatient Prospective Payment System.
- Detect the macro pressures operating on the US health care delivery system
- Understand three important strategies that will be important in coping with any operating environment.
- Apply the technologies of the different types of FFDM units.
- Explain the advantages and disadvantages of each of the different types of technology for FFDM.
- Describe mobile digital FFDM.
- Diagram the implementation process of mobile digital FFDM.
- Detect operational issues in instituting CAD in FFDM in breast centers.
- Diagnose the long-term issues of breast cancer survivors.
- State the fertility issues of young women with breast cancer.
- Integrate interventions for postmenopausal symptoms in women treated for breast cancer.
- Define the institutional and reimbursement resistance to breast imaging E&M coding and what is required for successful reporting and appropriate coding.
- Address internal logistics of, and avoid some of the pitfalls to, implementing breast imaging E&M coding.
- Trace financial data to appropriately document the coding outcomes and to justify continuing the practice.

**Provider approved by the California State Board of Registered Nursing Provider Number CEP 00105.** Nurses from states other than California must check their local State Board for specific continuing education policies.

Category 1 credits will be given if there is partial attendance.

**The AAPA (American Academy of Physician Assistants) accepts CME credit** from organizations accredited by ACCME to grant category 1 credit toward the Physician's Recognition Award.

**Continuing education Category A credits are being arranged through the American Society of Radiological Technologists (ASRT).** Each 30 minutes of contact time is awarded .5 CE credit. Each contact hour is equal to 50 – 60 minutes and is awarded 1 CE credit. This program is relevant to the radiologic sciences profession.

### BRN Credits

- 2/23-2/24/07 Hereditary Breast and Ovarian Cancer—13.0 contact hours
- 2/23-2/24/07 CBE Course—13.0 contact hours
- 2/24/07 Surgical Management of Breast Disease Course - 10 contact hours
- 2/25/07 conference—5.0 contact hours
- 2/26/07 conference—8.0 contact hours
- 2/27/07 conference (Plenary)—7.0 contact hours
- 2/27/07 conference (Digital Track)—9.0 contact hours
- 2/28/07 conference—5.0 contact hours
- 2/28/06 BSE Session—4.0 contact hours