



NCBC President

Dear Colleagues,

Once again, I am incredibly honored and delighted to welcome you to Las Vegas, and our 20th Interdisciplinary Conference. The evolution of breast care continues at a rapid pace and with so many advances in so many fields, our conference continues to provide a much-needed service for breast care providers. Whether it be in medical oncology and the evolving role of genomic fingerprinting and use of targeted treatments, surgical oncology and the use of non-invasive techniques, radiology and the use of newer imaging modalities, or pathology with a continued push for uniformity, breast care has never been so complicated and yet, so rewarding, not only for ourselves, but for those we aim to help: our patients. This year we have revised the program to allow for maximum exposure to controversial topics of interest to our center-specific audience. From controversies in medical therapy of locally advanced breast cancer to the role of plastic surgery, we aim to address these topics head-on, in order to work towards a consensus.



Once more, I am especially thankful to the Program Committee for putting together this year's conference, and the leadership of Dr. Jennifer Gass and Lillie Shockney who have served as co-chairwomen of this year's conference. In addition, and thanks to the extraordinary interest in survivorship, Dr. Barbara Rabinowitz and Dr. Michael Krychman have once again designed a survivorship symposium of contemporary issues that we all need to be aware of and confront head on in order to preserve the quality of life of our patients.

As never before, the NCBC stands as a testament to collaboration, cooperation, and camaraderie and we continue to welcome all who share in our mission and our commitment to quality. I welcome you to the 2010 meeting, and to the NCBC. For those not yet members, I also extend an invitation to join our organization and make a difference. As before, for those returning, welcome back and I do hope that we have made you proud with the breadth and scope of this, our 20th Anniversary Conference!

Don Dizon, MD, FACP

President

National Consortium of Breast Centers

NCBC Conference Co-Chair

Dear Colleagues,

As we planned the content of the conference this year, we felt it very important to focus on the multidisciplinary care that is provided to patients across the continuum. Beginning with screening and going through survivorship and/or end of life care. The conference is intended to promote communication among the various disciplines involved in the management of breast care and breast cancer patients, as well as create a platform for improving care by working together as a team, on behalf of our patients. We hope you join us for a conference filled with useful information, tools, and techniques to make the care you currently deliver to your patients even better.



Lillie Shockney, RN, BS, MAS, CBPN-C

Conference Co-Chair

National Consortium of Breast Centers

NCBC Conference Co-Chair

Dear Colleagues,

As conference attendees return home to integrate the interdisciplinary breast cancer care model at their own institutions, they can be met with challenge and confrontation that stall successful progress. This year we have chosen to address how to face these challenges in a variety of institutional settings, as well as provide a broad forum on areas of controversy and new advances in therapy and technique. Furthermore, we have come to understand that many attendees fulfill more than one role at their institution and therefore we have provided greater facility in attending parallel sessions. It is again a great honor to welcome you once more to Las Vegas, and our 2010 Interdisciplinary Conference. If this is your first meeting or if you are returning but haven't joined, consider signing on with the NCBC this year. The NCBC provides a valuable metric for the quality of a Breast Center that can help overcome institutional hurdles. Lastly be sure to take advantage of networking with your co-attendees from across the country and the world in this city of world renown.



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Breakfast Symposia

Vendor-Sponsored Breakfast Symposia

Attendees will choose one of two symposia to attend Monday, Tuesday and Wednesday which will feature breakfast and include presentations from vendors on various topics of interest and the latest treatments and techniques in breast healthcare.

MONDAY • TUESDAY • WEDNESDAY

Hologic, Inc.

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Conference Overview



Saturday, March 20, 2010				
8:15 AM – 5:15 PM Hereditary Breast and Ovarian Cancer: 2010 Update	7:15 AM – 5:00 PM Emerging Imaging Technologies in 2010: The Frontier and Beyond	7:45 AM – 5:00 PM Breast Center Administration	8:00 AM – 5:30 PM Clinical Breast Examiner Certification	7:45 AM – 5:30 PM Breast Patient Navigator Certification
Sunday, March 21, 2010				
8:00 AM – 12:00 PM Hereditary Breast and Ovarian Cancer: 2010 Update			8:00 AM – 12:00 PM Clinical Breast Examiner Certification Testing	8:30 – 10:00 AM Breast Patient Navigator Certification Testing

Sunday, March 21, 2010	
12:00 – 5:15 PM	Conference Registration
12:00 – 2:00 PM	WELCOME AND SPECIAL TIME WITH VENDORS
2:00 – 2:10 PM	Welcome Don Dizon
2:10 – 2:15 PM	Intro/Conference Logistics Lillie Shockney and Jennifer Gass
2:15 – 2:45 PM	Motivation and Mission... Patients and Perspective Louise C. Miller
2:45 – 3:15 PM	Benign and Not so Benign Breast Diseases Nagi Khouri
3:15 – 4:15 PM	Risky Business: Guiding Patients through Management of Hereditary and Pathologic Risk Factors Don Dizon, Kevin S. Hughes and Michael D. Lagios
4:15 – 5:15 PM	The Issues Confronting the Young Woman With Breast Cancer Lawrence Gardner, Christine Duffy, Carl D'Orsi and Maria Theodoulou
5:15 – 5:30 PM	Oral Poster Presentations Robin Hayden and Anne L. Rosenberg
5:30 PM	WINE AND CHEESE POSTER RECEPTION

Monday, March 22, 2010			
6:30 – 7:30 AM	BREAKFAST SYMPOSIA		
7:45 – 8:00 AM	Intro/Opening Jennifer Gass		
8:00 – 8:30 AM	Green Acres: the Rural Breast Center Story Yuri R. Parisky		
8:30 – 9:00 AM	Breast Ultrasound - Extremely Helpful - Know its Limitations Nagi Khouri		
9:00 – 9:30 AM	Emerging Technologies in Breast Imaging: Beyond Conventional Imaging R. James Brenner and Yuri R. Parisky		
9:30 – 10:00 AM	Consensus Conference III on Image-Detected Breast Cancer - A Review of Key Issues Melvin J. Silverstein		
10:00 AM	Impact Award Presentation Don Dizon		
10:00 – 10:45 AM	BREAK TIME WITH VENDORS IN THE EXHIBIT HALL		
	Learning Track #1	Learning Track #2	Learning Track #3
10:45 – 11:15 AM	Imaging for the Surgically Altered Breast Louise C. Miller	Breast Imaging for the Navigator: Highlights for the Breast Patient Navigator Jay R. Parikh	Approaching the Axilla: Dissect or Radiate Brigid O'Connor
11:15 – 11:45 AM	Mammography of the Woman With Disabilities Louise C. Miller		
11:45 AM – 12:15 PM	Stereo "Tactics" Rebecca Lambert	Can We Talk? Facilitating a Support Group: A Skills Seminar Deborah Stewart	MRI of the Breast: Where are we in 2010? Robyn L. Birdwell
12:15 – 12:45 PM			Approaching HER2: Moving Beyond Trastuzumab Maria Theodoulou
12:45 – 1:45 PM	LUNCH TIME WITH VENDORS IN THE EXHIBIT HALL		
	Learning Track #1	Learning Track #2	
1:45 – 2:15 PM	PRO/CON: T1cN1 Tumors Are Appropriate Candidates for Neoadjuvant Treatment Regardless of Operability Mahmoud El-Tamer and Seema A. Khan	A Primer On Integrative Medicine Linda A. Lee	
2:15 – 2:45 PM	PRO/CON: Adjuvant Chemotherapy Is Recommended for the Woman with Persistent Disease After Neoadjuvant Chemotherapy William M. Sikov and Susana M. Campos	Compassion Fatigue, Stress and Distress Barbara Rabinowitz	
2:45 – 3:15 PM	PRO/CON: I Want A Bilateral Mastectomy Anke Young and Jennifer Gass	Can Genomics Inform Breast Cancer Outcomes? COL Craig D. Shriver	
3:15 – 3:45 PM	PRO/CON: Why Breast Surgeons Should Perform Breast Reconstruction Beth B. Dupree and Kayvan T. Khiabani		
3:45 – 4:15 PM	BREAK TIME WITH VENDORS IN THE EXHIBIT HALL		



Conference Overview

4:15 PM	Inspiration Award Presentation Cary S. Kaufman
4:15 – 4:45 PM	Journal Club Lawrence Gardner, Yuri R. Parisky, Barbara Rabinowitz and Melvin J. Silverstein
4:45 - 5:45 PM	Golden Girls: The Approach to Breast Health in the Woman Over 70 Don Dizon, Gary M. Levine, Kevin S. Hughes and Brigid O'Connor
5:45 PM	VENDOR RECEPTION IN THE EXHIBIT HALL

Tuesday, March 23, 2010

6:15 – 7:15 AM	BREAKFAST SYMPOSIA	
7:30 – 7:45 AM	Introduction/Opening Cary S. Kaufman	
7:45 – 8:15 AM	Secrets of a Successful Breast Center Gary M. Levine, Deborah Buntin	
8:15 – 9:15 AM	Approaching Metastatic Breast Cancer Susana M. Campos, William Douglas Boswell, Jr., Lillie Shockney and Don Dizon	
9:15 – 9:45 AM	Breast Ultrasound: Who Should be Holding the Probe? William R. Poller and Beth B. Dupree	
9:45 – 10:45 AM	BREAK TIME WITH VENDORS IN THE EXHIBIT HALL	
	Learning Track #1	Learning Track #2
10:45 – 11:15 AM	PRO/CON: T1cN1 Tumors Are Appropriate Candidates for Neoadjuvant Treatment Regardless of Operability Mahmoud El-Tamer and Seema A. Khan	A Primer On Integrative Medicine Linda A. Lee
11:15 – 11:45 AM	PRO/CON: Adjuvant Chemotherapy Is Recommended for the Woman with Persistent Disease After Neoadjuvant Chemotherapy William M. Sikov and Susana M. Campos	Compassion Fatigue, Stress and Distress Barbara Rabinowitz
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12:15 – 12:45 PM	PRO/CON: Why Breast Surgeons Should Perform Breast Reconstruction Beth B. Dupree and Kayvan T. Khiabani	
12:45 – 2:00 PM	LUNCH TIME WITH VENDORS IN THE EXHIBIT HALL	
2:00 – 3:00 PM	State of the Art of Healing: Integrative Breast Cancer Care Delivery Beth B. Dupree	
3:00 – 3:30 PM	Minimally Invasive Percutaneous Breast Cancer Cryoablation Gary M. Levine	
3:30 – 4:30 PM	3D Histology Images Help Us Understand Complex Breast Diseases Laszlo Tabar	
4:30 – 5:30 PM	Multidisciplinary Tumor Board Demonstration & Interaction Kristie Bobolis, William M. Sikov, Brigid O'Connor, John L. Bell, William R. Poller, Colleen Johnson, Anke Young, J. B. Askew, Jr. and Deborah Stewart	
4:45 – 7:45 PM	Breast Self Examination Trainer Certification	
5:30 PM	Conference Ends for the Day (no reception)	

Wednesday, March 24, 2010

6:15 – 7:15 AM	BREAKFAST SYMPOSIA	
7:30 – 7:40 AM	Introduction/Opening - General Membership Meeting Don Dizon	
7:40 – 7:50 AM	Urban Unrest: The Breast Center in Academia Jennifer Gass	
7:50 – 8:15 AM	Why Mammography Works: A Critical Appraisal of the USPSTF Guidelines Blake Cady	
8:15 – 9:15 AM	Sophisticated Multimodality Breast Imaging will Save More Lives Laszlo Tabar	
9:15 – 9:45 AM	Mountains to Molehills Diana Bruno Himwich	
9:45 – 10:15 AM	BREAK TIME WITH VENDORS IN THE EXHIBIT HALL	
10:15 – 11:15 AM	Quality 2010 Cary S. Kaufman, Jeffrey Landercasper, and Richard Ellis	
11:15 AM – 12:15 PM	LUNCH BREAK AND LAST TIME WITH VENDORS	
	The NCBC Survivorship Symposium for Breast Centers: Barbara Rabinowitz and Michael Krychman (Chairs)	
12:15 – 12:45 PM	Overview: The Emotional Landscape in Survival Barbara Rabinowitz	
12:45 – 1:15 PM	Sexual Health and Well-Being: Emphasis on Therapeutics Michael Krychman	
1:15 – 1:45 PM	Fertility in the Survivor Lindsay Nohr Beck	
1:45 – 2:30 PM	Pregnancy in Survivorship Teresa Gilewski	
2:30 – 3:00 PM	30 MINUTE BREAK	
3:00 – 3:30 PM	Bone Health: Vitamin D, Bisphosphonates and Exercise Linda A. Lee	
3:30 – 4:30 PM	The "Physician as the Patient/Survivor" Teresa Gilewski	
4:30 – 4:45 PM	Summary/Evaluations/Challenge for Continuation Barbara Rabinowitz and Michael Krychman	
4:45 PM	2010 NCBC Conference Ends	



Hereditary Breast and Ovarian Cancer: 2010 Update

Saturday, March 20

7:15 – 8:15 AM

Breakfast

8:15 – 8:30 AM

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 – 8:00 AM

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.

11:45 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.

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.



"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 claustrophobic 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

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. Strategies 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 adjuvant 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. Pre-session speakers will be available for questions and clarification.

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



Clinical Breast Examiner Certification

7:00 – 8:00 AM Registration and Breakfast

Saturday, March 20 8:00 AM – 5:30 PM and Sunday, March 21 8:00 AM – 12:00 PM

Suzanne M. Taylor, MD, CBEC, Shireen L. Braner, PA, RT, (R)(M)(QM), CBEC, CBPN-C, Sharon Cabbage, RN, BSN, CBEC and Julie Schnieders, MSN, NP, CBEC --- Models: Debora Wright, RT(M), CBEC and Sarah Svob, RT, CBEC

This program covers one and one-half days and is designed to utilize Clinical Breast Examination Skills to accomplish a CBE's Paramount Objective, the detection of any dominant breast mass, as another early detection tool to ultimately reduce breast cancer deaths. This is accomplished through a didactic review of Core Breast Knowledge, BSE Technique, Breast Oriented History, Breast Imaging, Diagnostic Procedures with Breast Pathology, Follow-up Recommendations and Risk Management. The didactic component of the program is followed by a full half day of demonstration and practicum on performing a Clinical Breast Examination. Patient models, students and instructors will interface in life scenarios to experience issues and challenges in performing clinical breast exams. This is a validation and certification program of the individual's current skills, and not designed to teach an individual who has not performed Clinical Breast Examinations.

Each student will be provided a binder that outlines the major concepts that will be highlighted during the program and information that will be on the testing units. Also included in the binder are supplemental reading materials as well as a vocabulary list to assist in the understanding of program material. All test material is included in the binder. Following Clinical Breast Examination performance review, students will be evaluated on their core knowledge, ability to perform a Clinical Breast Examination in a real life approximated setting and their tactile skills regarding lump detection. A score of 85% or better must be achieved on the didactic written exam, the performance observation exam and tactile testing in order to pass the program and receive certification.

CBE® certification is the process by which the NCBC validates, based upon predetermined standards, a

licensed breast health care provider's knowledge in the performance of a clinical breast examination. The purpose is to assure the public that the certified licensed breast health care provider has completed the NCBC CBE® program and has met minimum knowledge and performance standards by recognizing the individual who has met these standards. Candidates who pass the CBE® may use the mark CBE® to verify they have met all eligibility and testing requirements. This may be used only while valid, after which time certification may be renewed. All individuals with valid certifications will be posted on the NCBC web site.

Beginning in 2010, new examination criteria will exist to allow individuals once certified, to maintain certification through an annual renewal process that will extend certification. Individuals certified during the beta sessions must re-certify by meeting minimum standards on the performance examination. To keep the certification active, each certified examiner must supply an annual report that identifies the number of exams completed and the exam findings, which shows that Clinical Breast Examinations have been performed as a part of their job responsibility.

This program is available to licensed healthcare professionals (physicians, physician assistants, nurse practitioners, registered nurses and radiologic technologists). It is recommended, but not mandatory, that individuals should be actively performing clinical breast examinations as part of their ongoing job responsibilities. Although this program will provide core knowledge and review performance and tactile skills, this CBE Certification Program is not designed as an entry level or introductory course for practitioners interested in learning basic CBE skills. This CBE Certification Program is designed for practitioners seeking CBE Certification as validation of their mastery of the breast health knowledge and CBE skills.



Breast Patient Navigator Certification

7:00 – 8:00 AM Registration and Breakfast

Saturday, March 20 8:00 AM – 5:30 PM and Sunday, March 21 8:00 AM – 12:00 PM

Susan Gardner, RN, CBEC, CBCN, CBPN-C, Colleen Johnson, RN, NP, CBPN-C and Colleen Sullivan-Moore, RN, MS, CBPN-C

In the recent history of quality patient care, the breast health patient educator and navigator has become a vital component in many breast centers across the country. This position is sometimes referred to as the case manager, breast services manager or care coordinator, Nurse Navigator or Patient Navigator. Moving a patient through a breast care/cancer continuum is a complex and highly individualized process. The complexity is significantly reduced with the assistance of an individual or individuals who are trained to navigate a patient through the processes of care, often referred to as a breast patient navigator. However, just as the breast care/cancer diagnosis and treatment process may differ from facility to facility, so do the definitions, activities, knowledge and job descriptions of a breast patient navigator.

In an effort to minimize variances, and following five years of investigation and research, the NCBC developed a Breast Patient Navigation Matrix. The matrix identifies the navigation stages within the breast patient's continuum of care. Each navigation stage begins and ends with the patient as the focus. The matrix helps clarify the role of a breast patient navigator in each navigation stage by identifying minimum knowledge and skill requirements of the breast patient navigator to successfully navigate breast patients in each navigation stage. It further identifies the integrated navigation team member(s) who may be called upon for assistance in each navigation stage.

This model allows the breast patient navigator to assist patients with: 1) understanding the continuum of their care, 2) knowing who and how to contact the appropriate individual on staff on whom they will depend for the various services and/or support throughout their various stages of care, 3) identifying resources available to them at various times as needed and 4) empowering them to become informed participants in their breast health /cancer care program. The navigation stages are separated into two navigation groups: breast imaging stages and breast cancer diagnosis and treatment stages. This model can be adopted and modified by facilities providing breast care/cancer services.

Each registrant will be provided a reference/information binder that includes the Breast Patient Navigation Matrix, skills and knowledge for each navigation stage, sample job descriptions, suggested reading materials as well as a vocabulary list to assist in the understanding of terms.

The certification program covers one and one-half days. Saturday's program will include an overview of the Breast Patient Navigation Matrix, the expected skills and activities of a breast patient navigator for each stage, case studies, group discussions and presentations about various emerging treatment and care options. Saturday's program does not teach how to become a breast patient navigator. It is designed to provide information beyond that which a breast patient navigator should already possess.

The certification examination will take place on Sunday. The Breast Patient Navigation Certification examination is based upon the knowledge and skills a breast patient navigator should understand in order to successfully navigate a breast patient through the breast health/cancer continuum of care. This clarity of a breast patient navigator's role will assist both the breast health professionals who fill this role

as well as the administrators who have set expectations of the person in this position. The certification examination is expected to be completed in 3 ½ hours. The certification is designed for practitioners seeking Breast Health Patient Navigator Certification as validation of their mastery of the breast health knowledge associated with this position. Individuals who are familiar with breast patient navigation should consider becoming certified. Eligibility requirements are listed on the www.BPNC.org web site.

The Breast Patient Navigator may be certified as either a Breast Imaging Patient Navigator or as a Breast Cancer Patient Navigator. The Breast Imaging Navigator is expected to have knowledge and skills to successfully navigate breast patients through all breast imaging care stages; while the Breast Cancer Navigator must possess the knowledge and skills to successfully navigate breast patients through both breast imaging and breast cancer care stages.

Certification is the process by which the NCBC validates, based upon peer-reviewed standards, a medically credentialed breast health care provider's knowledge in the navigation of a breast health care (cancer) patient. Certification assures the public that the breast health care provider has completed the NCBC Breast Patient Navigator Certification program and has attained an 85% or better minimum knowledge standard by recognizing the individual who has met these standards.

Candidates who pass the certification may use the mark BPNC-I or BPNC-C to verify they have met all eligibility and testing requirements. This may be used only while valid. All individuals with valid certifications will be posted on the NCBC website.

Due to advancements in care processes, treatments and technology, the examination is continually reviewed to reflect these advancements. Certification continuation must be demonstrated annually through professional education and documented performance.

Individuals who met minimum proficiency on any of the 2009 beta exams may sit for the life-time certification examination offered on Sunday for a \$150.00 exam fee. The 2010 version of the study/information guide is available upon request for an additional \$50.00. Individuals who were not certified in the beta year may register to take the Breast Patient Navigation Certification Program and examination. Registration for anyone who has not already sat for the exam(s) during the beta year and who met eligibility requirements is \$300.00 for NCBC members, while non-member registration is \$395.00 and includes membership for one year in both the NCBC and the Navigator Network. Eligible registrants may attend the program and sit for the certification exam or choose to sit for the exam only. All registration fees remain the same.

The National Consortium of Breast Centers developed the Breast Patient Navigation Certification Program to set standards of achievement based upon the breast professional's role; enhance patient safety, improve quality care and delivery of services; and recognize professionals who advance beyond basic knowledge in a field of specialty.



Breast Self Examination Trainer Certification

Tuesday, March 23 4:45 - 7:45 PM

Suzanne M. Taylor, MD, CBEC, Shireen L. Braner, PA, RT, (R)(M)(QM), CBEC, CBPN-C, Sharon Cabbage, RN, BSN, CBEC and Julie Schnieders, MSN, NP, CBEC

This program is designed to designate medical professionals with a BSE Trainer Certification. Certified medical professionals will have tested and will have shown they possess the knowledge and skills to provide BSE instruction to both medically and non-medically credentialed health care professionals. The certification further allows the trained individuals to teach patients how to perform BSE. Certified individuals will have attained an 80 % on each of the three examinations: didactic, tactile silicone model skills, and verbal mini-lecture. This program will include comprehensive didactic sessions for Core

Breast Knowledge and BSE Skills followed by a workshop session for tactile BSE skills and verbal BSE presentations. It will also identify the next steps for securing the training and skills necessary to obtain NCBC CBE Certification. Upon successful completion of this program certified medical professionals will receive a NCBC BSE Instructor's Certificate. Manuals to assist in training other professionals are available to those who successfully complete the program and attain certification. Recertification is attained annually through submission of training data.



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**



"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

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

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





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, MPHC

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

Track Moderator: John L. Bell, MD, FACS

10:45 – 11:15 AM

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LEARNING TRACK #2

Track Moderator: Vladimir Lange, MD

10:45 – 11:15 AM

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Linda A. Lee, MD

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11:15 – 11:45 AM

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.

Concurrent Sessions Continue at Top of Next Page



11:45 AM – 12:45 PM

CONCURRENT SESSIONS CHOOSE ONE OF TWO LEARNING TRACKS

11:45 AM – 12:45 PM

LEARNING TRACK #1

Track Moderator: Gerald Kolb, JD

11:45 AM – 12:15 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.

12:15 – 12:45 PM

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PRO: Beth B. DuPree, MD, FACS

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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?

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.

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