

Conference Faculty

Faculty Disclosure: Current guidelines state that participants in continuing medical education activities should be aware of any affiliation or financial interest that could affect the speaker's presentation(s). Faculty members have completed conflict of interest declarations and those potential conflicts will be listed in the course syllabus.

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Letter from the President

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Dear Colleagues,

As President, it is with sincere enthusiasm that I would like to invite you to our conference in 2006. This year will be better than ever! Thanks to the relentless effort of our Program Committee, we have been able to invite more speakers and incorporate more content than ever before. This year's program will offer the roll-out of our Clinical Breast Examination course, while still offering the Genetics Course organized by our Program Chair, Dr. Kevin Hughes, so that breast health care providers can learn from both.

We now have more than 500 breast centers and 1800 professionals as members. Every year, hundreds of attendees come to our conference to learn current concepts, discuss new ideas, and network. This is the best conference to learn about and learn from the whole breast health team. Please join us and get re-energized for another year!

Sincerely,

Jay R. Parikh, MD, FRCP(c)
President
National Consortium of Breast Centers

Letter from the Conference Chairman



Dear Colleagues,

We are all passionate about breast care. We strive to provide the best care possible. But there are limits to what an individual can accomplish working alone. Breast care is a team activity, and nowhere in medicine is it more obvious that the whole is greater than the sum of its parts. Holding our passion alone is good for the patient, but combining our passion with the passions of other professionals can lead to the best care possible. The purpose of this conference is to underscore and celebrate excellence in each discipline, but more importantly, to help bring disciplines together for exceptional care.

We hope you will join us for this special conference, a passion in common.

Sincerely,

Kevin S. Hughes, MD, FACS
Conference Program Chair
National Consortium of Breast Centers

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 32 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

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. **3/11/06 BSE Session-9.0 contact hours; 3/11-12/06 Hereditary Breast and Ovarian Cancer-13.0 contact hours; 3/12/06 conference-4.0 contact hours ;3/13/06 conference-8.0 contact hours; 3/14/05 conference-8.0 contact hours; 3/15/06 conference-4.0 contact hours.**

To receive the 9.0 contact hours for BSE, the attendee must attend the entire 8.0 hours of the Saturday conference session. To receive the 13.0 contact hours the attendee must attend the entire 11.5 hours of the Hereditary Breast and Ovarian Cancer sessions on Saturday and Sunday; to receive the 4.0 contact hours the attendee must attend the entire 4.0 hours of the Sunday conference sessions; to receive the 8.0 contact hours the attendee must attend the entire 7.0 hours of the Monday conference sessions; to receive the 8.0 contact hours, the attendee must attend the entire 8.0 hours of the Tuesday conference sessions and on Wednesday to receive the 4.0 contact hours the attendee must attend the entire 4.0 hours of the conference sessions. 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 credit. Each contact hour is equal to 50 – 60 minutes and is awarded 1 credit. This program is relevant to the radiologic sciences profession.

Conference Objectives

- Define the differences between a single modality and a multi-modality breast service
- Identify the significant operational issues and economic forces shaping breast-imaging facilities today
- Describe the essential operational and work flow differences when transitioning from an analog to a digital environment
- Describe the importance of developing a comprehensive performance—improvement program in a competitive market
- List at least 3 clinical quality measures that are being utilized by most breast centers nationally
- Identify measures that breast centers, no matter what their size or structure, would be able to proceed in measuring for themselves internally
- State resources available for assisting breast centers with benchmarking and statistically assessing their own quality of care
- Review fundamental legal principles involved in lawsuits for delay in diagnosis of breast cancer
- Describe systematic, effective, efficient methods of positioning
- Identify the essential components of a modern breast cancer center for diagnosis and treatment
- Describe malpractice risks for breast centers
- Cite differences in compliance with breast health care in three culturally diverse populations
- Review the current coding and billing mechanisms related to breast imaging now in place for Medicare and other payers
- Explain the genetic issues that may surface for women diagnosed young
- Analyze some of the advanced applications of digital mammography
- Discuss some barriers to widespread clinical use of digital mammography
- Compare basic information about hereditary breast and ovarian cancer
- State the issues to be addressed when providing genetic testing for cancer predisposition
- Discuss the possible management strategies for high-risk women
- Design an environment where the mammography technologist can ask questions about quality control and quality assurance
- Analyze potentials and limitations of different management patterns for diagnosis and treatment of breast cancer
- Identify two critical success factors for accommodating women with disabilities in breast imaging centers
- Utilize the "team approach" in resolving issues
- Analyze the physical and psychosocial aspects of having breast cancer, both at the time of diagnosis and during the years following treatment
- Identify the importance of communication and making the patient part of the decision making
- Assess how to implement grant writing and fund raising at your facility, identify resources and sources of funding
- Appraise the role of the NP and RN (advanced practice nurse) in a breast center
- Explain how to implement a "second opinion" program in a breast center
- State how to identify the high risk patients
- Explain the importance of patient/provider communication—know your patient understands everything she is being told
- Analyze the issues of instituting digital mammography, both financial and managing/maintaining the changes within the office
- Describe the current problems and future improvements in CAD
- List three common deficiencies and their prevention associated with the Mammography Quality Standards Act (MQSA)
- Identify a worthy project based on established gap or proven needs
- Discuss budget development, measurement, and reporting requirements
- Explore a variety of unique issues and politics commonly found in breast Centers
- Analyze the evidence demonstrating that early detection of breast cancer substantially decreases death from the disease
- Improve skills in the differential diagnosis of breast diseases through learning more sophisticated pathologic-mammographic correlation
- Integrate principles of cancer nursing practice into the continuum of breast cancer care
- Assess facility risks and identify areas where risks can be mitigated or prevented
- Describe and discuss monitors and statistics needed for staffing, capital equipment and operational decisions
- Evaluate the usefulness of breast MR imaging in the patient treated with breast conservation
- Recognize the importance of training and education to effectively address roadblocks to professional and personal growth
- State two administrative actions to optimize risk management and quality breast care
- Identify genes that are currently known to be related to hereditary breast and ovarian cancer
- Discuss factors that may impact on the risk of cancer in mutation carriers
- State how mutation carriers should be managed in a way that minimizes their risk
- Identify the roles of prophylactic surgery, chemoprevention and surgery
- List management strategies aimed at preventing cancer
- Cite approaches to taking and recording family history
- Discuss strategies to maximize the accuracy of the information provided
- Analyze the strategies to manage the cost of counseling and genetic testing
- Describe the gathering and use of risk data on a large scale
- Describe the organization of a risk clinic, and the extension to a multi state network of clinics
- Evaluate alternative ways to view family history data that may make interpretation easier
- Analyze the strengths and weaknesses of newer risk models to predict risk
- Discuss the implications for genetic testing and management
- Identify the known or suspected function of each gene, and how mutations in these genes relate to cancer development