Hereditary Breast and Ovarian Cancer: 2010 Update

Saturday, March 20

7:15 – 8:15AM
Breakfast

8:15 – 8:30AM
Welcome/Introduction/Course Overview
Kevin S. Hughes, MD, FACS

8:30 – 9:15 AM
Hereditary Breast and Ovarian Cancer: How Big a Problem and How Far Have We Gotten?
Kevin S. Hughes, MD, FACS
The number of individuals with BRCA1 and BRCA2 mutations is not small. While major decreases in the morbidity and mortality of cancer could be obtained if these patients were identified before they developed cancer, we have made little progress in this area. This talk will discuss the large numbers of individuals who remain unaware of their status, and discuss approaches to large-scale identification.

9:15 – 10:00 AM
Overview of Hereditary Cancer Genetics
David M. Euhus, MD
This session will provide a graphic overview of genes involved in hereditary cancer development and describe common and uncommon hereditary cancer syndromes.

10:00 – 10:30 AM Break

10:30 – 11:30 AM
What's New in Hereditary Breast and Ovarian Cancer
Steven Narod, MD, FRCPC
Well into the second decade of BRCA testing, data accumulates regarding individual carriers of deleterious mutations. This session will provide an update of current knowledge, including factors that modify expression of these genes.

11:30 AM –12:00 PM
Quantitative Risk Assessment: The Models
David M. Euhus, MD
There are several models for assessing breast and ovarian cancer risk. This session will describe the origins, strengths and limitations of the commonly used risk prediction models.

12:00 – 1:30 PM
The Long and Winding Road of Cancer Genetics: How We Got Here and What I Have Learned Along the Way
Lunch Speaker: Henry T. Lynch, MD
From his unique perspective as a pioneer in the field of cancer genetics, Dr. Lynch will describe the discovery of hereditary breast and ovarian cancer, the identification of the BRCA genes and current status of BRCA testing, as well as a look at the future of this field.

1:30 – 2:30 PM
Panel Presentation: Large Scale Identification of High-Risk Women
Moderator: Constance A. Roche, MSN, ANP-BC, APNG with Dana Dowd, RN, MS, WHNP-BC, Mary E. Freivogel, MS, CGC, Taryn Schiripo, MS, LGC, and Rebecca Sutphen, MD, FACMG
Assessing risk for individuals is now commonplace, but the majority of high risk individuals and their providers are unaware of their status. The panelists will present approaches to identifying high risk women on a large scale in breast imaging and clinical settings.

2:30 – 3:15 PM
The High-Risk Clinic: How to Build One
Patricia Gordon, RN, MSN, OCN
This session will address the necessary components for the establishment of a high risk clinic, discuss various staffing models, and administrative issues to be considered.

3:15 – 3:45 PM Break

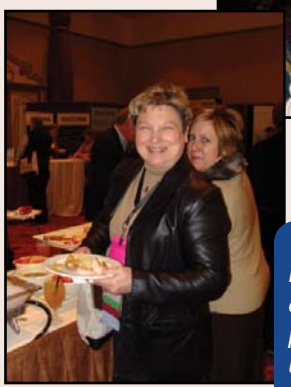
3:45 – 4:30 PM
What About the Ovaries?
Mark H. Greene, MD
Women at risk often enter BRCA counseling concerned about breast cancer risk, but learn that ovarian cancer may pose a far greater risk to their health. This session will address ovarian cancer risk in BRCA mutation carriers, current and possible future screening measures and the status of research on optimum management approaches.

4:30 – 5:15 PM
Panel of Experts
Moderator: Constance A. Roche, MSN, ANP-BC, APNG with Patricia Gordon, RN, MSN, OCN and Drs. Hughes, Euhus, Narod, Lynch and Greene
Speakers will address audience questions about presented and related topics.

5:30 – 6:30 PM Reception

"Another outstanding conference! Each year keeps getting better!"

Stephanie Streed, RNC
Billings, MT



*"Excellence at its best! First time conference attendee, and I was **very** pleased I came! One of the best conferences I have ever attended as a 30+ year medical provider."*

Trish Way, NP
Farmington, CT

Hereditary Breast and Ovarian Cancer: 2010 Update

Sunday, March 21

7:00 – 8:00AM
Breakfast

CONCURRENT SESSIONS
OFFERED AT 8:00 AM AND REPEATS AT 9:00 AM

8:00 – 9:00 AND 9:00 – 10:00 AM
Nuts and Bolts: Tools for Setting Up a Risk Clinic
Stephanie Cohen, MS, CGC
Establishing a cancer genetics clinic can bring with it many challenges. However, there have been many high risk clinics that have been successfully running for many years, so why reinvent the wheel? This workshop will focus on the specific tools (i.e.: billing, forms, questionnaires, etc.) necessary for program development.

8:00 – 9:00 AND 9:00 – 10:00 AM
Risk Clinic Software
Brian Drohan, John Sharko, Christine Lawrence
There are numerous programs available for use in the risk assessment clinic, and it is not always easy to determine which software to invest in and which is most appropriate in a given situation. This workshop will focus on the use of an integrated open-source software package that is interoperable with most other major systems. Software is available free, and its use in the risk clinic will be discussed, and demonstrated. Bring your laptop!

8:00 – 9:00 AND 9:00 – 10:00 AM
Challenging Cases: Ask the Experts
David M. Euhus, MD and Victor G. Vogel, MD, MHS, FACP
Making clinical recommendations for high risk women is challenging particularly when risk status is uncertain. Nevertheless, we are called on to advise. Participants are invited to submit challenging cases for the experts to sort out and discuss.

8:00 – 9:00 AND 9:00 – 10:00 AM
Hot Topics/Beyond the Basics
Mark H. Greene, MD
Beyond the basics, this session is an opportunity to get answers to your questions about the details of your patient's testing report and to get answers to your questions about variants, SNP's and BART testing, and new areas of genetics including PGD (preimplantation genetic diagnosis).

10:00 - 10:15 AM Break

10:15 – 11:00 AM
Hereditary Breast and Ovarian Cancer: Prevention, Screening and Medical Management
Victor G. Vogel, MD, MHS, FACP
Current options and guidelines for BRCA mutation carriers will be discussed.

11:00 – 11:45 AM
Counseling and Spreading the Word
Henry T. Lynch, MD
The goal of cancer risk counseling is to provide information to help identify and guide individuals and families who are at increased risk. This session will address strategies to accomplish that.

11:45 AM – 12:00 PM
Hereditary Breast and Ovarian Cancer: What's Next?
Steven Narod, MD, FRCPC
The pre-conference will conclude with a brief discussion about current and future areas of research and potential impact on the lives of affected families.

"Courses were all very meaningful... Loved how experts were able to share their opinions."

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

12:00 PM Hereditary Breast and Ovarian Cancer: 2010 Update Pre-Conference Course Ends

Emerging Imaging Technologies in 2010: The Frontier and Beyond

Saturday, March 20, 2010

6:15 – 7:15 AM
Breakfast

7:15 – 7:30 AM
Introduction/Opening
Jay R. Parikh, MD, FRCP(c), FSBI, FACPE, FACR

7:30 – 8:00 AM
Mobile Digital Mammography
Robyn L. Birdwell, MD, FACR
What do we know about the successful employment of mobile mammography? How is digital impacting the use/acceptance of this tool? What are some of the hidden details that must be addressed prior to initiation of this important health care initiative to reach underserved or remote populations?

8:00 – 8:30 AM
Stereoscopic Digital Mammography
Carl D'Orsi, MD, FACR
The problems related to detection and the basis of stereo mammography will be described. The results of a prospective trial comparing 2D digital mammography with stereo digital mammography using specificity and sensitivity for lesion detection as an endpoint will be presented.

8:30 – 9:00 AM
Clinical Experience With Digital Tomosynthesis
Stamatia Destounis, MD and William R. Poller, MD, FACR
Digital tomosynthesis is available for research purposes only, and is believed to be the next generation of digital mammography. Abnormalities in the breast can be obscured by overlapping dense tissue. Digital tomosynthesis eliminates tissue overlap allowing for better visualization of individual structures within the breast. Tomosynthesis units are built on a platform similar to what is on the market today for mammography and the images are similar to mammography. The reconstructed image display at the workstation enables the reader to scroll through the breast slices while utilizing all the soft copy review station tools. An overall experience to date will be discussed with examples.

9:00 – 9:30 AM
Dedicated Breast CT: Will it Get to Prime Time?
Carl D'Orsi, MD, FACR
The principles of dedicated breast CT will be described including potential benefits.

9:30 - 10:00 AM Break

10:00 – 10:30 AM
Screening and Automated Ultrasound of the Breast
Stamatia Destounis, MD
Screening Ultrasound can be beneficial in women with a positive family history, women having extremely dense or heterogeneously dense breast patterns. Automated Breast Ultrasound systems (ABS) offer 3 dimensional imaging, with the patient comfortably positioned in the supine position. There are few ABS systems available that utilize a wide field of view and a high frequency transducer to acquire large format images which include the nipple for accurate anatomic reference. Three dimensional reconstructions combine frames to eliminate random variation and the completed cases can be saved and stored for later review allowing the radiologist reading flexibility. The ABS systems can provide consistent reproducible 3D images for visualization of areas of concern in the breast. Investigations are being conducted to determine the utility in high risk populations such as patients with dense breasts and patients having a personal or family history of breast cancer.

10:30 – 11:15 AM
Emerging Ultrasound Technologies
Bruce A. Porter, MD, FACR
Ultrasound (US) of the breast has played a key adjunctive role to mammography in diagnosis and biopsy of breast malignancies. Yet, it has remained for decades, a 2- dimensional, hand-held, time-intensive exam, which is underutilized and underappreciated as a result. Availability of substantially greater computer power and other advances now make automated 3D ultrasound a clinical reality and methods such as elastography promise to improve on the already good specificity of this important exam. Advances in ultrasound-guided biopsy techniques, with a variety of specialized needles further extend the value of US in breast cancer diagnosis and nodal staging.

11:15 AM – 12:00 PM
Panel Discussion - Emerging Technologies of Breast Mammography, Ultrasound, and CT
Jay R. Parikh, MD, FRCP(c), FSBI, FACPE, FACR, Robyn L. Birdwell, MD, FACR, Carl D'Orsi, MD, FACR, Stamatia Destounis, MD, Bruce A. Porter, MD, FACR
This presentation will focus on the potential integration of the previously discussed emerging technologies of breast mammography, ultrasound and CT in a breast center and how to optimize and maximize their utilization for various patient cases. Each panelist will contribute to the patient scenarios with respect to the imaging option they discussed to emphasize the pros and cons and best option as viewed by all panelists.

12:00 - 1:00 PM Lunch

1:00 – 1:30 pm
BSGI - Dilon Technologies
Bruce A. Porter, MD, FACR
Functional imaging methods for breast cancer evaluation have provided significant additional tools to complement the morphology-based exams such as mammography and CT; PET and PEM, as well as dynamic breast MR are two such studies. Breast scintimammography has been employed for many years and improvements in the technology and equipment now make this exam more clinically capable and increasingly available. One such tool is Breast Specific Gamma Imaging (BSGI). This talk reviews briefly the history of breast gamma imaging and illustrates its developing role in a heavily breast MR oriented, high cancer volume practice.

1:30 – 2:00 pm
Positron Emission Mammography Continuing Progress
James V. Rogers III, MD
Positron Emission Mammography (PEM) is gaining a foothold in the evaluation of patients with a new diagnosis of breast cancer who are considering breast conservation surgery. PEM is a competitive imaging modality with MRI for the evaluation of multifocal, multicentric, and contralateral breast lesions. The unique characteristics of PEM include accurate localization of infiltrating ductal carcinoma, and holds promise for localizing the extent of lobular carcinoma. PEM has the unique advantage of effectiveness in the setting of dense breast tissue as well as accuracy that is not dependent on the timing of the menstrual cycle or HRT therapy. Experience with PEM identifies those candidates likely to be most benefited with this technique dependent upon ease of mammographic compression of the breasts and ability to see the posterior aspects of the breast with a compression technique. PEM offers the patient who is claustrophic an alternative to contrast MRI exam, and allows patients precluded from MRI exams with pace makers and other devices such as nerve stimulators an opportunity to evaluate the breasts preoperatively for unsuspected multifocal disease. PEM is an alternative for the patient with renal insufficiency to choose PEM for evaluation of multifocal disease and avoid the risk of nephrogenic systemic sclerosis. The role of PEM in evaluating DCIS is ongoing and will likely evolve with continued research in the optimized window of imaging for DCIS with understandings of the limitations of the technique especially with low grade DCIS. The role of PEM uptake values in correlation with tumor markers such as ER, PR, and Her2/neu may also play a role independently in the prediction of long term disease free survival.

2:00 – 2:30 pm
Molecular Imaging
Robyn L. Birdwell, MD, FACR
Moving from anatomic or structural imaging to that based on the actual molecular nature of the tissues/disease process offers exciting and perhaps limitless possibilities including the potential to detect "disease" before it can be recognized by our present imaging and clinical techniques.

2:30 - 3:00 PM Break

3:00 – 3:30 pm
Considerations and Recommendations PET-CT Role in Evaluation of Locally Advanced Breast Cancer
James V. Rogers III, MD
The use of PET-CT in initial staging of breast cancer remains a technology in evolution. The defining criteria for utilization of PET in staging by NCCN guidelines limits the role to locally advanced disease. The issues surrounding what constitutes locally advanced disease preoperatively, now includes additional information derived from Ultrasound directed FNA or core biopsies of axillary lymph nodes. This information likely expands the criteria for utilization of PET-CT imaging to evaluate for distant metastatic disease as well as an excellent modality to evaluate internal mammary lymph nodes which potentially upstages a patient to Stage III disease. This session will look at examples of how PET-CT imaging plays an important role in evaluating patients with preoperatively confirmed positive axillary lymph nodes or other suspicious clinical findings, and the significant impact PET yields when unsuspected metastatic disease is discovered and confirmed with biopsy results.

3:30 – 4:15 pm
Emerging MR Technologies
Bruce A. Porter, MD, FACR
Breast MR has developed into an increasingly standard tool for breast cancer diagnosis, pre-operative planning, and staging. This is especially true for high-risk patients, where it has proven capable of detecting small, node-negative tumors in these challenging patients, leading to expectations of better outcomes. The current and expected detection threshold for breast MR in cancers is on the order of 3-5 mm, which requires very high resolution imaging in all three planes. Recent advances in coil technology and software, together with greater demand for this exam have produced new hardware and software capabilities that improve detection, characterization and biopsy of very small and early breast cancers. An additional benefit is significantly improved assessment of axillary adenopathy and pre-operative staging.

4:15 – 5:00 pm
Panel Discussion - Emerging Technologies of Breast Nuclear, Molecular, and Magnetic Resonance Imaging
Jay R. Parikh, MD, FRCP(c), FSBI, FACPE, FACR, Bruce A. Porter, MD, FACR, James V. Rogers III, MD, Robyn L. Birdwell, MD, FACR
This presentation will focus on the potential integration of the previously discussed breast emerging technologies related to nuclear, molecular, and magnetic resonance imaging options in a breast center and how to optimize and maximize their utilization for various patient cases. Each panelist will contribute to the patient scenarios with respect to the imaging option they discussed to emphasize the pros and cons and best option as viewed by all panelists.

5:00 PM Emerging Imaging Technologies in 2010 Pre-Conference Course Ends

Breast Center Administration

NEW!

Saturday, March 20, 2010

6:45 – 7:45 AM
Breakfast

7:45 – 7:55 AM
Introduction and Moderator
Claudia Z. Lee, MBA

8:00 – 8:30 AM
One Stop Shopping: A Guide To Breast Cancer Clinic Survival In The New Economy
Dianne J. Kane RN, MS
Many academic centers, and a few community hospital-based breast centers have developed Multidisciplinary Breast Clinics (MBC) - "one stop shopping" for patients seeking either an initial consultation or a second opinion. In non-academic programs, this is a major undertaking because of medical staff issues, logistics and operations, reimbursement, legal ramifications, support services, follow-up, etc. This presentation will describe the lengthy, but successful journey at Intermountain Healthcare in Salt Lake City. Key strategies and critical success factors will be discussed. The MBC model is now being adopted by other site-specific cancers within the Intermountain system.

8:30 - 9:00 AM
Business Planning
Donna J. Boehm, RN, MSN, MPH
This session will present some basic information on how to write a business plan for your breast program and / or center. Topics to be covered are the components of a Business Plan, background statistics and financial information necessary for planning and how to actually put the plan in writing. Other information covered will be related to implementation and evaluation of the plan.

9:00 - 9:30 AM
Positioning & Marketing of Breast Health Products
Diana Bruno Himwich and Joe Calvaruso, MBA
Why do some breast centers become market leaders while others remain status quo or lose market share year after year? The answer can be found by studying business models of the nation's most successful breast health programs that have developed a strong brand identity. Diana Bruno Himwich and Joe Calvaruso will guide you through their innovative approach to translating a "brand promise" to market positioning. Diana Bruno Himwich and Joe Calvaruso are national leader in health care and innovation. The Himwich Group, Inc. along with their Italian-based center for innovation, Una Vita: Centro dell'Innovazione, have partnered with 500+ hospitals and healthcare systems.

9:30 - 9:45 AM Break

9:45 – 10:15 AM
"We're all in this Together" - Development of the Breast Center Team
Jane Berz, MSN, RN
This session will discuss key aspects of team development related to breast centers. This lecture will also identify potential sources of conflict and describe specific tools available for leaders to implement in the team building process. Discussion focus will be centered on creating a culture within the breast center that is excellence driven with a team approach.

10:15 – 10:45 AM
Deliver Effectively — Be Paid Appropriately: Things You Can Do Today to Improve Net Revenue
Gerald Kolb, JD
In a world of confusion and speculation over health reform, it is difficult to find a road map for managing into the future. The answer, as is so often the case, is to get back to basics. In this session the speaker will briefly discuss several concepts concerning both the efficient delivery of breast care, and billing for that care that can translate quickly into increased net revenue for the breast center — whatever direction healthcare reform takes. As important, the speaker will advocate for an important change in attitude that can create continual opportunities to make centers more effective.

10:45 – 11:15 AM
Design Heals: Holistic Design Processes for Hospital-Based and Satellite Breast Centers
Mark W. Vaughan, AIA, ACHA
Traditional hospital-based Breast Center models are expanding to include satellite facilities serving greater community or market catchment areas. With the emergence of satellite facilities and with the understanding that women are often the primary healthcare decision makers for families, hospitals have a unique opportunity to draw new patients through Breast Care Centers. These and other market trends are driving new ways of addressing the patient experience through design. This session will cover the holistic design process for Breast Centers including key design drivers such as the patient experience, evidence based design, sustainable design, the participatory design process, and medical equipment/technology impacts.

11:15 AM - 1:15 PM 2-Hour Break for Lunch

1:15 – 1:45 PM
Regional Breast Conference, Houston Texas
J. B. Askew, Jr., MD
After several years of a successful hospital-based breast conference, we incorporated several other hospitals into a quarterly regional breast conference to focus on difficult cases and lessons learned. The challenges, successes, and future opportunities will be discussed.

1:45 – 2:15 PM
The Delivery of Modern Breast Care in Small Town America
Joseph E. Rosen, MD
This talk will cover the special challenges, as well as the advantages, of providing quality breast care in a small, rural Vermont town. The need, start up experience, what is working and what still needs improvement will be discussed using the Brattleboro Memorial Breast program experience. How small breast care programs compare and contrast with larger urban centers will be discussed. The challenges going forward, especially in the modern era of cost effective health care will also be explored.

2:15 – 2:45 PM
The Impact of Diagnostic Discordance and False Economies in Pathology Practice on Patient Care
Michael D. Lagios, MD
Pathology practice has evolved dramatically to appropriately deal with image detected and biopsied breast abnormalities. However pathology practice despite numerous guidelines is far from uniform. The impact of pathology practice on patient care as it relates to concordance with imaging findings, ductal carcinoma definition and treatment, and diagnostic discordances in the interpretation of microscopic proliferative lesions will be discussed. Strategems to avoid error will be reviewed.

2:45 – 3:15 PM
Legal Issues for Breast Centers
R. James Brenner, MD, JD, FACR, FCLM
Although delay in diagnosis of breast cancer remains the most common reason for malpractice cases in the United States, studies show that the risk is usually overestimated by most radiologists and perhaps by other care providers. Nonetheless, certain recurrent issues arise that can be not only anticipated, but prevented when the consequences of suboptimal approaches are considered. Beyond interpretive errors in clinical or imaging circumstances (or treatment errors) which are usually attributed to a specific care provider, certain systematic issues arise in breast centers that will be considered including proper triaging, expectations and outcomes in transitioning to full field digital mammography, outcomes related to obtaining and comparing prior mammographic studies, prescribed imaging parameters for mammography, and issues regarding adjuctive ultrasound and MRI testing.

3:15 – 3:45 PM
Taking Your Breast Center to the Next Quality Level
Cary S. Kaufman, MD, FACS
This presentation will discuss planning for the next generation of breast centers. Responsibility now includes on-going measures of quality of breast care. Future payment may be related to the demonstration of surpassing expected levels of care and achieving superior performance. Consensus is needed and must be incorporated into the process to focus all available energy.

3:45 - 4:00 PM Break

4:00 – 5:00 PM
Round Tables
Discussion
Many new concepts are generated from the exchange of ideas with peers. During this informal, one-hour round table session, attendees will share success stories, methods used to overcome challenges, and identify the issues that may surface in the future administration of breast centers and their programs. Presession speakers will be available for questions and clarification.

5:00 PM Breast Center Administration Pre-Conference Course Ends