NAPBC
Best Practices Webinar Series:
Quality in Action
Genetics Today
November 17, 2020

Webinar Series Chair:
Colette Salm-Schmid, MD, FACS

Moderator:
William Laffey, MBA
Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
Introducing Our Moderator

William Laffey, MBA
President, The Laffey Partnership
New Berlin, WI
Introducing Our Presenters

Karen S. Karsif, MD, FACS
Medical Director
Center for Breast Health
Good Samaritan Hospital
Suffern, NY

Catherine E. Pesce, MD FACS
Director of the Breast Surgical Program
NorthShore University Health System
Evanston, IL
Clinical Associate Professor
University of Chicago Pritzker School of Medicine
Chicago, IL
Introducing Our Presenters

Keisa Mansfield, MPA
Manager of Clinical Research and Genetics
Phoebe Cancer Center
Albany, GA

Theresa Weiss, MSN, RN
Genetics Nurse
Phoebe Cancer Center
Albany, GA
High Risk Screening Program

Karen S. Karsif, MD, FACS

Medical Director of the Center for Breast Health at Good Samaritan Hospital, Suffern, NY 10901
Who We Are

• CoC accredited since March 1998 as a Comprehensive Community Cancer Program

• NAPBC accredited since March 2015

• Breast cancers 2019:

✓ 168 analytic breast cancer cases
Best Practice

• The High Risk Program at the Center for Breast Health at Good Samaritan Hospital is a proactive approach to identify women during their breast imaging appointment who are at increased risk of developing cancer in attempt to intervene/modify risk prior to diagnosis.
• For the category of Genetics
Rationale

• **We tackled this issue** due to Nationwide problem of getting patients screened *

• **Needs addressed:**
  
  – Shortage of genetic counselors –
    in fact we had a vacancy in our department for almost a year
  
  – High percentage of patients of Ashkenazi Jewish descent in our demographic

• **Rationale:**
  
  – We wanted to positively impact our community by providing an efficient and effective practice in counseling and or testing patients who are at increased risk of developing cancer by making it part of our standard of care.

Implementation

- **Involvement:** Multi-disciplinary breast leadership team, Radiology department, Compliance/legal department, Space committee & Marketing/outreach department of Good Samaritan Hospital and Westchester Medical Center Health Network and Myriad laboratories including oncology account executive, genetic counselor, administration

- **Implementation:** Collaborated with Myriad team to run a baseline assessment through the Women’s Breast Imaging Center for patients at risk for hereditary cancer and presented the clinical and economic data to the committee.

- Established a workflow with multidisciplinary team and staff to become comfortable restructuring how we assessed, counseled and tested patients in the Imaging Center.

- Created intake forms, advertisements, marketing flyers, provided patient education and staff education.

- Held a Pilot testing period

- Compliance, staffing and COVID-19 were **barriers** we had to overcome.

- **Engagement:** Multiple meetings to emphasize benefits of early screening and continued education and outreach to patients and clinicians.
Value Added

• **Benefits gained**: witnessing how we have impacted our community in raising awareness in the advancements of genetics as well as the fulfillment we experience corporately and individually in providing our patients an outstanding preventative care service that can ultimately change their lives.

• We **monitor** the program monthly, ensuring every patient meeting criteria for testing is accounted for.

• **Tweaking** the program:
  --Appointments for test results with in-house genetic specialist were now made by staff prior to patient leaving Imaging Center for seamless continuum of care.
  --Grant was established for uninsured/underinsured patients once identified as High-Risk to cover genetic counseling and diagnostic imaging if indicated.

• It is still **relevant**.

• We **learned** that patience, persistence and passion can create life changing programs.
Planting Seeds for the Future

• The ease of implementing and maintaining program is a 7.

• This best practice can and should be applied to all breast related programs. In addition, we plan to expand to other primary and specialty practices.

• Breast related programs should implement this practice to provide education, hereditary cancer-risk assessment, genetic counseling and testing, individualized cancer screening and prevention programs. Being pro-active in risk-reduction measures such as aggressive surveillance via MRI’s or risk-reduction surgery should be standard of care.

• We learned that it takes a dedicated team that not only cares for patients health in that present moment but cares for their health in their tomorrows.
Does Cancer Run in Your Family?

Answers offered through the High-Risk Genetic Screening Program at the Center for Breast Health at Good Samaritan Hospital

Prevention Through Early Detection

You may have an inherited risk to develop breast and/or ovarian cancer if any of below applies to you or your family:

- Ovarian cancer at any age
- Breast cancer at any age
- Two or more primary breast cancer* within family
- Male breast cancer at any age
- Triple Negative Breast Cancer, BRCA, HER2-positive
- Breast cancer at young age
- Cancer history along with an HRC-associated cancer
- There’s cancer HRC-associated cancer at any age
- A genetically identified HRC syndrome mutation in the family

*Two or more relatives on the same side of the family

It’s a Family Affair

If you have a great great great grandmother, great grandmother, grandmother, mother, child, sibling, or first cousin with breast or ovarian cancer, you may have an inherited risk to the breast cancer due to a BRCA mutation.

Testing is the only way to identify your risk. Genetic counseling is free at Good Samaritan Hospital. To schedule, call 877-453-7277.

www.goodhs.org/screening for breast health

Hereditary Cancer

The Center for Breast Health at Good Samaritan Hospital

Now offering:

The BRCA test at your age
- Breast cancer at any age
- Two or more primary breast cancer* within family
- Male breast cancer at any age
- Triple Negative Breast Cancer, BRCA, HER2-positive
- Breast cancer at young age
- Cancer history along with an HRC-associated cancer
- There’s cancer HRC-associated cancer at any age
- A genetically identified HRC syndrome mutation in the family

*Two or more relatives on the same side of the family

Consulting with a genetic counselor is the best way to determine whether or not you are a candidate for genetic testing. Testing is free at Good Samaritan Hospital.

www.goodhs.org/screening for breast health

Familial Cancer

Cancer runs in families. People with familial cancer typically do not have relatives with the same type of cancer.

Sporadic Cancer

Cancer in families.

Reduce Cancer Risk Through Knowledge

One in eight women will be diagnosed with breast cancer. Many women believe breast cancer is hereditary, but that’s true only 1% of the time.

Minimize breast cancer risk: Focus on your diet, exercise, and healthy habits.

Medical history from both sides of a woman’s family is crucial in understanding risk.

Learn more.

Make informed decisions.

Don’t leave cancer to chance.

Frequently Asked Questions:

1. What is breast cancer insurance coverage?
2. How do you coordinate with my genetic counselor?
3. Are there any specific treatment options for breast cancer?

Please call our office for more information.

Variant of Uncertain Significance (VUS)

No clinical action has been definitively established in this family.

The presence of a VUS in your BRCA test result means that the variant has not been associated with an increased risk of breast cancer in other families. While it is not necessary to undergo additional testing to confirm your risk, it may be important to talk to a genetic counselor for further information.

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Contact Information

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Phoebe Cancer Center

- NAPBC accredited since 2011
- CoC accredited since 1995
- CoC category: Comprehensive Community Cancer Program
- Breast cancers, 2019: 230 analytic cases
Best Practice

• Newly diagnosed cancer patients, unaffected patients and patients with a cancer reoccurrence are assessed for hereditary cancers based on their detailed family cancer history.

• Genetic Counseling and Risk Assessment
Rationale

- High incidence of African American patients with advanced triple negative breast cancer that also had genetic mutations once tested
- Wanted to identify these patients prior to treatment of a breast cancer diagnosis
- To give patients cancer treatment options as education and screening options for family members
Implementation

• Multidisciplinary Oncology Medical Team and Clinical Research staff
• Family History Questionnaire was included in all new patient packets and referrals from Medical Oncology for established patients
• Staffing, insurance coverage, lack of knowledge on importance of genetic testing
• Constant education and training throughout the Oncology Service Line
Value Added

• Deliver effective treatment plans, increase surveillance, and compliant with national guidelines
• Monitor the process through monthly reporting to Oncology leadership, CoC, and NABPC
• Work in progress and tweak practices along the way based on clinic workflow and testing criteria updates
• Relevant - more than ever, constant need for re-education
• We have the ability to prevent inheritable cancers from undetected to late-stage cancers
Planting Seeds for the Future

- The ease of implementation was a 5
- The genetic testing program has been applied at both of our Carlton Breast Health Centers (High-Risk Breast Program)
- To give patients and their providers a detailed genetics profile which includes specific medical management guidelines to make informed treatment decisions
- Taking cancer care to the next level of prevention and early detection
Resources

Myriad Genetics - Testing and Telegenetics Counseling
Ambry Genetics - Testing
Contact Information

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Automated Breast Ultrasound (ABUS) for supplemental breast cancer screening for patients deemed high-risk due to dense breasts and active early identification of patients for genetic assessment

Catherine Pesce, MD
Director, Breast Surgical Program
NorthShore University Health System
NorthShore University Health System

- NAPBC accredited since 2009
- CoC accredited since 1981
- Network Community Cancer Program
- Breast cancers in 2019: 826 analytic cases
Best Practice

• Expanding annual screening with mammography for patients deemed high-risk because of a diagnosis of dense breasts to include **Automated Breast Ultrasound (ABUS)** for earlier identification of occult breast cancer.

• **Active, early identification** of high-risk patients for referral to our NorthShore Center for Personalized Medicine for genetic assessment
Rationale

• Mammography is the GOLD standard for breast cancer screening.
  – *The sensitivity of mammography is decreased in women with dense breasts*
• Dense tissue can interfere with the effectiveness of mammograms
• Women with dense breasts are at increased risk for breast cancer
  – “heterogeneously dense”: ~1.2x greater than average
  – “extremely dense”: 2x greater than average
• Women accessible for active, early identification of high-risk patients for referral for genetic assessment
Radiologists classify breast density using a 4-level density scale:

- Almost entirely fatty
- Scattered areas of fibroglandular density
- Heterogeneously dense
- Extremely dense
Automated Breast Ultrasound (ABUS)

- FDA-approved
- Performed by technologist ~15min
- Less operator dependent
- No ionizing radiation
- Well tolerated by patients
NorthShore Center for Personalized Medicine

• When women are deemed high risk due to dense breasts and/or family history, patients are referred for formal risk assessment and genetic testing.
• Implementation
  – Easy referral system with quick access
    • “urgent” genetics appointments available within 24-48 hours
  – Results within 7-10 days
  – Excellent pre and post-testing documentation in the patient charts
  – Medical geneticists and counselors are present at breast conference
Implementation

• Began offering ABUS in 2016
  – Women in groups 3 and 4 (heterogeneously dense or extremely dense) as noted on mammogram

• Two protocols added:
  1. Mammogram reports:
     • Density category now stated in every mammogram report
     • If dense, statement added that ABUS is available and should be considered
  2. Letters to patients on NorthShore Connect (patient portal) if considered dense
Implementation

• Recall rates
  – Initial national data on ABUS suggested high false positive rates
  – NorthShore internal review in 2016
    • First 500 patients, IRB-approved retrospective analysis
    • 6 cancers found, mammographically occult
    • 7% recall rate (lower than national average)
  – Ongoing NorthShore prospective 3-year clinical trial looking at patient outcomes
    • Prelim results again showing higher cancer detection rate, low recall rate

• Insurance
  – Initially a challenge, however now much improved
Value Added

- ABUS has improved early detection rates in those whose cancer may not be visible on standard mammogram
- Now available at all NorthShore facilities including four hospitals and multiple satellites
  - >10,000 ABUS performed/year
- One of the first health systems within the Chicagoland area to utilize ABUS for screening
- Active early identification of patients for genetic assessment
Planting Seeds for the Future

- Early detection of breast cancer is key
- *Identification of high risk patients is even better*
- Through our use of ABUS for women with dense breasts and easy access to genetic testing, we are able to identify patients at high risk for breast cancer.
Planting seeds for the Future

Ease of implementation

Accessibility for other programs

Reasons to consider implementation
Thank you!

Catherine Pesce, MD
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Questions? Contact me:
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NAPBC Best Practices Webinar Series: Quality in Action
Questions
NAPBC Best Practices Webinar Series: Quality in Action

• Clinical Trial Engagement – January 12, 2021
• Optimizing Breast Conference – January 26, 2021
• Innovations in Patient Care – February 9, 2021
• Program Activities – Optimizing Time and Talent – February 16, 2021
Cancer Program Webinar Series

- Better Data; Better Quality; Better Outcomes Webinar Series - 8-webinars
- NAPBC Best Practices Webinar Series: Quality in Action – 6 webinars
- Cancer Research Program (CRP) Educational Series – 5 webinars

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• Webinar available through ACS learning management system – learning.facs.org
• CME, CE, and CNE will be available for the recorded webinar.