



12:00 – 2:00 PM WELCOME and Special Time with Vendors

Moderator: Don Dizon, MD, FACP, NCBC President

2:00 – 2:10 PM

Welcome

Don Dizon, MD, FACP, NCBC President

2:10 – 2:15 PM

Intro/Conference Logistics

Lillie Shockney, RN, BS, MAS, CBPN-C and Jennifer Gass, MD, FACS, NCBC Conference Co-Chairs

2:15 – 2:45 PM

Motivation and Mission... Patients and Perspective

Louise C. Miller, RT(R)(M)

Each of our paths which led us to our unique role as a breast health professional was guided and motivated by vast and varied experiences. But our common goal is the same. This talk will explore ways to share our passion and professionalism, both collective and individual, with others across the broad spectrum of health care providers.

2:45 – 3:15 PM

Benign and Not so Benign Breast Diseases

Nagi Khouri, MD

Benign breast diseases (BBD) include a large heterogeneous group of lesions which come to be diagnosed following the excision of a palpable mass or following a biopsy of a palpable or non-palpable abnormality detected on breast imaging. Some of these lesions are entirely benign and are not associated with an increased risk for breast cancer. Others, the proliferative lesions and the atypical hyperplastic lesions are associated with increased breast cancer risk. The presentation will familiarize the attendee with the lesions that are categorized as benign breast disease with an emphasis on those that are themselves precancerous and those that are associated with a generalized increased risk for breast cancer.

3:15 – 4:15 PM

Risky Business: Guiding Patients through Management of Hereditary and Pathologic Risk Factors

Session Moderator: Don Dizon, MD, FACP, NCBC President

with Kevin S. Hughes, MD, FACS and Michael D. Lagios, MD

Too often, the recognition of the high-risk patient occurs with the diagnosis of breast cancer. All members of the breast care team have a role in early identification of the high-risk patient. The primary care provider, the mammography technologist, or gynecologist have an excellent, but often missed, opportunity to identify and direct the high-risk patient toward appropriate screening and /or testing. Interventional aids you may use will be presented.

4:15 – 5:15 PM

The Issues Confronting the Young Woman With Breast Cancer

Session Moderator: Lawrence Gardner, MD, FRCS(c), FACS

with Christine Duffy, MD, MPH, Carl D'Orsi, MD, FACP and Maria Theodoulou, MD

The diagnosis of breast cancer can be a life changing one, and this has particular relevance to the young woman. It is imperative that issues that may affect their long-term survival be confronted, particularly before treatment. Specifically, the breast care specialist should be familiar with the potential changes in fertility associated with treatment for breast cancer and options available to preserve fertility must be considered. In addition, the optimum timing of fertility preservation discussions will also be considered. Beyond this, the session will cover the evolving landscape of imaging modalities will hopefully enable us to recognize early breast cancers in this special population including tomosynthesis, dedicated breast CT and stereo digital mammography. Finally, sequelae of treatment must be approached in the aftermath of multi-modal treatment, and to do so, the breast provider must be aware of them. Specific to young women, this session will also cover the effects of early chemical menopause, risk for infertility, cognitive dysfunction and compromise to bone health, as well as risk of sexual dysfunction.

5:15 – 5:30 PM

Oral Poster Presentations

Robin Hayden, MSN, APRN and Anne L. Rosenberg, MD, FACS

Offered again this year will be two poster presentations representing the highest-scoring abstracts chosen by the program committee. These will be chosen prior to the conference opening and will represent an excellent opportunity for NCBC members to understand and learn about novel programs and developments by members of our organizations.

5:30 PM

Closing Remarks

Don Dizon, MD, FACP, NCBC President

5:30 PM Wine and Cheese Poster Reception

In order to allow more time for review and discussion of the posters accepted for presentation at the 2010 Annual Meeting, there will be a Wine and Cheese Poster Reception. This will be the ideal time to review the submissions at this year's meeting and discuss findings personally with the first authors. In addition, this reception provides yet another opportunity to network with fellow attendees. For poster presenters,



it will represent a dedicated session where both knowledge can be disseminated and feedback received on your hard work. This reception will be a well-deserved congratulations on the work selected for presentation and will showcase the diversity of our membership in achieving the common goal of quality breast care.

*Poster Reception...
Showcasing New
Ideas, New Programs,
New Concepts.*





6:30 – 7:30 AM Breakfast Symposia

AM Plenary Moderator: John Keyserlingk, MD, FRCS(C), FACS

7:45 – 8:00 AM

Intro/Opening

Jennifer Gass, MD, FACS, NCBC Conference Co-Chair

8:00 – 8:30 AM

Green Acres: The Rural Breast Center Story

Yuri R. Parisky, MD

Patients in rural areas have a diminished survival from breast cancer, in part due to accessibility to early detection screening methods and expert care for breast abnormalities. A community in northeastern rural California took it upon itself to address this issue, as its residents were faced with episodes of advanced breast cancer. A community based procurement of digital mammography equipment, recruitment of a breast imaging specialist, and establishing a direct referral relationship to a specialized urban breast care facility addressed these needs. A thorough presentation on why, how, whom, and hurrah: a rural breast care success story!

8:30 – 9:00 AM

Breast Ultrasound - Extremely Helpful - Know its Limitations

Nagi Khouri, MD

High-quality breast ultrasound has become an indispensable tool in the evaluation of the breast, particularly following the major technological improvements of the past 20 years. Breast ultrasound is highly accurate and readily available and affordable. It is complementary to mammographic imaging and MRI in certain situations, and provides exclusive information in the evaluation of clinical problems, such as a mass and nipple discharge. The presentation will familiarize the attendee with the indications for breast ultrasound, the benign and malignant criteria and their overlap and the role of ultrasound in the patient suspected of or with known breast cancer.

9:00 – 9:30 AM

Emerging Technologies in Breast Imaging: Beyond Conventional Imaging

R. James Brenner, MD, JD, FACP, FCLM and Yuri R. Parisky, MD

The use of X-rays and ultrasound, as well as MRI has provided a reasonably successful foundation for breast imaging, especially when combined with clinical examination. Current and new physiologic radionuclear agents are being revisited for use in the breast with the advent of improved instrumentation and new techniques. In addition, other portions of the electromagnetic spectrum are being investigated, with and without interventional contrast agents or probes, to further explore the potential for identifying either the process or conditions that may precede and indicate developing breast malignancy, or assess the impact of novel treatments and development of risk profiles. Critical assessment and understanding of such techniques is essential to distinguishing their promise from their current true capabilities because patients and clinicians are being made aware of these new approaches. In an era promoting evidence-based medicine and cost-efficacy, the incorporation of new approaches requires balancing valid expectations and need for additional measures in evaluating complex clinical situations in both a screening and diagnostic context.

9:30 – 10:00 AM

Consensus Conference III on Image-Detected Breast Cancer - A Review of Key Issues

Melvin J. Silverstein, MD, FACS

Consensus Conference III on Image Detected Breast Cancer was Published in October 2009. This session will review the key issues discussed at that conference. We will discuss progress made since the 2005 Consensus and future directions.

10:00

Impact Award Presentation

Don Dizon, MD, FACP, NCBC President

10:00 – 10:45 AM Break Time with Vendors in the Exhibit Hall

"Highest caliber of presenters. Very impressive, well-published and accomplished faculty... Great conference as always."

**Libby McDonnell, RN, MA, CBPN-C
San Diego, CA**



"First time here - loved it! Great conference! Hope to come again! Great spacing, breaks, lunches, breakfasts."

**Michele Sisell, RT(R)(M)
Rochester, MN**



"I love that this meeting is so multifaceted. This is the only meeting that I know of that is so informative of many topics."

2009 Attendee





10:45 – 11:45 AM

CONCURRENT SESSIONS - CHOOSE ONE OF THREE LEARNING TRACKS

10:45 – 11:45 AM

LEARNING TRACK #1

Track Moderator: TBA

10:45 – 11:15 AM

Imaging for the Surgically Altered Breast

Louise C. Miller, RT(R)(M)

Many women today undergo breast surgery, whether elective or medically recommended. As radiologic technicians, we have a responsibility to provide quality imaging for this group of women. This session will explore imaging options for patients who have had breast surgery to aid in detecting breast cancer.

11:15 – 11:45 AM

Mammography of the Woman With Disabilities

Louise C. Miller, RT(R)(M)

Patients with disabilities present special challenges to the mammographer. This lecture will cover a wide range of patients who present with various disabilities and provide suggestions for imaging this special patient population. While no concrete solutions can apply to every individual situation, and certainly perfect images cannot always be accomplished on even the easiest of patients, recommendations for the best possible outcome will be presented to help alleviate the frustration that often accompanies mammography examinations that are challenging for technologists and patients alike.

LEARNING TRACK #2

Track Moderator: Karleen Habin, RN, BCCS, MPH

10:45 – 11:45 AM

Breast Imaging for the Navigator: Highlights for the Breast Patient Navigator

Jay R. Parikh, MD, FRCP(c), FSBI, FACPE, FACR

The National Consortium of Breast Centers begins its official Breast Patient Navigator Certification program in 2010 as it ends its 2009 beta testing year. This certification will raise the bar and standardize the quality of breast health and breast cancer navigation care offered to patients with breast concerns. This certification reflects the skills and knowledge a breast patient navigator should possess to successfully navigate a breast patient through both their imaging and cancer care. In response to feedback from previous attendees, the certification peer reviewers have identified a need and developed the objectives of this course to present an intense overview of the fundamentals of breast imaging knowledge that breast patient navigators are expected to know in order to navigate breast patients through the imaging stages of their care. Before attending this intense course, the attendees should be familiar with the basics of breast imaging or preparing for the certification process. This is not intended to be an introductory course but an intense overview of breast imaging fundamentals.

LEARNING TRACK #3

Track Moderator: Yuri R. Parisky, MD

10:45 – 11:45 AM

Approaching the Axilla: Dissect or Radiate

Brigid O'Connor, MD, PhD

Before the introduction of the sentinel node biopsy (SLNB), the standard of care in early stage breast cancer was wide local excision and an axillary lymph node dissection (ALND). An ALND results in an increase in morbidity risk. Approximately 70% of postmenopausal patients with early stage cancer will have negative nodes and therefore an ALND adds no benefit. Arm lymphedema is reported to range from 2-28% while shoulder dysfunction can range from 5-19% and dysesthesia/ pain is reported to be as high as 23-31% with ALND. If radiation to the axilla is also needed then these risks increase. An alternative to an ALND is regional axillary radiotherapy after SLNB. This is associated with less morbidity: lymphedema 0-5%, and shoulder dysfunction impairment 0-1% with no reports of dysesthesia/pain. The European trial, AMAROS is open to women 50 and older with early stage breast cancer. Patients with positive SLNB are randomized to Axillary RT or an ALND. This will help answer this controversial issue. It is to be expected that in the future an ALND will be of lesser importance in the staging of breast cancer, especially with more advanced biological characterization of the primary tumor. Regional recurrence rates after regional radiotherapy are very low and may safely replace surgery (ALND) in the setting of a positive SLNB.

11:45 AM – 12:45 PM

CONCURRENT SESSIONS - CHOOSE ONE OF THREE LEARNING TRACKS

11:45 AM – 12:45 PM

LEARNING TRACK #1

11:45 AM – 12:45 PM

Stereo "Tactics"

Rebecca Lambert, RT(R)(M)

The conversion from surgical breast biopsies to minimally invasive breast biopsies has been an evolutionary process. In some geographical areas, the process proceeded at an amazing pace. In other areas, it has still not happened. Those of us who are involved in perfecting this technique have realized the importance and advantage of obtaining a diagnosis without the need for surgery. Most women undergoing minimally invasive breast biopsy may be spared the inconvenience, morbidity and cost of unnecessary open surgical biopsy. For patients with an abnormal diagnosis, the breast surgeon is given the opportunity to plan a protocol particularly suited to that patient's needs. It is my belief that when we are able to achieve a successful core biopsy, it is a win/win/win situation. That is, the patient wins, the surgeon wins, and, let us not forget, the insurance company wins, too. Many patients come to us with challenging biopsy situations. We, as technologists, are obligated to meet the challenge. Depending on the area in question, or the patient's particular physical limitations, it is our responsibility to help capture an adequate tissue sample to obtain an accurate diagnosis, even for the most challenging patients. I would like to explore some techniques to help overcome some of these challenges.

LEARNING TRACK #2

11:45 AM – 12:45 PM

Can We Talk? Facilitating a Support Group: A Skills Seminar

Deborah Stewart, RN, BSN

Facilitators have a great responsibility leading and focusing a support group. From setting the tone to moving the group forward, the facilitator is always engaged and active in the success of the group and the program. How does one manage the challenges found in groups and keep the group listening, sharing and moving forward? This presentation will focus on a nurse's experience facilitating support groups for women with breast cancer. Strategies of group facilitation and stages of group development will be presented along with the challenges.

LEARNING TRACK #3

11:45 AM – 12:15 PM

MRI of the Breast: Where are we in 2010?

Robyn L. Birdwell, MD, FACR

What is the role of breast MR in screening, staging, intervention? Are there programs in place to evaluate the cost-effectiveness of this examination? How best might this tool be used in 2015?

12:15 – 12:45 PM

Approaching HER2: Moving Beyond Trastuzumab

Maria Theodoulou, MD

In a decade where the understanding of Her2neu biology has saved lives from Her2neu over-expressing metastatic breast recurrence as well as successful management and treatment of patients with Her2neu over-expressing metastases, there are still countless women and men who still recur after adjuvant therapy and progress after treatment for their metastatic disease. Bench research continues to unlock the doors of Her2neu breast cancer, blocking extra-cellular and intra-cellular pathways, developing biologic conjugates that deliver cytotoxic drugs to the cells, and optimizing potentiation of treatment via targeted cocktails.

12:45 – 1:45 PM Lunch Time with Vendors in the Exhibit Hall



1:45 – 3:45 PM

CONCURRENT SESSIONS - CHOOSE ONE OF TWO LEARNING TRACKS

1:45 – 3:45 PM

LEARNING TRACK #1

Track Moderator: John L. Bell, MD, FACS

1:45 – 2:15 PM

PRO/CON: T1cN1 Tumors Are Appropriate Candidates for Neoadjuvant Treatment Regardless of Operability

PRO: Mahmoud El-Tamer, MD, FACS

CON: Seema A. Khan, MD

Khan: The purpose of neoadjuvant therapy based on present evidence is to enable breast conservation in women who desire it but tumor size or breast size would not allow it. In this setting, neoadjuvant therapy can reduce tumor size to the point where breast conservation is feasible, with acceptable cosmetic results. There is no evidence to date that neoadjuvant therapy has any other favorable effects in routine clinical practice, and it may in fact have adverse effects by rendering the pathologic staging ambiguous, particularly with regards to lymph node status and radiation planning, and rendering ineligible patients who would otherwise be eligible for adjuvant therapy trials with novel agents, with the loss of any potential survival advantage afforded by such agents. There are therefore good reasons to adhere to the evidence-based standard of using neoadjuvant therapy only when necessary to enable breast conservation.

El-Tamer: Prospective randomized trial has shown similar survival rate but more frequent breast conservation when comparing neoadjuvant to adjuvant chemotherapy in operable breast cancer. Is there any indication for neoadjuvant chemotherapy in breast cancer patients with T1cN1 tumors? This presentation will address the indications and benefits of neoadjuvant treatment in clinical stage T1cN1 breast cancer patients.

2:15 – 2:45 PM

PRO/CON: Adjuvant Chemotherapy Is Recommended for the Woman with Persistent Disease After Neoadjuvant Chemotherapy

PRO: William M. Sikov, MD

CON: Susana M. Campos, MD, MPH

The woman with a complete response from primary (or neoadjuvant) chemotherapy can be expected to do quite well. However, for the patient with extensive residual viable disease in the breast and/or regional nodes the risk of disease recurrence is particularly high. To date, there is no consensus on whether or not such patients benefit from further chemotherapeutic treatment. In this session we will consider the use of further treatment weighed against a rationale that further treatment should be avoided. Recent, ongoing and planned trials addressing this issue will be discussed.

Track Moderator: Balazs Imre Bodai, MD

2:45 – 3:15 PM

PRO/CON: I Want A Bilateral Mastectomy

PRO: Anke Young, MD, PhD

CON: Jennifer Gass, MD, FACS, NCBC Conference Co-Chair

Any woman who is newly diagnosed with a unilateral breast cancer will worry about contralateral breast cancer. Often guided by family and friends they will request a bilateral mastectomy. This decision is often driven by fear and not by medical facts. How do we best address the patient's well founded concerns about increased risk for contralateral disease and their frustration with frequent radiological surveillance and diagnostic interventions? Our role as breast cancer specialists should be to clearly outline medical facts explaining that overall survival is rarely affected by prophylactic mastectomy in patients with invasive unilateral cancers. However we also need to take into consideration the patient's strong convictions and recognize the emotional relief patients experience after prophylactic mastectomy. As a reconstructive surgeon our role is to educate patients about all possible options of reconstruction including nipple sparing mastectomy and guide patients who are not good candidates for prophylactic mastectomy to a less invasive treatment plan.

3:15 – 3:45 PM

PRO/CON: Why Breast Surgeons Should Perform Breast Reconstruction

PRO: Beth B. DuPree, MD, FACS

CON: Kayvan T. Khiabani, MD, Msc, FRCSC, FACS

Dupree: Breast reconstruction should not be a luxury afforded to women only in urban settings where there is a glut of reconstructive /plastic surgeons. Rural United States and other countries are lacking in surgeons willing to perform breast reconstruction post mastectomy, therefore a needs exists for breast surgeons to perform breast reconstruction. The most challenging part of the reconstruction is the cancer operation that precedes it.

Khiabani: Reconstructive breast surgery is among the most complicated and taxing challenges a plastic surgeon faces. As in most other cosmetically related operations, the modern internet-informed survivor demands perfection, resulting in substantial litigation risk if expectations are not met. Without extensive training and experience, including complex tissue-transfer management of complications, the breast surgeon is at a distinct disadvantage compared to his/her plastic surgical colleagues.

LEARNING TRACK #2

Track Moderator: Blake Cady, MD, FACS

1:45 – 2:15 PM

A Primer On Integrative Medicine

Linda A. Lee, MD

Modern medicine has made great strides in the treatment of cancer. Sometimes treatment is so focused on disease eradication that the overall health of the patient may be easily overlooked. Disabling side effects affecting physical and emotional well-being must be addressed during and after cancer therapy. Integrative medicine allows development of an individualized approach unifying the best of modern medicine and nutrition with evidence-based healing practices.

2:15 – 2:45 PM

Compassion Fatigue, Stress and Distress

Barbara Rabinowitz, PhD, MSW, RN

In this session attendees will be afforded an in-depth view of the work-related issues that can engender increased stress and compassion fatigue. Additionally, techniques will be offered that they many incorporate back on home base to decrease these stressors and serve to improve the working environment.

2:45 – 3:45 PM

Can Genomics Inform Breast Cancer Outcomes?

COL Craig D. Shriver, MD

Gene expression profiling and related molecular tools have entered the research and clinical realms of breast cancer decision making. This session will update participants on the latest information and guidelines regarding the use of genomics in breast diseases and cancer diagnosis, prognosis, and therapy selection.

"Excellent topics and speakers... The tracks were a great way to utilize a team approach to getting a tremendous amount of information in a short period of time."

**Martha Thompson, RN
Center Valley, PA**





Track Moderator: Shahla Masood, MD, FCAP, MIAC

4:15 PM

Inspiration Award Presentation

Cary S. Kaufman, MD, FACS

4:15 - 4:45 PM

Journal Club

Session Moderator: Lawrence Gardner, MD, FRCS(c), FACS

with Yuri R. Parisky, MD, Barbara Rabinowitz, PhD, MSW, RN, Melvin J. Silverstein, MD, FACS

Do you ever wonder what NCBC leaders read in their spare time? In this session, three members of our prominent faculty will share with you a pithy article that is making an impact on their practice, outlook, or philosophy.

4:45 - 5:45 PM

Golden Girls: The Approach to Breast Health in the Woman Over 70

Session Moderator: Don Dizon, MD, FACP, NCBC President

with Gary M. Levine, MD, Kevin S. Hughes, MD, FACS and Brigid O'Connor, MD, PhD

The approach to breast cancer in the elderly woman requires special consideration. Issues regarding screening, diagnosis and treatment modalities all must be considered in light of any existing medical problems, expectations on survival (with and without breast cancer), projected benefits and risks of treatments, and the patient's own goals of her own care. In this session, we will take a multimodal evidence-based look at the approach to breast health in the woman over 70.

5:45 PM

Closing Remarks

Jennifer Gass, MD, FACS, NCBC Conference Co-Chair

5:45 PM Reception and Time with Vendors in the Exhibit Hall

BE SURE TO VISIT OUR VENDORS IN THE EXHIBIT HALL!

Sunday	Monday	Tuesday	Wednesday
12:00 – 2:00 PM	10:00 – 10:45 AM	9:45 – 10:45 AM	9:45 – 10:15 AM
	12:45 – 1:45 PM	12:45 – 2:00 PM	11:15 AM – 12:15 PM
	3:45 – 4:15 PM		
	5:45 PM		

Learn.

Earn up to 40 continuing medical education credits for nurses, physicians and radiology technologists. Become a Certified Breast Patient Navigator, Clinical Breast Examiner or BSE Instructor. Learn the latest technologies and techniques from vendors.

Network.

Mingle with the breast healthcare field's best and brightest. Meet face-to-face with hundreds of professionals from around the world.

Relax.

Advancing your career doesn't have to be a dull experience. Just steps from your hotel room lies a city of world-class entertainment, fine dining, and unparalleled night-life. Attend courses and seminars during the day, and pamper yourself at night.

"All of the speakers were excellent... Great conference! Very helpful information for a beginning breast center director like me."

**Lori Alfonse, DO
Norristown, PA**



"Very well-organized conference, excellent facility, comprehensive vendor displays!"

**Martha Thompson, RN
Center Valley, PA**



6:15 – 7:15 AM Breakfast Symposia

AM Plenary Moderator: Colleen Johnson, RN, NP, CBPN-C

7:30 – 7:45 AM

Introduction/Opening

Cary S. Kaufman, MD, FACS

7:45 – 8:15 AM

Secrets of a Successful Breast Center

Gary M. Levine, MD and Deborah Buntin, RN, MPH

This session will be packed with helpful hints regarding the formation of a successful multi-specialty breast center. Topics which will be discussed include how to make high-quality breast imaging both efficient and profitable, the importance of patient reporting, tracking and data collection and optimizing communication between subspecialties. The importance of patient-centered care and the role of a Nurse Navigator will be discussed.

8:15 – 9:15 AM

Approaching Metastatic Breast Cancer

Session Moderator: Susana M. Campos, MD, MPH

with William Douglas Boswell, Jr., MD, FACR, Lillie Shockney, RN, BS, MAS, CBPN-C, NCBC Conference Co-Chair, and Don Dizon, MD, FACP, NCBC President

Boswell: Radiologic assessment of patients with metastatic breast cancer is a daunting task understanding the myriad of imaging tools one has at their disposal – plain films, ultrasound, CT, MRI, nuclear studies, and PET/CT. A logical and systematic approach is necessary for the patient to be best served. Understanding the strengths and weaknesses of each technique is crucial. Are they beneficial? Do they provide new and unique information? Are they additive or are they just one more test?

Shockney: Informing a woman she has metastatic breast cancer can be one of the hardest conversations to have with a patient. How this information is communicated can have an impact on her ability to understand her diagnosis, what it means, what treatment she will agree to have, as well as her emotional well being in adjusting to a life threatening diagnosis that will be now treated as a chronic disease. Learn ways to express yourself as a clinician in having such a profound conversation so that you can provide the information in a way that it will “be heard” and a treatment plan can be created with your patient’s active participation.

Dizon: Women whose breast cancers recur must re-focus their energies on multiple fronts. However, while the disease is not curable, it is controllable and statistics show that more and more women are alive with disease. The approach to women with metastatic breast cancer requires much more thought than a focus on treatment options. This session will emphasize several issues for the clinician caring for women with breast cancer, to bring the psychosocial dimensions of living with a chronic illness like metastatic breast cancer in line with the medical issues of determining extent of disease and discussing treatment options.

9:15 – 9:45 AM

Breast Ultrasound: Who Should be Holding the Probe?

William R. Poller, MD, FACR and Beth B. DuPree, MD, FACS

The debate continues regarding who should be performing ultrasound guided breast biopsies. This session will prove to be not only informative but entertaining as two physicians, equally passionate about breast care, present their views of the use of ultrasound in the diagnosis of breast disease.

9:45 – 10:45 AM Break Time with Vendors in the Exhibit Hall

10:45 – 11:45 AM

CONCURRENT SESSIONS
CHOOSE ONE OF TWO LEARNING TRACKS

10:45 – 11:45 AM

LEARNING TRACK #1

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Track Moderator: Vladimir Lange, MD

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Concurrent Sessions Continue at Top of Next Page



11:45 AM – 12:45 PM

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11:45 AM – 12:45 PM

LEARNING TRACK #1

Track Moderator: Gerald Kolb, JD

11:45 AM – 12:15 PM

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PRO: Anke Young, MD, PhD

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LEARNING TRACK #2

Track Moderator: Shireen L. Braner, PA, RT, (R)(M)(QM), CBEC, CBPN-C

11:45 AM – 12:45 PM

Can Genomics Inform Breast Cancer Outcomes?

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12:45 – 2:00 PM Lunch Time with Vendors in the Exhibit Hall

PM Plenary Moderator: COL Craig D. Shriver, MD

2:00 – 3:00 PM

State of the Art of Healing: Integrative Breast Cancer Care Delivery

Beth B. DuPree, MD, FACS

State-of-the-art cutting edge Western medical care of breast cancer patients is the standard that we all strive to achieve in our clinical practices. The opportunity for healing is often overshadowed when technology is the bond between the patient and their physicians. Blended medicine, i.e. complementary modalities, can be the path to not only stronger relationships with patients, but to better outcomes.

3:00 – 3:30 PM

Minimally Invasive Percutaneous Breast Cancer Cryoablation

Gary M. Levine, MD

Widespread utilization of screening mammography has dramatically altered the clinical presentation of breast cancer. Breast carcinoma is now being discovered when still small and non-palpable. This trend toward earlier diagnosis through screening has resulted in improved breast cancer survival rates. In concert with earlier detection, there has been an evolution toward less invasive local management of breast carcinoma. Current research is actively investigating the feasibility of the percutaneous in-vivo ablation of small, unifocal invasive breast cancers with the hope of obviating the need for surgical intervention altogether in a subset of cases. Our research suggests that in selected "early breast cancers," minimally invasive percutaneous tumor cryoablation may prove to have the same therapeutic benefit as lumpectomy, but with less morbidity, improved cosmesis and less cost to society.

3:30 – 4:30 PM

3D Histology Images Help Us Understand Complex Breast Diseases

Laszlo Tabar, MD, FACR(hon)

Modern imaging tools, breast MRI included, are of great value in the preoperative mapping of the true extent of breast cancer, and are an essential factor in treatment planning. Adequate correlation of the imaging findings with the underlying histology requires large thin section and large thick section, subgross (3D) histologic examination. Large section histology enables the examination of about 65 cm² of contiguous tissue; in comparison, standard glass slides cover an area of only about 5 cm², greatly limiting a reliable evaluation of tumor size and extent. The piecemeal reconstruction of a tumor's size, shape and margins, which every pathologist must perform mentally, can hardly be considered to provide a realistic 1:1 correlation with modern imaging methods, such as mammography, breast ultrasound and MRI. Large section histology leads to a more accurate documentation of the main tumor and the surrounding tissue which may contain additional invasive and/or in situ cancer foci and a more accurate assessment of the margins. Correlation of the imaging findings with 3D histology enables us to understand the complexity of certain breast cancer subtypes, such as multifocal, combined invasive and in situ cancers, the different types of micropapillary carcinoma in situ, but also, it is of great help in understanding the hyperplastic breast changes that may mimic the imaging appearances of breast cancer.

4:30 – 5:30 PM

Multidisciplinary Tumor Board Demonstration & Interaction

Session Moderator: Kristie Bobolis, MD

with William M. Sikov, MD, Brigid O'Connor, MD, PhD, John L. Bell, MD, FACS, William R. Poiller, MD, FACR, Colleen Johnson, RN, NP, CBPN-C,

Anke Young, MD, PhD, J. B. Askew, Jr., MD and Deborah Stewart, RN, BSN

Providing care to newly diagnosed patients with breast cancer requires coordination of multiple disciplines. Appropriate workup and management may involve numerous subspecialties including radiology, surgery, pathology, medical oncology, and radiation oncology. Additional supportive services vital to providing coordinated care for patients include nursing, social services and genetic counseling. The value of a multidisciplinary approach will be highlighted in the presentation of cases which detail step-by-step management from initial physical findings, imaging to diagnostic approaches and management.

5:30 PM

Closing Remarks

Don Dizon, MD, FACP, NCBC President

5:30 PM Conference Ends for the Day



6:15 – 7:15 AM Breakfast Symposia

7:30 – 7:40 AM

Introduction/Opening - General Membership Meeting

Don Dizon, MD, FACP, NCBC President

7:40 – 7:50 AM

Urban Unrest: The Breast Center in Academia

Jennifer Gass, MD, FACS, NCBC Conference Co-Chair

Health Care professionals travel to national meetings hoping to bring back to their own institution treatment and administrative pearls that lead to the enhancement of the comprehensive care of breast center patients. Unfortunately our own environs differ from those that extoll the wisdom with which we return. How do we integrate what we hear at a conference on home base, when it is an academic center?

7:50 – 8:15 AM

Why Mammography Works: A Critical Appraisal of the USPSTF Guidelines

Blake Cady, MD, FACS

In November 2009, the U.S. Preventive Services Task Force (USPSTF) published a paper detailing model estimates of potential benefits and harms to women screened for breast cancer with mammography. Specific evidence will be presented to counter the assertions of the USPSTF statement.

8:15 – 9:15 AM

Sophisticated Multimodality Breast Imaging will Save More Lives

Laszlo Tabar, MD, FACR(hon)

The prerequisite for a significant improvement in the outcome of women with screen detected breast cancer is that adequate treatment is given to these patients; in particular, that the malignant tissue be completely removed from the breast. For this to succeed, precise preoperative characterization of screen detected breast cancers has become a crucial step when choosing the therapeutic pathways. An unambiguous description of the tumor burden requires the use of two essential terms: the size(s) of the invasive carcinoma focus/foci and the full extent of the disease within the breast. Both measurements should be based on integration of imaging and histology findings. The extent of the disease should be defined as the full volume of diseased tissue, including the invasive and in situ tumor foci as well as vessel involvement. The tumor burden will be accurately represented by the size of a single focus in unifocal cancers, which comprise the minority of cases. Two large studies which examined serial sections found unifocal cancers in 34% and 37% of the cases, respectively. The majority of breast cancer cases are thus multifocal and the actual tumor burden cannot be adequately described by a single tumor diameter measurement. The multifocal tumors may be of limited extent (approximately 20% of all breast cancers) and most of these will still be suitable for breast conserving surgery. The remaining 40% of all breast cancers are either extensively multifocal or diffuse. The use of multimodality imaging techniques, including the mammographic workup, ultrasound examination and breast MRI in combination with percutaneous needle biopsy can provide a precise preoperative description of the disease and its extent and localization in most cases. A properly performed and interpreted breast MRI examination is particularly valuable for preoperative tumor mapping. Multifocal and diffuse breast cancers have a significantly higher lymph vessel and lymph node involvement and the fatality rate is three times higher among the multifocal and diffuse breast cancers compared to unifocal and limited multifocal tumors. The use of sophisticated multimodality breast imaging will assist in complete removal of the diseased breast tissue in a curable stage, thus, hopefully, resulting in further decrease in breast cancer death.

9:15 – 9:45 AM

Mountains to Molehills

Diana Bruno Himwich

Breast Center leadership is charged with a grand dream and a vision to realize and sustain. On the other hand, organizations and individuals have considerable gravitational pull back to prior thinking and approaches to how clinical, administrative, and operational decisions are deliberated, made, and implemented. Thus, when the dream is challenged and obstacles arise, how do you inspire colleagues and acquire a shared perspective?

9:45 – 10:15 PM Break Time to Visit with Vendors in Exhibit Hall

10:15 – 11:15 AM

Quality 2010

Cary S. Kaufman, MD, FACS, Jeffrey Landercasper, MD, and Richard Ellis, MD

The number of quality assessment programs (and their acronyms) are rapidly expanding: NQMBC, NAPBC, Mastery Program, PAAROT, QOPI, CAP, PQRI, RQRS, etc... We will review what's out there and provide practical suggestions as to what your breast center should be measuring now.

11:15 AM – 12:15 PM Lunch Break and Last Time to Visit with Vendors in Exhibit Hall



"Excellent networking... Great event! Thank you for all your efforts!"

*Lynn Griesmaier, RN, MS, CBPN-C
Woodstock, IL*

"Great speakers and subject matters. Great overall conference!"

2009 Attendee





Survivorship Symposium

12:15 - 4:45 PM

As professionals have brought their expanding clinical knowledge base and their compassion forward on behalf of improving care for women with breast cancer over the years, we have been rewarded by women's acknowledgement of the value of these changes and improvements. However, sitting back on the laurels of advances in diagnostics, surgery, adjuvant therapies, and even in patient navigation is not enough. It is time, as acknowledged by the Institute of Medicine, that the healthcare community deal with the shift in caring needs as our patients move from "cancer patient" to "cancer survivor" and not leave them "lost in transition".

This NCBC Survivorship Symposium has been planned to offer an intensive view into the world of cancer survivorship. Lectures and discussions will focus on many of the vital life issues that survivors face and with which they grapple. For this session, NCBC brings together experts in these domains and book-ends these meaningful educational forays with an overview with which to begin a look at an example of a program at session end with which health care providers and programs can help our patients, who count on us to "be there for them" and to do the right things as they continue their journey into survivorship.

Segment Moderators: *Barbara Rabinowitz, PhD, MSW, RN and Michael Krychman, MD, FCOG*

12:15 – 12:45 PM

Overview: The Emotional Landscape in Survival

Barbara Rabinowitz, PhD, MSW, RN

Beginning with the Institute of Medicine report (From Cancer Patient to Survivor: Lost in Translation) and increasingly since that time, the healthcare community has expanded its understanding regarding the wholeness of cancer survivorship. While the entire afternoon symposium will cover multiple aspects of the Survivorship domain, this particular session will present information on the emotional issues that may surface for the cancer survivor and provide comment on how the healthcare provider can be a resource.

12:45 – 1:15 PM

Sexual Health and Well-Being: Emphasis on Therapeutics

Michael Krychman, MD, FCOG

The participant will be aware of the common sexual complaints that many breast cancer survivors and their partners face. Emphasis will be on diagnostic assessment and will focus on sexual medicine and sexual psychological therapeutics.

1:15 – 1:45 PM

Fertility in the Survivor

Lindsay Nohr Beck

The objectives of the talk on Breast Cancer & Fertility are threefold. First, we will ground the science in the human perspective by sharing the patient's perspective. Second, a general overview of breast cancer and fertility will be provided, including fertility risks, fertility preservation and parenthood options, and the safety of pregnancy after breast cancer. Lastly, we will provide helpful tips and tools, including Fertile Hope resources, to put what you learn into practice following the meeting.

1:45 – 2:30 PM

Pregnancy in Survivorship

Teresa Gilewski, MD

This session will review the available information regarding various aspects of pregnancy following a diagnosis of breast cancer: safety, impact of adjuvant therapy, fertility issues.

2:30 – 3:00 PM 30-Minute Break

Segment Moderators: *Barbara Rabinowitz, PhD, MSW, RN and Michael Krychman, MD, FCOG*

3:00 – 3:30 PM

Bone Health: Vitamin D, Bisphosphonates and Exercise

Linda A. Lee, MD

Bone health is important for everyone, including those who have or have had cancer. Yet it is often ignored in those who are chronically ill. Factors contributing to osteoporosis and osteopenia will be discussed along with current management strategies.

3:30 – 4:30 PM

The "Physician as the Patient/Survivor"

Teresa Gilewski, MD

Optimal care of patients with cancer requires an integration of the scientific and humanistic aspects of medicine. The humanistic component may at times be particularly challenging. Physicians who provide health care, yet have experienced illness personally, can broaden awareness of this issue. A film will be shown that highlights the insights of these physicians regarding the value of a humanistic approach.

4:30 – 4:45 PM

Summary/Evaluations/Challenge for Continuation

Barbara Rabinowitz, PhD, MSW, RN and Michael Krychman, MD, FCOG

4:45 PM Conference Ends