

# 22<sup>nd</sup> Annual National Interdisciplinary Breast Center Conference

*March 10-14, 2012*

*Planet Hollywood Resort & Casino  
Las Vegas, NV*

Over 120 Sessions - 78 World-Class Presenters

**NEW!**

**- Course:**

National Recognition for Breast Centers of Excellence:  
Service Line Optimization

**NEW!**

**- Program:**

Breast Cancer Risk Assessment: A Collaborative Approach

**NEW!**

**- Special Interest Group Discussions (SIGs)**

**- Certification Programs:**

Breast Patient Navigator Certification  
Clinical Breast Examiner Certification  
Breast Self-Examination Trainer Certification

**- Special Member and Group Rates**

**- CME, BRN and RT Credits Offered**

Sponsored by:



**USC** UNIVERSITY OF  
SOUTHERN CALIFORNIA

## Credit Hours

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Keck School of Medicine of the University of Southern California and the National Consortium of Breast Centers.

The Keck School of Medicine of the University of Southern California is accredited by the ACCME to provide continuing medical education for physicians.

**The Keck School of Medicine of the University of Southern California designates this live activity for a maximum of 37.25 AMA PRA Category 1 Credits™.** Physicians should claim only the credit commensurate with extent of their participation in the activity.

**Provider approved by the California State Board of Registered Nursing Provider Number CEP 00105.** Nurses from states other than California must check their local State Board for specific continuing education policies. Category 1 credits will be given if there is partial attendance.

**The AAPA (American Academy of Physician Assistants) accepts CME credit** from organizations accredited by ACCME to grant category 1 credit toward the Physician's Recognition Award.

**Continuing education Category A credits are being arranged through the American Society of Radiological Technologists (ASRT).** Each 30 minutes of contact time is awarded .5 CE credit. Each contact hour is equal to 50 – 60 minutes and is awarded 1 CE credit. This program is relevant to the radiologic sciences profession.

## Objectives

- Increase the understanding of providing interdisciplinary care to women as a team
- Increase quality of care provided
- Increase knowledge about patient diagnosis, treatment, and care
- Increase knowledge of new technologies and equipment for patient diagnosis, treatment, education, and care
- Enhance sensitivity to the needs and issues peers in the same setting face in providing breast care
- Describe an interdisciplinary patient model of breast health/cancer care involving interdisciplinary breast care team members
- Identify quality indicators for which data could be collected and analyzed to measure quality performance of care provided to patients in breast center/facility environments
- Identify breast cancer patient treatment options and plans relevant to various breast patient diagnoses
- Identify novel treatment options and their impact in the management of cancer patients
- Define the process of individualizing evidence-based plans of care for patients with cancer
- Participants will have a basic understanding of the fertility changes associated with treatment and potential ways to protect fertility
- Recognize those areas of breast MRI where there is literature support for its use
- Discuss the mechanism and lethality of Her2neu over-expressing breast cancer
- Identify ongoing research into the use of genomics in the field of breast diseases and cancer
- To identify techniques that will help reduce compassion fatigue and distress
- To identify coping programs that have been successfully implemented to assist the interdisciplinary team
- Learn how breast surgeons and plastic surgeons can work collaboratively to benefit the patients
- To better understand national guidelines in screening for breast cancer in the older female
- Learn the frequency of unifocal and multifocal breast cancers
- Understand the importance of multifocality from treatment planning point of view
- Understand the various organizations that conduct Certification/Accreditation programs
- Learn the impact payors may have on promoting certification and accreditation
- Discuss psychosexual treatments for common complaints
- To describe how the personal experience with breast cancer can modify practice
- Describe and show examples of findings of normal exams, exams with calcifications and masses using digital tomosynthesis in comparison to 2 dimensional standard imaging
- Describe screening ultrasound and applications for its use
- Review the basics of molecular biology and genomics and how they apply to breast disorders
- Review practice guidelines on the use of genomics in breast cancer prognosis and treatment
- Identify ongoing research into the use of genomics in the field of breast diseases and cancer
- Demonstrate how the care of those with chronic illness can be enhanced by using conventional medicine combined with nutrition counseling and selected healing modalities
- To describe the stressors that can impact practice
- Realize the capabilities of comparative imaging-3D Histologic analysis in helping us understand the complex nature of benign and malignant breast diseases
- All of the technologies currently being studied for percutaneous breast cancer ablation involve the application of extreme heat or cold to the tumor
- Learn the frequency of unifocal and multifocal breast cancers
- Understand the importance of multifocality from treatment planning point of view
- Realize the capabilities of the sophisticated multimodality imaging in describing the true extent of the disease

## Core Competencies

In alignment with the CME mission of the Keck School of Medicine, programs are planned in the context of desirable physician attributes and core competencies (six abilities that are central to the practice of medicine: 1) Patient Care, 2) Medical Knowledge, 3) Practice Based Learning, 4) Interpersonal and Communication Skills, 5) Professionalism and 6) Systems Based Practice, as designated by the American Board of Medical Specialties. Core competencies addressed in each of the activity objectives will be noted, using number 1-6, on the brochure and in the proceedings. This shall serve the best interests of the public and assist in Maintenance of Certification.

## Assessment of Need

Over 200,000 women will be diagnosed with breast cancer annually, accounting for 30% of all new cancer cases in women<sup>1</sup>. This makes it the most common cancer diagnosis in women. This program's intent is to increase the quality of breast care provided to women in the United States, Canada and Europe through the interdisciplinary education of breast health professionals. Many breast healthcare practices are not standardized<sup>2</sup> and this conference provides a learning and networking environment enabling breast professionals to learn about the latest treatments, technologies, procedures, become certified and sharpen their skills in detecting and treating breast cancer and other breast diseases. This conference provides a review of selected topics throughout the field of breast health care. A review of peer-reviewed journal articles, literature, new guidelines and past participant evaluation analyses have identified areas of focus which include the evolution of a breast center, breast specific gamma imaging, using breast MRI as a screening tool, improving RT/Radiologist relations, digital positioning, endocrine therapy<sup>3</sup>, ultrasound imaging, patient satisfaction, biopsy techniques, lobular neoplasia, reverse axillary mapping, patient tracking tools, treating the breast cancer survivor, coding and reimbursement procedures, serving the underserved communities, reconstruction options, starting a sexuality program in a breast center and assessing the high risk patient. In each of these areas, lectures will include controversies, recent developments and recommendations from experts in the breast health care field. This program has been developed specifically for the entire breast center team from administrative staff to breast surgeons. It is the intent of our educational activity to provide breast health care professionals objective, evidence-based clinical content, which they can incorporate into their practice to improve the clinical care and outcomes of their patients.

1 Romand EH, Perez EA, Bryant J, et al. Trastuzumab plus adjuvant chemotherapy for operable HER2-positive breast cancer. *The New England Journal of Medicine* 2005;353(16): 1673-84

2 Goss PE, Ingle JN, Martino S, et al. A randomized trial of letrozole in postmenopausal women after five years of tamoxifen therapy for early-stage breast cancer. *The New England Journal of Medicine* 003:349(19): 793-802

3 Miller K, Wang M, Gralow J, et al. Paclitaxel plus bevacizumab versus paclitaxel alone for metastatic breast cancer. *The New England Journal of Medicine* 2007;357(26): 2666-76



# National Consortium of Breast Centers

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Dear Colleagues,

Welcome to the 22nd Annual National Interdisciplinary Breast Center Conference! The National Consortium of Breast Centers is unique in that it brings together experts from around the globe for the purpose of exchanging ideas and knowledge. As always, our focus is to provide you with the most up-to-date and innovative approaches to improving patient satisfaction and breast health care. The Program Committee has worked diligently to bring expertise and incredible talent to this year's conference in Las Vegas. I am certain that conference attendees will be pleased with the vast array of curricula offered during our pre-conference courses, plenary sessions and specialty-focused break-out sessions. I promise that you will not walk away empty handed! In this instance, what happens in 'Vegas we want you to leave with and take home to your breast program and your practice!



The program for the 2012 conference is expected to bring educational, informative and thought provoking new concepts to those in attendance. I consider it a privilege to serve the organization and an honor to be affiliated with such a diverse and dedicated group of professionals. I am excited to be able to host the 22nd annual conference in 'Vegas, which remains an outstanding opportunity for participants to network with new acquaintances and refresh established friendships. I hope each of you have the opportunity to attend and share in our commitment to quality breast health care. If you are not already a member, I invite you to join with us in this mission. Once again, welcome to the 22nd Annual National Interdisciplinary Breast Center Conference! I look forward to seeing you!

John L. Bell, MD, FACS  
Director, UT Cancer Institute  
Professor, Department of Surgery  
University of Tennessee Medical Center  
Knoxville, TN

Dear Colleagues,

As Chairman of the Program Committee, I am both honored and excited to welcome you to Las Vegas and the 22nd Annual NCoBC National Interdisciplinary Breast Conference. The National Consortium of Breast Centers (NCBC) is the nation's largest multi-specialty breast care organization. We are comprised of dedicated breast care professionals that understand the quality advantage that working in an interdisciplinary fashion provides. It is in this spirit that we meet each year to share our expertise and experiences in order to benefit the common goal, the early diagnosis and successful treatment of breast cancer.



The 2012 conference promises to be an exciting one. National and international experts from all the subspecialties involved in breast care will be sharing their knowledge in a fashion which can be taken home to your facility and integrated into your breast care program. New technologies will be introduced (e.g. intraoperative radiation therapy, tomosynthesis and automated breast ultrasound) and new ways of approaching clinical management (e.g. Z11 trial results and approach to triple negative breast cancer) will be discussed.

For those returning to the NCoBC Conference, welcome back! And for those who are new to our conference, I expect you will quickly feel the excitement. I encourage you to get involved with our organization and be sure to stop me to say hi.

Gary M. Levine, MD  
Medical Director of Breast Imaging  
Hoag Breast Care Center  
Hoag Memorial Presbyterian Hospital  
Newport Beach, CA

## Course • Program • Certifications Saturday, March 10 - Sunday, March 11, 2012

### Saturday, March 10, 2012

 <b>8:00 am - 5:00 pm</b> National Recognition for Breast Centers of Excellence: Service Line Optimization <i>page 8-9</i>	<b>7:00 am - 4:00 pm</b> Breast Patient Navigator Certification Program <i>page 10</i>	<b>7:00 am - 5:00 pm</b> Clinical Breast Examiner Certification Program <i>page 11</i>	 <b>9:00 am - 5:00 pm</b> Breast Cancer Risk Assessment: A Collaborative Approach <i>page 12</i>
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### Sunday, March 11, 2012

<b>8:00 am - 12:45 pm</b> National Recognition for Breast Centers of Excellence: Service Line Optimization <i>page 9</i>	<b>7:00 am - 12:30 pm</b> Breast Patient Navigator Certification Examinations <i>page 10</i>	<b>6:00 am - 1:00 pm</b> Clinical Breast Examiner Certification Examinations <i>page 11</i>
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## Plenary Conference: Day 1 Sunday, March 11, 2012 *page 13*

### Conference Introduction

9:00 am - 1:30 pm	<b>Conference Registration</b>
11:30 am - 1:30 pm	<b>Opening of Conference and Time with Vendors</b>
1:30 - 1:35 pm	<b>Introductory Comments and Opening</b> <i>John L. Bell, MD, FACS</i>
1:35 - 1:40 pm	<b>Conference Logistics</b> <i>Gary M. Levine, MD</i>
1:40 - 2:00 pm	<b>Why, Why, Why???</b> <i>Barbara Rabinowitz, PhD, MSW, RN</i>

### Economic Challenges

*Moderator: Barbara Rabinowitz, PhD, MSW, RN*

2:00 - 2:30 pm	<b>Celebrity Keynote: The Things You Learn in a Crisis</b> <i>Kelly Corrigan</i>
2:30 - 3:00 pm	<b>Professional Keynote: Words that Heal, Words that Harm</b> <i>Elizabeth J. Clark, PhD, ACSW, MPH</i>
3:00 - 3:30 pm	<b>"Healthcare Reform: The End of Business as Usual and What this Means Within the Breast Center"</b> <i>Gary M. Levine, MD</i>
3:30 - 4:00 pm	<b>Breast Tissue Density Legislation: An Update and Coping Guide</b> <i>Gerald R. Kolb, JD</i>
4:00 - 4:30 pm	<b>Oral Poster Presentations</b>
4:30 - 5:00 pm	<b>Manage Your Social Media or Your Community will Manage it for You: The Modernization of Breast Center Marketing</b> <i>Chris Conant, BA, CBS, PBU</i>
5:00 - 5:30 pm	<b>How to Raise that Million Dollars</b> <i>John L. Bell, MD, FACS and Richard K. Giecek, CFRE</i>
5:30 - 6:30 pm	<b>Poster Reception</b>

## Plenary Conference: Day 2

Monday, March 12, 2012

pages 14 - 15

### Surgical Updates

Moderator: Michael Linver, MD, FACR

7:00 - 7:50 am	<b>Breakfast Symposia</b> sponsored by Hologic
7:50 - 8:00 am	<b>Introduction/Opening</b>
8:00 - 8:30 am	<b>Margins, Mastectomy and Myths</b> Melvin J. Silverstein, MD, FACS
8:30 - 9:00 am	<b>Z11 Update</b> Dennis R. Holmes, MD, FACS
9:00 - 9:30 am	<b>Genomic Update</b> COL Craig D. Shriver, MD, FACS
9:30 am	<b>Impact Award Presentation</b> John L. Bell, MD, FACS
9:30 - 10:00 am	<b>Break Time with Vendors in the Exhibit Hall</b>

### Breakout Sessions

- SIG Discussion (topics listed on page 19 of this flyer)  
● Administration ● Imaging ● Nursing ● Clinical

Moderators:	F. Lee Tucker, MD, FACS	Karleen R. Habin, RN, BCCS, MPH	William Sikov, MD	
10:00 - 10:30 am	<b>The RT's Role in Emerging Technologies</b> Terry L. Lehmann, BS, RT(R)(M)	<b>The Many Faces of Navigation</b> Moderator: Colleen Johnson, RN, NP, CBPN-IC Panelists: Janie Metsker, RN, CBPN-IC; Kate Frayne, RNC, WHNP-BC and Gina Leffert-Paige, ARRT(R)(M), CBPB-IC, CBEC	<b>Galactography: Death or Revival</b> Michael N. Linver, MD, FACR	SIG #1
10:35 - 11:05 am	<b>Encountering the Difficult Patient for a Mammogram</b> Sharon V. Walenga, BS, RT(R)(M)		<b>A New Era of Breast Reconstruction</b> Kathleen S. Herbig, MD	
11:10 - 11:40 am	<b>Imaging Protocol: What Do I Do When</b> Khai Tran, MD	<b>Tools of the Trade: Patient Education, Communication and Documentation</b> Kate Frayne, RNC, WHNP-BC	<b>Can You "Double Dip?" Double Dip Lumpectomy</b> Jennifer S. Gass, MD, FACS	SIG #2
11:45 am - 12:15 pm	<b>Walk in My Shoes...or Should I Say, "Wear My Bra"</b> Teresita Macarol, RT(R)(M)(QM), CBPN-IC and Sharon V. Walenga, BS, RT(R)(M)	<b>Are You Ready for Accountable Care?</b> Gerald R. Kolb, JD	<b>Medical Therapy in the 21st Century</b> Tina Rizack, MD, MPH	
12:15 - 1:45 pm	<b>Lunch Time with Vendors in the Exhibit Hall</b>			
Moderators:	Lillie D. Shockney, RN, BS, MAS, CBPN-IC, CBCN	Shireen L. Braner, PA, RT(R)(M)(QM), CBEC, CBPN-IC	John R. Keyserlingk, MD, FRCS(C), FACS	
1:45 - 2:20 pm	<b>One-Stop Shopping: Multidisciplinary Breast Clinic in a Community Hospital Setting</b> Dianne J. Kane, RN, MS	<b>Navigating the Startup of a Community-Based Navigation Program</b> Donna Boehm, RN, MSN, MPH, CBPN-IC	<b>Radiology/Pathology Correlation after Core Biopsy: Follow-up or Surgery?</b> Jay R. Parikh, MD, FRCP(c), FACPE, FACR	SIG #3
2:25 - 2:50 pm	<b>Promoting Quality Instead of Chaos: The Role of Physician Membership Models in Community-Based Breast Centers</b> Marie M. La Fargue, MPH	<b>Starting, Facilitating and Maintaining a Support Group is Not Always Easy</b> Sandra Finestone, PsyD	<b>Challenging Lobular Lesions of the Breast</b> Dennis R. Holmes, MD, FACS	
2:55 - 3:25 pm	<b>Cancer Legal Resource Center</b> Joanna Morales, Esq.	<b>Women Embracing and Loving Life: A Healthy Lifestyle Program for Breast Cancer Survivors</b> Janie Metsker, RN, CBPN-IC	<b>Clinical Trials in the Breast Center: Are They Worth Doing?</b> Dorothy Dulko, PhD, AOCNP	SIG #4
3:30 - 4:00 pm	<b>Breast Center Efficiency: Lean Model</b> Guneet Gandhi, PharmD and Nichole Smith, MBA	<b>Identifying the "At Risk" Patient and Navigating Them</b> Kate Frayne, RNC, WHNP-BC	<b>What do you Mean, Atypia?</b> F. Lee Tucker, MD, FCAP	
4:00 - 4:30 pm	<b>Break Time with Vendors in the Exhibit Hall</b>			

### Clinical Pearls

Moderator: William R. Poller, MD, FACR

4:30 pm	<b>Inspiration Award Presentation</b> Cary S. Kaufman, MD, FACS
4:30 - 5:00 pm	<b>Localization, Here or There</b> Cary S. Kaufman, MD, FACS and Gary M. Levine, MD
5:00 - 6:00 pm	<b>Triple Negative: Pathology, Medicine and Radiology</b> Moderator: Kristie Bobolis, MD Panelists: Sharon C. Dutton, MD, MPH; David M. Euhus, MD, FACS; Jennifer S. Gass, MD, FACS; Tina Rizack, MD, MPH; William M. Sikov, MD and F. Lee Tucker, MD, FACS
6:00 - 7:00 pm	<b>Reception with Vendors in the Exhibit Hall</b>

## Plenary Conference: Day 3

Tuesday, March 13, 2012

pages 16 - 17

### Emerging Technologies

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

7:00 - 7:55 am	<b>Continental Breakfast</b>
7:55 - 8:00 am	<b>Introduction/Opening</b>
8:00 - 8:30 am	<b>Tomosynthesis 3D or Not 3D</b> Mary K. Hayes, MD
8:30 - 9:00 am	<b>Screening Breast Ultrasound in Connecticut: What Hit Us?</b> Jinnah A. Phillips, MD
9:00 - 9:30 am	<b>Nuclear Breast Imaging (BSGI and PEM)</b> Bruce A. Porter, MD, FACR and Michael N. Linver, MD, FACR
9:30 - 10:00 am	<b>Intraoperative Radiation Therapy: "Quicker, Better, Cheaper"</b> Melvin J. Silverstein, MD, FACS
10:00 - 11:00 am	<b>Break Time with Vendors in the Exhibit Hall</b>

### Breakout Sessions

● SIG Discussion (topics listed on page 19 of this flyer)  
● Administration   ● Imaging   ● Nursing   ● Clinical

Moderators:	Anne Rosenburg, MD, FACS	Colleen Johnson, RN, NP, CBPN-IC	Karleen R. Habin, RN, BCCS, MPH	
11:00 - 11:30 am	<b>Imaging Excellence 11:00am - 11:50am</b> Laszlo Tabar, MD, FACR (Hon)	<b>IT: Navigating the Maze</b> Khair Tran, MD	<b>Who Needs an MRI?</b> Bruce A. Porter, MD, FACR	
11:35 am - 12:05 pm	<b>Live Positioning Demonstration 11:55pm - 12:40pm</b> Laszlo Tabar, MD, FACR (Hon) and Louise C. Miller, RT(R)(M)	<b>The National Cancer Data Base: A Resource to Improve the Quality of Care Provided to Breast Cancer Patients</b> Andrew K. Stewart, MA	<b>Locally Advanced Breast Cancer: Controversies in Management</b> Sharon C. Dutton, MD, MPH and William M. Sikov, MD	<b>SIG #5</b>
12:10 - 12:40 pm	<b>Positioning Mentoring 12:45 - 1:15pm</b> Louise C. Miller, RT(R)(M)	<b>Social Media Strategies for Breast Centers: Tweets, Fans, Check-ins, Views &amp; More Cabbage</b> Chris Conant, BA, CBS, PBU	<b>Clinical Management of High Risk Women with Hereditary Breast Cancer Predisposition Syndromes</b> David M. Euhus, MD, FACS	<b>SIG #6</b>
12:45 - 1:15 pm		<b>Moving Forward After Success: Building a Stronger Breast Center Team</b> Jane Berz, MSN, RN	<b>Radiation Update 2012: Trends in the Local Therapy of Early-Stage Breast Cancer Managed with Breast-Conserving Surgery (BCS)</b> Sharon C. Dutton, MD, MPH	
1:15 - 2:30 pm	<b>Lunch Time with Vendors in the Exhibit Hall</b>			

### Current Screening

Moderator: William M. Sikov, MD

2:30 - 3:30 pm	<b>Beyond the Age 40-49 Mamographic Screening Debate: The Importance and Challenge in Detecting Breast Cancer in Young Women</b> Laszlo Tabar, MD, FACR (Hon)
3:30 - 4:00 pm	<b>A Systematic Approach to Breast Cancer Risk Assessment: Lessons Learned and Data Gathered</b> Mary E. Freivogel, MS, CGC
4:00 - 5:30 pm	<b>Interesting Cases: What Would You Have Done?</b> Moderator: Lawrence Gardner, MD, FRCS(c), FACS Panelists: Sharon C. Dutton, MD, MPH; Dennis R. Holmes, MD, FACS; Paul Michaels, MD; Yuri R. Parisky, MD; Andrew Seidman, MD; Lillie D. Shockney, RN, BS, MAS, CBPN-IC and Barbara Rabinowitz, PhD, MSW, RN
5:30 pm	<b>Conference Ends for the Day (Taking Care of YOU with Julie Susi)</b>

### BSE Trainer Certification

Registration Required

3:45 - 7:15 pm	<b>Breast Self-Examination Trainer Certification (Information on Page 11)</b>
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## Plenary Conference: Day 4

Wednesday, March 14, 2012

pages 18 - 19

### Dr. Tabar and Survivorship

Moderator: Barbara Rabinowitz, PhD, MSW, RN

7:00 - 7:50 am	<b>Continental Breakfast</b>
7:50 - 8:00 am	<b>Introduction/Opening – General Membership Meeting</b> <i>John L. Bell, MD, FACS</i>
8:00 - 9:00 am	<b>Multimodality Approach to Detection and Diagnosis of Breast Diseases: The Art and Science of Early Detection</b> <i>Laszlo Tabar, MD, FACR (Hon)</i>
<b>Survivorship Symposium</b>	
9:00 - 9:30 am	<b>Newest Concepts on Lymphedema</b> <i>Stanley G. Rockson, MD</i>
9:30 - 10:00 am	<b>Significance of Creating and Maintaining a Cancer Survivor Program</b> <i>Linda A. Jacobs, PhD, RN</i>
10:00 - 10:30 am	<b>The Institute of Medicine Take on Survivorship Care: What You Need to Know</b> <i>Dorothy Dulko, PhD, AOCNP</i>
10:30 - 11:00 am	<b>Sex and Intimacy: Talking and Treating</b> <i>Michael L. Krychman, MD, FACOG and Barbara Rabinowitz, PhD, MSW, RN</i>
11:00 - 11:15 am	<b>Stretch Break</b>
11:15am - 12:15 pm	<b>Menopausal Mayhem</b> Moderator: <i>Michael L. Krychman, MD, FACOG</i> Panelists: <i>Alan M. Altman, MD and Anne Katz, RN, PhD</i>

### Survivorship Symposium

Moderator: Michael L. Krychman, MD, FACOG

1:15 - 1:45 pm	<b>Late Adverse Effects of Adjuvant Systemic Therapy for Breast Cancer</b> <i>Andrew Seidman, MD</i>
1:45 - 2:15 pm	<b>Barriers to Survivorship Care for Underserved</b> <i>Lillie D. Shockney, RN, BS, MAS, CBPN-IC</i>
2:15 - 2:45 pm	<b>Emerging Diagnostic and Treatment Options for Breast Cancer and Cardiotoxicity</b> <i>Jean-Bernard Durand, MD, FACC, FCCP, FACP</i>
2:45 - 3:15 pm	<b>What Comes After: Survivorship Issues for Women with Breast Cancer</b> <i>Anne Katz, RN, PhD</i>
3:15 - 3:25 pm	<b>Stretch Break</b>
3:25 - 3:55 pm	<b>Healthy Living for Breast Cancer Survivors</b> <i>Helene B. Zonder, RN, MN, AOCNP, NP-C</i>
3:55 - 4:55 pm	<b>Survivorship Care and Models Panel</b> Moderator: <i>Michael L. Krychman, MD, FACOG</i> Panelists: <i>Lillie D. Shockney, RN, BS, MAS, CBPN-IC and Barbara Rabinowitz, PhD, MSW, RN</i>
4:55 pm	<b>2012 National Interdisciplinary Breast Center Conference Concludes</b>



*"The scope of topics covered was as amazing as last year. I think the survivorship section was the best!"*  
-Newark, NJ

**NEW  
Course!**  
Includes a 200+ page syllabus!

## National Recognition for Breast Centers of Excellence: Service Line Optimization

March 10-11, 2012

Saturday, March 10, 2012

8:00 - 8:30 am

### **An Overview of Quality Initiatives for Breast Centers and Breast Care Professionals**

*Cary S. Kaufman, MD, FACS*

Quality care has become the new definition of value in healthcare. Initiatives to assess quality care exist for breast centers as a program and for each clinical discipline. Each program has a spectrum of measures designed to assess their own discipline. Most quality programs reside as stand-alone programs but in the future, synergy among programs will produce collaboration and increased consistency in quality care measurement. An overview of the quality assessment landscape helps choose which programs to engage.

8:30 - 9:00 am

### **Critical Success Factors in Developing a Comprehensive Breast Program**

*Jane Berz, MSN, RN*

What does it take to create a successful breast program worthy of accreditations and certifications? This session will discuss the common denominators in highly successful breast programs as well as provide practical guidance on common mistakes to avoid. Salient issues such as addressing medical staff OncoPolitics, developing organizational structure and leadership, and participating in quality initiatives will be discussed so that the breast program "success" is measured and sustained.

9:00 - 9:30 am

### **Improving Breast Cancer Patient Outcomes through Quality Improvement: The Intermountain Healthcare Experience**

*Brett Parkinson, MD, FACR*

A central objective of any accreditation program is to ensure that facilities meet accepted quality standards for personnel training, diagnostic and treatment processes, and equipment. High quality care often requires additional standards to achieve continuous quality improvement. Intermountain Healthcare has developed a comprehensive breast care program focused on ongoing quality improvement by engaging the primary stakeholders, radiologists, surgeons, pathologists, medical oncologists and radiation oncologists in an ongoing dialog of what constitutes best practice. Using this data-centered approach, the quality improvement team actively evaluates metrics in all relevant disciplines, regularly altering the clinical process to reduce variation and improve patient outcomes.

9:30 - 10:00 am - Break

10:00 - 10:30 am

### **Breast Imaging Center of Excellence (BICOE) - A Solid Foundation**

*Kathy Dittmar, RT(R)(M)*

Every quality structure requires a solid foundation, including breast centers. Get out your tool box and prepare for achieving the ACR requirements for a BICOE. Nail down mammography processes, hammer out the work flow in breast ultrasound and measure quality of stereotactic procedures. Once you acquire the status of BICOE, you will have a clear blue print to follow as your breast center builds quality services as a center of excellence.

10:30 - 11:00 am

### **National Quality Measures for Breast Centers: Achieving NQMB Quality Center of Excellence Status**

*Lillie D. Shockney, RN, BS, MAS, CBPN-IC*

Quality improvement is likely to occur when one compares itself with others. The NQMB was created to facilitate quality measurement documentation and delivers comparisons to all participants without charge. After formulating and choosing quality metrics, the NQMB has become a viable opportunity to improve breast center care. Data entry and comparison results are web-based and available promptly.

11:00 - 11:30 am

### **Results from the NQMB Provide Quality Benchmarks for Breast Centers**

*Cary S. Kaufman, MD, FACS*

Since 2005, NQMB has collected quality data from participating breast centers to create a database useful for defining quality benchmarks. Each measure reveals a "threshold level" of care that most centers should surpass. This entry level of care is just the beginning. Improving quality requires "achievable goals" beyond threshold level to demonstrate excellence in care. Data from the NQMB provides quality guideposts for centers to incorporate in their overall quality program.

11:30 am - 12:00 pm

### **Extracting Data and Using the National Quality Metrics for Breast Centers**

*Kathy Dittmar, RT(R)(M)*

Measuring operational performance provides data to evaluate quality of care provided and opportunities for performance improvements. Obtaining the data necessary for comparison presents a challenge to our centers. Developing operations that facilitate data collection is important when considering these programs. Once data are obtained, comparison of services to peers on a national is your opportunity to take a look in the mirror and know how your center is structured, understand your clinical performance, and understand what influences outcomes

12:00 - 2:00 pm - Lunch on Your Own

Course Directors

*Cindy Burgin*

*Cary Kaufman, MD, FACS*

*Claudia Z. Lee, MBA*

**Separate Tuition Required**

**Hear from the Experts Who Develop the Standards!**

## Saturday, March 10, 2012

2:00 - 2:30 pm

### **Getting to the Profitability Finish Line: But at What Cost to Quality Outcomes?**

*Marie M. LaFargue, MPH*

This session will unravel the process of service line integration and share best practices for breast center success and sustainability. The presentation will outline interdisciplinary analysis with decision support services and finance managers, downstream revenue analysis, and integration of performance improvement measures and other clinical and service delivery benchmarks. In this quest for quality/profitability congruence, the discussion will offer practical resources as well as decision-making considerations for aligning physician relations initiatives; the inclusion of breast services with overall organizational and/or health system strategic initiatives; and identify resources that might help minimize the impact of lives lost, the delay of care delivery for the growing uninsured, and the specific resources available and on the horizon to fill the gaps along the continuum of care.

2:30 - 3:00 pm

### **Build It and They Will Come: Creating a National Breast Center of Excellence Model**

*Teresa Heckel, BS, RT(R)(M), FABC*

This session will describe the journey of Catholic Health Initiatives in developing a national model for excellence in breast care. As a large, 75-hospital, national health system, CHI decided to "raise the bar" in breast care - developing tools, resources and a roadmap for their facilities in creating their comprehensive breast programs. We will discuss the infrastructure that has been developed to support the facilities in their quest to provide high quality breast care. We will also share the roadblocks and obstacles. The lessons learned are just as applicable to a local or regional healthcare system with multiple breast centers as they are to a national network.

3:00 - 3:30 pm

### **Strategies for Implementation of Quality Metrics for Breast Diagnostic Imaging and Treatment in a System-Wide Breast Program**

*Brett Parkinson, MD, FACR*

There are many established metrics that measure quality in breast imaging and breast surgery. However, there is very little information on the "How To" for implementation of these metrics within a multi-hospital system breast program. This session will address the roll-out of an implementation process that establishes these metrics as a standard of care for all facilities within a hospital system.

3:30 - 4:00 pm

### **Navigation: Quality Metrics**

*Colleen Johnson, RN, NP, CBPN-IC*

The field of navigation touches all aspects of health care but is especially important in the field of oncology as patients and loved ones enter into the complex care delivery system of cancer care. Numerous uncontrolled and small single site studies have suggested that navigation services can improve patient outcomes. Navigation has become a "standard of care" and is being demanded as a "must have service" by consumers. Administrators are faced with demonstrating the empirical evidence of its benefits and cost effectiveness. Development of processes and successful outcome measures that allow for careful evaluation of navigation programs is critical for successful implementation and longevity. This lecture will define the navigator role and present vetted measures to assess both outcomes of care and benefits of care with patient navigation.

4:00 - 4:30 pm

### **Advocacy: The Breast Center's Lifeline to the Patient**

*Paula Kim*

Advocacy, individually or collectively, is based on making a difference. There are numerous advocacy groups with a focus on breast cancer that are actively influencing healthcare legislation, access issues for the underserved, personal and family support, community awareness, fund development, expansion of clinically relevant research and patient care. This presentation will discuss how comprehensive breast programs can best utilize the influence and commitment of advocacy groups and, in return, serve as an educational entity to these groups.

4:30 - 5:00 pm

### **Pearls to Take Home**

*Moderator: Cary S. Kaufman, MD, FACS*

*Panelists: Jane Berz, RN,MS, Kathy Dittmar, RT(R)(M); Teresa Heckel, BS, RT(R)(M), FABC; Colleen Johnson, RN, NP, CBPN-IC; Paula Kim; Marie M. LaFargue, MPH; Brett Parkinson, MD, FACR and Lillie D. Shockney, RN, BS, MAS, CBPN-IC*

This is stimulating and provocative but may not be readily applicable to your facility. We will discuss real-world practical suggestions to begin upon your return to achieve measurable success. Each speaker will answer the question, "So what do I do now?"

## Sunday, March 11, 2012

8:00 - 8:30 am

### **Program Overview - Why Integration of Breast Care Services Matter**

*Shahla Masood, MD, FCAP, MIAC*

Whether treating benign breast disease or breast cancer, a multidisciplinary approach is important when treating patients with diseases of the breast. This presentation will provide a historic perspective that led to the development of the National Accreditation Program for Breast Centers and discuss why integrated breast care is important to the patient.

8:30 - 9:00 am

### **Building a Multidisciplinary Team - A Structure to Provide Continuity of Care**

*Terry Sarantou, MD, FACS*

Patients diagnosed with diseases of the breast require the skill of many professionals from different specialties. Building a multidisciplinary team requires a leader, or a leadership team, that understands the importance of continuity of care, which should occur within the breast center. The multidisciplinary breast conference, which is the cornerstone of a comprehensive breast center, is an opportunity for all team members to discuss patient care.

9:00 - 9:45 am

### **NAPBC Components and Standards - Incorporating Multidisciplinary Breast Care as a Culture of Care**

*Scott H. Kurtzman, MD, FACS*

The care of the patient diagnosed with breast disease requires a systematic approach to address and support the entire continuum of care. The NAPBC has defined the standards that promote the delivery of high quality breast care. These standards will be discussed.

9:45 - 10:00 am - Break

10:00 - 10:30 am

### **The Role of Survivorship Programs - Continuity of Care for Breast Cancer Patients**

*Barbara Rabinowitz, PhD, MSW, RN*

Survivorship Programs afford the breast cancer patient a wide range of post treatment resources that provide support in many ways. This emerging concept has received a very warm reception in the cancer care community and augments the concept of multidisciplinary care. Survivorship components pertinent to breast centers will be discussed that create a value-added service.

10:30 - 11:00 am

### **The Importance of Genetic Evaluation and Counseling in a Breast Center**

*Mary E. Freivogel, MS, CGC*

Genetic evaluation, testing and counseling are three distinct areas within the genetic arena and each has its role when treating breast cancer patients. Genetic evaluation extends beyond the breast cancer patient and requires skilled professionals to counsel patients who are at risk for the development of breast cancer and breast cancer-related syndromes. There are several options to integrate genetic evaluation and counseling into a breast center.

11:00 - 11:30 am

### **NAPBC Surveyor Perspective - Is the NAPBC Making a Difference?**

*F. Lee Tucker, MD, FCAP*

The NAPBC surveyor is in a unique position to see many different types of breast centers and how they are positioned to comply with the NAPBC standards. This exposure provides the surveyor with a variety of perspectives that can be shared with the breast center leadership, including guidance and education, to support the NAPBC standards based on each centers unique structure. Lessons learned from other surveys will be discussed.

11:30 am - 12:00 pm

### **Applying for NAPBC Accreditation - The Process of Organizing through Survey**

*Cindy Burgin, Manager, National Accreditation Program for Breast Centers (NAPBC)*

Preparation for accreditation survey facilitates a comprehensive review of a breast center organization. Learn how to apply for NAPBC accreditation and the process for organizing for survey. This discussion will take you through the pre-application and how to prepare for survey using the actual application. It will also include information on what to expect on the day of survey including post-survey activities.

12:00 - 12:30 pm

### **Marketing Your NAPBC Accreditation**

*Connie M. Bura, Administrative Director - American College of Surgeons*

Marketing your accomplishments is important. Accreditation positions your center as a leader in the community for the provision of quality breast care and offers the opportunity to share information about the resources and services your center provides. Patients are seeking this level of recognition and are looking for care that is provided by skilled professionals with a multidisciplinary approach.

## Breast Patient Navigator Certification



**Saturday, March 10, 2012: 7:00 am - 4:00 pm**

**Sunday, March 11, 2012: 7:00 am - 12:30 pm**

**Medical Advisor: Lillie D. Shockney, RN, BS, MAS, CBPN-IC**

**Medical Advisor/ Faculty: Colleen Johnson, RN, NP, CBPN-IC**

**Faculty: Melissa Hopkins, RN, BA, CBPN-IC, CBEC (Chair);**

**Teresita Macarol, RT(R)(M)(QM)CBPN-IC; Gina Leffert-Paige, ARRT(R)(M), CBPB-IC, CBEC**

**Diane M. Quigley, RT(R)(M), CBPN-IC and Dr. Jay R. Parikh, MD, FRCP(c), FACPE, FACR**



The Breast Patient Navigator Certification has been developed to set standards of achievement and the professional's role; enhance patient safety; improve the quality of care and delivery of services; and recognize professionals who advance beyond basic knowledge in a field of specialty. The Breast Patient Navigator Certification validates the medical professional's knowledge and performance standards through testing.

The certification program content offered on Saturday at the National Conference does not teach individuals the knowledge needed to pass the certification exam. Program content is designed to provide an extension to the knowledge already possessed by the medical professional. The certification program provides individuals with a valuable reference and information binder, membership in a network of peers, the ability to exchange experiences with other navigators, and the opportunity to participate in case study analysis with other medical professionals. Those seeking certification should self-study. Skills and knowledge acquired through college education, continuing education and professional performance should be enhanced through self-study using the reading references suggested.

To be eligible to sit for the certification examination:

1. The individual must be: 1) a licensed medical professional and hold a valid medical license as a physician, nurse, radiologic technologist or social worker OR 2) a certified medical professional and hold a valid certification as a physician assistant, radiologic technologist, radiology practitioner assistant, social worker or advanced practice nurse OR 3) master level prepared in a health related field; and
2. The individual must navigate breast patients at least 50% of his/her work time OR have navigated breast patients for at least 1000 hours of his/her work time.
3. It is highly recommended that individuals have a minimum of at least two years navigating breast patients.

Each registrant will be provided a reference/information binder that includes the Breast Patient Navigation Matrix, description of skills and knowledge for each navigation stage, sample job descriptions and supplemental reading material references. Two hours are allowed for each 100 question multiple-choice examination with a ½ hour break between examinations. Certifications are awarded within one week of the examination.

Certifications are achieved by attaining a minimum score of

1. 80% on the imaging examination to be certified as a Breast Patient Navigator in Imaging (CBPN-I) or
2. 80% on the cancer examination to be certified as a Breast Patient Navigator in Cancer (CBPN-C) or
3. 80% on both the imaging and cancer examinations to be certified as a Breast Patient Navigator in Imaging and Cancer (CBPN-IC).

Certifications are lifetime certifications with annual renewal requirements. At this time, more than 470 individuals have attained one of the three Breast Patient Navigator Certifications offered.

### Saturday, March 10, 2012

7:00 - 8: 00 am	<b>Registration</b>
8:00 - 8:15 am	<b>Welcome and Introductions</b>
8:15 - 8:45 am	<b>Demonstrating the Value of the Patient Navigator</b>
8:45 - 9:45 am	<b>Breast Imaging for Navigators</b>
9:45 - 10:30 am	<b>Case Study Scenarios Utilizing Patient Navigator Knowledge and Experience</b>
10:30 - 10:45 am	<b>Break</b>
10:45 am - 12:00 pm	<b>Case Study/Discussions</b>
12:00 - 1:30 pm	<b>Lunch on Your Own</b>
1:30 - 3:30 pm	<b>Case Study Group Reporting</b>
3:30 - 4:00 pm	<b>Q &amp; A Session</b>

### Sunday, March 11, 2012

7:00 - 8: 00 am	<b>Registration</b>
8:00 - 10:00 am	<b>Imaging Certification Examination</b>
10:00 - 10:30 am	<b>Break</b>
10:30 am - 12:30 pm	<b>Cancer Certification Examination</b>

## Clinical Breast Examiner Certification



**Saturday, March 10, 2012: 7:00 am - 5:00 pm**  
**Sunday, March 11, 2012: 6:00 am - 1:00 pm**

**Suzanne M. Taylor, MD, CBEC; Jo Miller, PA-C; Shireen L. Braner, PA, RT(R)(M)(QM), CBEC, CBPN-IC; Julie Schnieders, MSN, NP, CBEC and Cathy Cole, RNC, NP, MPH, CHES, CBEC, CBEC**

CBE® certification is the process by which the NCBC validates, based upon a set of performance and knowledge 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 CBEC® may use the mark CBEC® to verify they have met all eligibility and testing requirements.

This one and a half day program 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.

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.

### Saturday, March 10, 2012

7:00 - 8:00 am	<b>Registration</b>
8:00 - 8:15 am	<b>Welcome and Introductions</b>
8:15 - 8:45 am	<b>Presentation of Components of a Clinical Breast Examination</b>
8:45 - 10:30 am	<b>CBE Performance Demonstration and Interaction</b>
10:30 - 10:45 am	<b>Break</b>
10:45 - 11:50 am	<b>Case Studies</b>
11:50 am - 12:00 pm	<b>Examination and Scoring Review</b>
12:00 - 1:30 pm	<b>Lunch on Your Own</b>
1:30 - 5:00 pm	<b>Practice/Perform/Study Performance and Tactile Skills</b>

### Sunday, March 11, 2012

6:00 - 7:00 am	<b>Registration</b>
7:15 - 8:15 am	<b>Core Knowledge Examination</b>
8:15 am - 1:00 pm	<b>Performance and Tactile Examinations</b>

## Breast Self-Examination Trainer Certification

**Tuesday, March 13, 2012**  
**3:45 - 7:15 pm**

**Suzanne M. Taylor, MD, CBEC; Jo Miller, PA-C; Shireen L. Braner, PA, RT(R)(M)(QM), CBEC, CBPN-IC; Julie Schnieders, MSN, NP, CBEC and Cathy Cole, RNC, NP, MPH, CHES, CBEC**

This program awards medical professionals with a BSE Trainer Certification. Certified BSE Trainers are medical professionals who have tested and shown they possess the knowledge and skills to provide BSE instruction. This certification allows the Certified BSE Trainer to teach and certify educator leaders who will teach patients how to perform a BSE. Plus, the Certified BSE Trainer may directly teach patients. Certified individuals will have attained an 80% on the examinations which include didactic, tactile, and verbal skills. 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 educator leaders and patients are available to those who successfully complete the program and attain certification. Re-certification is attained annually through submission of training data.



### Tuesday, March 13, 2012

3:45 - 3:50 pm	<b>Welcome and Introduction</b>
3:50 - 4:00 pm	<b>Healthcare Professional Foundation Knowledge</b>
4:00 - 4:30 pm	<b>BSE Demonstration</b>
4:30 - 4:35 pm	<b>Patient Resources, Teaching/Education/Presentation Techniques, References</b>
4:35 - 4:40 pm	<b>BSE Community Educator Purpose</b>
4:40 - 4:45 pm	<b>BSE Certified Trainer Purpose</b>
4:45 - 5:45 pm	<b>Practice and Study</b>
5:45 - 7:15 pm	<b>BSE Testing</b>

# Breast Cancer Risk Assessment: A Collaborative Approach



*This breast cancer risk assessment pre-conference is targeted toward health care practitioners experienced in breast care who are interested in incorporating basic breast cancer risk assessment into their practice. The target audience includes nurse practitioners, nurses, physician assistants, genetic counselors and mid-level licensed professionals as well as physicians. This course will explore the abilities and limitations of this type of health care professional in assessing a patient's risk for breast cancer, identifying those who need genetic testing and providing personalized recommendations for cancer screening and prevention. There will be a focus on collaboration between healthcare providers, utilizing the strengths of different specialties to provide comprehensive breast care.*

**Saturday, March 10, 2012**

**9:00 am - 5:00 pm**

- 9:00 - 9:15 am **Welcome and Opening Comments**  
*Cary S. Kaufman, MD, FACS*
- 9:15 - 9:45 am **Introduction to Breast Cancer Risk Assessment**  
*Mary E. Freivogel, MS, CGC*  
This session will review the main indications for breast cancer risk assessment. It will include a general description of the tools that are available to assess breast cancer risk. Screening algorithms for breast cancer risk assessment will be outlined, including a description of risk categories.
- 9:45 - 10:15 am **Overview of Hereditary Breast and Ovarian Cancer Syndrome**  
*Julie Schneiders, MSN, NP, CBEC*  
Mutations in the *BRCA1/2* genes are the most common cause of hereditary breast cancer. Clinical features and cancer risks associated with hereditary breast and ovarian cancer syndrome will be described. The session will also review criteria for *BRCA1/2* genetic testing based on the National Comprehensive Cancer Network (NCCN) guidelines.
- 10:15 - 10:30 am **Break**
- 10:30 - 11:00 am **Interpreting Genetic Test Results for BRCA1/BRCA2**  
*Stephanie Cohen, MS, CGC*  
This session will review the possible outcomes of *BRCA1/2* genetic testing. The implications of genetic test results on clinical management and screening of patients and their family members will be discussed. Finally, insurance issues related to genetic testing will be addressed.
- 11:00 - 11:30 am **Tools to Calculate Breast Cancer Risk**  
*Mary E. Freivogel, MS, CGC*  
This session will review the various breast cancer risk assessment models and tools that are available, as well as their limitations and benefits. It will demonstrate the differences between the outputs of the various models and provide guidance on how to determine which model and risk estimate is most accurate for a specific patient.
- 11:30 am - 1:00 pm **Lunch on Your Own**
- 1:00 - 1:45 pm **Collaborating to Address the Challenges of Breast Cancer Risk Assessment**  
*Stephanie Cohen, MS, CGC*  
This session will review other hereditary cancer syndromes that involve an increased risk for breast cancer and provide guidelines for triage to be able to refer patients at-risk for these more rare, complex syndromes to a cancer genetics professional. It will provide ideas for identifying a local cancer genetics professional and developing a strong professional relationship with them to provide comprehensive care to patients.
- 1:45 - 2:30 pm **Clinical Management According to Risk**  
*Kevin S. Hughes, MD, FACS*  
This session will focus on personalizing medical management for patients who are at average, intermediate, and high risk for breast cancer. Options for early detection and prevention and their efficacy will be reviewed. We will focus on the importance of incorporating estimated lifetime risk of breast cancer, genetic test results, breast density and personal comfort with levels of risk to make the most appropriate short and long term medical management plan for each individual patient. NCCN guidelines for screening and risk reduction in patients of various levels of risk will be reviewed.
- 2:30 - 2:45 pm **Break**
- 2:45 - 3:45 pm **Putting It All Together : Interactive Case Presentations**  
*Mary E. Freivogel, MS, CGC; Stephanie Cohen, MS, CGC; Kevin S. Hughes, MD, FACS, and Julie Schneiders, MSN, NP, CBEC*  
This session will utilize thought-provoking case studies with audience participation to synthesize previous sessions and apply newly gained knowledge to real-life patient situations. Cases will demonstrate the importance of appropriate, comprehensive breast cancer risk assessment in early detection and prevention of breast cancer.
- 3:45 - 4:00 pm **Breast Cancer Risk Assessment Certification: Coming Soon**  
*Faculty*  
This session will describe the plans for a "Breast Cancer Risk Assessment" certification for mid-level providers. The certification will involve education about breast cancer risk assessment and genetic testing, documented clinical experience, and a written test.
- 4:00 - 4:30 pm **Open Forum - Discussion/Q&A**  
*Mary E. Freivogel, MS, CGC; Stephanie Cohen, MS, CGC; Kevin S. Hughes, MD, FACS; Julie Schneiders, MSN, NP, CBEC and Cary S. Kaufman, MD, FACS*  
This final session will allow attendees to ask questions of the panel on clinical issues discussed or presented during the lectures. Also, any questions regarding the proposed breast cancer risk assessment certification in 2013 can be discussed. Attendees may also provide suggestions to be considered by the panel designing the certification process.
- 4:30 - 5:00 pm **Needs Assessment: Practice Examination**  
A multiple-choice, needs assessment will be administered to evaluate participants' current knowledge and skills related to the topic of breast cancer risk assessment. Participants will not be evaluated individually based on this assessment. Rather, data from the group will be used to develop the curriculum and assessments for the NCBC Breast Cancer Risk Assessment Certification under development.

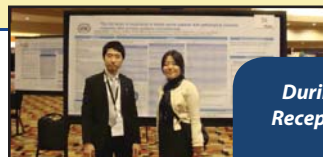
## Conference Introduction

9:00 am - 1:30 pm	<b>Conference Registration</b>
11:30 am - 1:30 pm	<b>Opening of Conference and Time with Vendors</b>
1:30 - 1:35 pm	<b>Introductory Comments and Opening</b> <i>John L. Bell, MD, FACS, NCBC President</i>
1:35 - 1:40 pm	<b>Conference Chair Comments and Conference Logistics</b> <i>Gary M. Levine, MD</i>
1:40 - 2:00 pm	<b>Why, Why, Why???</b> <i>Barbara Rabinowitz, PhD, MSW, RN</i> This mini-talk answers frequently-asked questions and frequently heard laments. At the end of these minutes, participants will be able to delineate why we find ourselves in Las Vegas each year.

## Economic Challenges

*Moderator: Barbara Rabinowitz, PhD, MSW, RN*

2:00 - 2:30 pm	<b>Celebrity Keynote: The Things You Learn in a Crisis</b> <i>Kelly Corrigan</i> An accomplished columnist, writer and survivor. Kelly will share with attendees the things you learn in crisis. What started out as a personal project, evolved into something much greater.
2:30 - 3:00 pm	<b>Professional Keynote: Words that Heal, Words that Harm</b> <i>Elizabeth J. Clark, PhD, ACSW, MPH</i> As health care professionals, we may not always recognize the power that our words can have. They may be uplifting, or they may create lasting word wounds that diminish hope. This presentation will discuss the importance of our communications with patients.
3:00 - 3:30 pm	<b>"Healthcare Reform: The End of Business as Usual and What this Means within the Breast Center"</b> <i>Gary M. Levine, MD</i> Healthcare costs in the U.S. have surpassed \$650 billion dollars annually and the growth is unsustainable. Healthcare reform signals the end of business as usual and will require better coordination of care resulting in improved quality, access and cost. Care will move from a culture of Entitlement (based on tradition) to that of Accountability (based on results, value). How will this materialize within the breast center? What can we do to ensure success?
3:30 - 4:00 pm	<b>Breast Tissue Density Legislation: An Update and Coping Guide</b> <i>Gerald R. Kolb, JD</i> Following the landmark Connecticut legislation in 2009, grassroots women's organizations in many other states have been promoting similar legislation, which would inform patients in the screening mammography report of their tissue density, and recommend they seek advice from their physicians regarding their personal implications of tissue density. Translation of this information into the practice setting creates profound changes in screening delivery and a dramatic increase in the detection of early cancers. It can also stress already tight staffing in breast centers, and create reimbursement and other issues. This presentation will discuss the importance of breast density, give perspective with respect to the states that are currently involved in enacting density legislation, review the lessons from the Connecticut implementation, and provide attendees with the tools to move forward with a tissue density notification program in their own breast centers
4:00 - 4:30 pm	<b>Oral Poster Presentations</b>
4:30 - 5:00 pm	<b>Manage Your Social Media or Your Community will Manage it for You: The Modernization of Breast Center Marketing</b> <i>Chris Conant, BA, CBS, PBU</i> The strength of Social Media is that branding will happen, your reputation will grow and patients will talk about you on-line. The question is whether or not you're going to manage the online dialogue about you or your practice. Then, those same patients will come to expect a new kind of online communication effort with them in return. Social PR merges Social Media technology with PR to turn "fans and followers" into champion referrers, based on the premise that people do business with people who they know, like, trust and connect with. Being social is not new, but using technology to manage a healthcare brand inside a Social PR conversation takes patience and a bit of know-how that can be explained in a few minutes together.
5:00 - 5:30 pm	<b>How to Raise that Million Dollars</b> <i>John L. Bell, MD, FACS and Richard K. Giecek, CFRE</i> Almost all health care organizations are facing a decrease in reimbursement and grant funding from government sources and other third party payers. Furthermore, the cost of health care is continuing to rise. This session will offer insight on how to use philanthropy as a way to narrow the gap between expenditures and funding. The story of how the University of Tennessee Medical Center in Knoxville was able to raise \$1 million from various community organizations and concerned friends during a one-year campaign that culminated in a single night gala event will be detailed.
5:30 - 6:30 pm	<b>Poster Reception</b>



*During the Sunday Evening Poster Reception, enjoy speaking with each poster presenter and networking with attendees.*



## Surgical Updates

Moderator: Michael Linver, MD, FOCR

7:00 - 7:50 am	<b>Breakfast Symposia sponsored by Hologic</b>
7:50 - 8:00 am	<b>Introduction/Opening</b>
8:00 - 8:30 am	<b>Margins, Mastectomy and Myths</b> <i>Melvin J. Silverstein, MD, FACS</i> Oncoplastic breast surgery is the state of the art. It allows wider excisions while achieving better margins. It is a win-win procedure. A series of oncoplastic cases will be shown using tumor board presentation style that will engage the audience and allow them to participate in the decision making process.
8:30 - 9:00 am	<b>Z11 Update</b> <i>Dennis R. Holmes, MD, FACS</i> Discuss impact of ACOSOG Z-11 on patient care. Discuss impact of Genomic Testing on surgical decision making
9:00 - 9:30 am	<b>Genomic Update</b> <i>COL Craig D. Shriver, MD, FACS</i> The use of genomic characterization in breast diseases and cancer has been expanding rapidly. Assays are available and more being developed to allow for improved diagnosis, prognosis, and treatment decision-making for breast cancer patients. This has ushered in the beginning of the era of "personalized medicine" for breast cancer patients. In this session, we will discuss the types of assays and genomic tests available clinically, their benefits and limitations, and look to the future.
9:30 am	<b>Impact Award Presentation</b> <i>John L. Bell, MD, FACS</i>
9:30 - 10:00 am	<b>Break Time with Vendors in the Exhibit Hall</b>

- SIG Discussion (topics listed on page 19 of this flyer)  
 Administration    Imaging    Nursing    Clinical

## AM Breakout Sessions

Moderators:

F. Lee Tucker, MD, FACS

Karleen R. Habin, RN, BCCS, MPH

William Sikov, MD

10:00 - 10:30 am	<b>The RT's Role in Emerging Technologies</b> <i>Terry L. Lehmann, BS, RT(R)(M)</i> This course will discuss the mammography technologist's role in emerging Breast Imaging Technologies including Digital Breast Tomosynthesis, BSGI/PEM and Automated Whole Breast Ultrasound. Emphasis will be placed on variables in exam execution including positioning, technical components and other variables.	<b>The Many Faces of Navigation</b> <i>Moderator: Colleen Johnson, RN, NP, CBPN-IC</i> <i>Panelists: Janie Metsker, RN, CBPN-IC; Kate Frayne, RNC, WHNP-BC and Gina Lefert-Paige, ARRT(R)(M), CBPB-IC, CBEC</i> Panel presentation and discussion of the different models of Breast Patient Navigation.	<b>Galactography: Death or Revival</b> <i>Michael N. Linver, MD, FOCR</i> Galactography / ductography is utilized to examine a ductal system in a woman with suspicious nipple discharge. Intent is to identify a lesion in the duct that is the source of the discharge. Some consider ductography a dying art; the presenter will present evidence to the contrary.	SIG #1
10:35 - 11:05 am	<b>Encountering the Difficult Patient for a Mammogram</b> <i>Sharon V. Walenga, BS, RT(R)(M)</i> Develop an approach to deal with difficult patients that results in a more consistent, and quality images. Identify the underlying causes and needs of a difficult patient. Effective communication strategies that can be used for different types of patients.		<b>A New Era of Breast Reconstruction</b> <i>Kathleen S. Herbig, MD</i> This course explores the multiple options of breast reconstruction in regards to post-mastectomy or partial mastectomy treatments. We will discuss oncoplastic procedures, implant based reconstruction, and autologous tissue reconstruction. We will also address the issues of radiation and chemotherapy as well as delayed vs immediate reconstruction.	
11:10 - 11:40 am	<b>Imaging Protocol: What Do I Do When</b> <i>Khai Tran, MD</i> As a technologist it is often difficult to predict what the radiologist will need in terms of repeat or additional views. This lecture will help clarify screening images and issues such as nipple in profile, the use of XCCLs, repeats for skin/fat folds, etc. The talk will also address the appropriate selection of additional views.	<b>Tools of the Trade: Patient Education, Communication and Documentation</b> <i>Kate Frayne, RNC, WHNP-BC</i> What do you use to teach your patients? What and Where do you document? Learn the "Tools of the Trade". Learn what other navigators use to educate their patients, how they communicate between the patient and other members of the team and what, when and where to document.	<b>Can You "Double Dip?" Double Dip Lumpectomy</b> <i>Jennifer S. Gass, MD, FACS</i> Given the increased detection of secondary lesions by MRI, and given the increasing rate of mastectomy, is there a role for more than one wide local excision in the same breast. A comprehensive review of the literature will be presented and analyzed and guidelines for double lumpectomy candidates suggested.	SIG #2
11:45 am - 12:15 pm	<b>Walk in My Shoes... or Should I Say, "Wear My Bra"</b> <i>Teresita Macarol, RT(R)(M)(QM), CBPN-IC and Sharon V. Walenga, BS, RT(R)(M)</i> Many of the patients we image have had previous surgery for breast cancer. Patients return with concerns of recurrence, anxiety and unique physical and emotional challenges breast cancer survivors face. Presented by a survivor who is also a mammography technologist.	<b>Are You Ready for Accountable Care?</b> <i>Gerald R. Kolb, JD</i> The speaker will discuss Accountable Care Organizations and the role of the breast center in the delivery of care to defined populations in which outcomes are comprehensively measured - and rewarded - according to quality, appropriateness and efficiency of care.	<b>Medical Therapy in the 21st Century</b> <i>Tina Rizack, MD, MPH</i> Numerous agents have become available which have increased the odds of successfully beating (or at least, living despite) breast cancer. Among these, the role of trastuzumab has strongly influenced the natural history of HER2 positive breast cancers. Recently, a new agent has been FDA approved, Eribulin, which in trials had a significant impact on overall survival among women heavily treated for metastatic breast cancer.	
12:15 - 1:45 pm	<b>Lunch Time with Vendors in the Exhibit Hall</b>			

- SIG Discussion (topics listed on page 19 of this flyer)
- Administration
- Imaging
- Nursing
- Clinical

## PM Breakout Sessions

Moderators:	Lillie D. Shockney, RN, BS, MAS, CBPN-IC, CBCN	Shireen L. Braner, PA, RT(R)(M)(QM), CBEC, CBPN-IC	John R. Keyserlingk, MD, FRCS(C), FACS	
1:45 - 2:15 pm	<p><b>One-Stop Shopping: Multidisciplinary Breast Clinic in a Community Hospital Setting</b> <i>Dianne J. Kane, RN, MS</i></p> <p>Many academic centers, as well as a few community hospital-based centers, have developed Multidisciplinary Breast Clinics (MBC), “one-stop shopping” for patients seeking either an initial consultation or a second opinion. This presentation will describe the lengthy, but successful, journey at Intermountain Healthcare in Salt Lake City.</p>	<p><b>Navigating the Startup of a Community-Based Navigation Program</b> <i>Donna J. Boehm, RN, MSN, MPH, CBPN-IC</i></p> <p>This presentation will detail the steps taken to develop a navigation program at a community hospital. Focus will be given to the key phases of program development such as analysis of your situation, design and implementation of your plan and evaluation of your program.</p>	<p><b>Radiology/Pathology Correlation after Core Biopsy: Follow-up or Surgery?</b> <i>Jay R. Parikh, MD, FRCP(c), FACPE, FACR</i></p> <p>Image-guided needle breast biopsy has become an increasingly acceptable clinical alternative to surgical breast biopsy for nonpalpable breast lesions. Options include FNA, core biopsy, and other developing technologies. The radiologist and pathologist need to work together as a cohesive team.</p>	<b>SIG #3</b>
2:20 - 2:50 pm	<p><b>Promoting Quality Instead of Chaos: The Role of Physician Membership Models in Community-Based Breast Centers</b> <i>Marie M. La Fargue, MPH</i></p> <p>Physician membership models are the cornerstone of community-based breast programs and can impact staff morale, patient satisfaction, service delivery, quality outcomes, turnaround times, image and branding, profitability and possibly even disease staging and survival rates. This presentation explores differing benchmark physician contract models.</p>	<p><b>Starting, Facilitating and Maintaining a Support Group is Not Always Easy</b> <i>Sandra Finestone, Psy.D.</i></p> <p>Research indicates that participating in support groups can be beneficial for patient survivorship. The question facing facilitators and facilities are which types of support groups to offer, what format to use, where to house the group and what time to hold the meetings. This course will provide you with information to help make those decisions and tools to evaluate the groups’ effectiveness.</p>	<p><b>Challenging Lobular Lesions of the Breast</b> <i>Dennis R. Holmes, MD, FACS</i></p> <p>Lobular lesions of the breast encompass atypical lobular hyperplasia (ALH) and lobular carcinoma in situ. These lesions constitute a spectrum of abnormalities pathologically, but they carry different risks for progression to breast cancer and impact on subsequent management strategies and follow-up/surveillance.</p>	
2:55 - 3:25 pm	<p><b>Cancer Legal Resource Center</b> <i>Joanna Morales, Esq.</i></p> <p>The Institute of Medicine has called for healthcare teams to address the whole patient (2008), and financial, employment, and legal concerns are intimately connected to the emotional health of patients and caregivers. This workshop will provide attendees with substantive information about a variety of cancer-related legal and employment issues.</p>	<p><b>Women Embracing and Loving Life: A Healthy Lifestyle Program for Breast Cancer Survivors</b> <i>Janie Metsker, RN, CBPN-IC</i></p> <p>This session will provide information on development of a community program focusing on a healthy lifestyle for breast cancer survivors. WELL (Women Embracing and Loving Life) is an eight-week program for breast cancer survivors providing information related to nutrition and fitness. The goal of the program is to improve the quality of life with breast cancer, minimize or reduce the side effects of treatment, and provide the benefits of group support and sharing.</p>	<p><b>Clinical Trials in the Breast Center: Are They Worth Doing?</b> <i>Dorothy Dulko, PhD, AOCNP</i></p> <p>Whether it be in genetic diagnosis, prevention, or treatment of breast cancer, trials help to distinguish centers from those around them and are much valued in their communities. However, clinical research can be a costly enterprise which can raise (or harm) an institution’s reputation. Being able to determine the effectiveness of Clinical Research in the Center is a crucial aspect of care and economic survival.</p>	<b>SIG #4</b>
3:30 - 4:00 pm	<p><b>Breast Center Efficiency: Lean Model</b> <i>Guneet Gandhi, PharmD and Nichole Smith, MBA</i></p> <p>During this time of great change in healthcare and with an ever increasing need to streamline processes and do more with less. This presentation will explain how to increase employee engagement, remove waste, increase capacity and inspire continuous improvement using LEAN methodology and techniques in a Breast Center setting.</p>	<p><b>Identifying the “At Risk” Patient and Navigating Them</b> <i>Kate Frayne, RNC, WHNP-BC</i></p> <p>Where is the “At Risk” patient identified and then what happens to them? Navigating an “At Risk” patient is more involved and takes more time. Find out where the most appropriate place is to identify the “At Risk” patient and then where to go from there.</p>	<p><b>What do you Mean, Atypia?</b> <i>F. Lee Tucker, MD, FCAP</i></p> <p>Pathologic findings that fall short of a cancer diagnosis may nonetheless convey valuable information regarding an individual’s risk of a concurrent or subsequent cancer. In this presentation, Dr. Tucker will navigate the attendee through the maze of “atypical” diagnoses and describe the forms of atypia supported by reproducible, objective diagnostic criteria with reference to the over and under diagnosis of atypia.</p>	
4:00 - 4:30 pm	<b>Break Time with Vendors in the Exhibit Hall</b>			

## Clinical Pearls

Moderator: William R. Poller, MD, FACR

4:30 pm	<p><b>Inspiration Award Presentation</b> <i>Cary S. Kaufman, MD, FACS</i></p>
4:30 - 5:00 pm	<p><b>Localization: Here or There</b> <i>Cary S. Kaufman, MD, FACS and Gary M. Levine, MD</i></p> <p>More than half of all breast cancers are non-palpable, making image localization prior to surgical excision necessary. Localization is classically performed in the radiology suite, although a new set of surgeons have learned how to perform localization in the operating room just prior to surgery. We will discuss the benefits and pitfalls of both methods.</p>
5:00 - 6:00 pm	<p><b>Triple Negative: Pathology, Medicine and Radiology</b> <i>Moderator: Kristie Bobolis, MD</i> <i>Panelists: Sharon C. Dutton, MD, MPH; David M. Euhus, MD, FACS; Jennifer S. Gass, MD, FACS; Tina Rizack, MD, MPH; William M. Sikov, MD and F. Lee Tucker, MD, FACS</i></p> <p>“Triple negative” breast tumors lack expression of estrogen receptors, progesterone receptors and HER2. The subtype comprises approximately 15% of all breast cancers. Triple negative breast cancers are heterogeneous representing several biologically distinct subsets. In this session, the risk factors as well as prognosis and behavior of triple negative breast cancer will be reviewed. The relationship with BRCA1 will also be discussed as well as therapeutic strategies.</p>
6:00 - 7:00 pm	<b>Reception with Vendors in the Exhibit Hall</b>

## Emerging Technologies

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

7:00 - 7:50 am	<b>Continental Breakfast</b>
7:50 - 8:00 am	<b>Introduction/Opening</b>
8:00 - 8:30 am	<p><b>Tomosynthesis: 3D or Not 3D</b>  <i>Mary K. Hayes, MD</i>                      The FDA has approved digital tomosynthesis mammography for screening and diagnostic imaging for one manufacturer. Other vendors are in the process of applying for FDA approval. Operational challenges exist during the integration of digital tomosynthesis. This presentation by a radiologist with a vast amount of digital tomosynthesis will describe her experiences with the tomosynthesis transition and share pearls of wisdom to assist other breast centers during their transition.</p>
8:30 - 9:00 am	<p><b>Screening Breast Ultrasound in Connecticut: What Hit Us?</b>  <i>Jinnah A. Phillips, MD</i>                      Screening ultrasound is being increasingly advocated as a modality to detect mammographically-occult breast carcinoma. States such as Connecticut have legislation now which has increased demand for facilities to offer screening ultrasound to women with dense issue. In this session, two respected authorities explain respectively why they choose to offer or not offer screening ultrasound in their breast centers.</p>
9:00 - 9:30 am	<p><b>Nuclear Breast Imaging (BSGI and PEM)</b>  <i>Bruce A. Porter, MD, FACR and Michael N. Linver, MD, FACR</i>                      Although magnetic resonance (MR) imaging is the gold standard for advanced breast imaging, based on its combined morphologic and functional assessment capabilities, two other techniques focused on the functional metabolic differences between cancer and normal tissues are also taking a place in breast cancer: Molecular Breast Imaging (MBI)/Breast Specific Gamma Imaging (BSGI) and Positron Emission Mammography (PEM). This talk reviews the clinical applications and contributions of BSGI in a breast MR-dominant practice.</p>
9:30 - 10:00 am	<p><b>Intraoperative Radiation Therapy: "Quicker, Better, Cheaper"</b>  <i>Melvin J. Silverstein, MD, FACS</i>                      IORT is in the early phases of development. One prospective randomized trial of 2232 patients shows it to be equal in effectiveness with standard external beam radiation therapy for selected patients. All current methods of IORT will be reviewed and critically discussed.</p>
10:00 - 11:00 am	<b>Break Time with Vendors in the Exhibit Hall</b>

## Breakout Sessions

- SIG Discussion (topics listed on page 19 of this flyer)  
● Administration    ● Imaging    ● Nursing    ● Clinical

Moderators:

Anne Rosenberg, MD, FACS

Colleen Johnson, RN, NP, CBPN-IC

Karleen R. Habin, RN, BCCS, MPH

11:00 - 11:30 am	<p><b>Imaging Excellence 11:00am - 11:50am</b>  <i>Laszlo Tabar, MD, FACR (Hon)</i>                      Presentation and discussion of proper positioning technique. Demonstration of the importance of each positioning, including the medio-lateral, cranio-caudal and latero-medial horizontal projections. Discussion of the selection and need for spot compression, spot-magnification according to the mammographic findings.</p>	<p><b>IT: Navigating the Maze</b>  <i>Khai Tran, MD</i>                      Basic knowledge of the flow of data and images is critical in the current era of digital mammography. This course will explain the different IT components of a sample mammography practice such as PACS, RIS and related software, and will describe how images and information can move between these components.</p>	<p><b>Who Needs a Breast MRI? Best Indications</b>  <i>Bruce A. Porter, MD, FACR</i>                      Breast MR, as an adjunct to mammography, is of most value in women at high risk for breast cancer, particularly those with dense breasts. It is increasingly used for pre-operative planning and staging of newly diagnosed cancers and commonly detects unsuspected occult ipsilateral and contralateral breast cancers. By facilitating detection of smaller, more curable, and often node-negative cancers in the high-risk population, MR surveillance has the potential to significantly improve outcomes for this challenging group.</p>	<b>SIG #5</b>
11:35 am - 12:05 pm	<p><b>Live Positioning Demonstration 11:55am - 12:40pm</b>  <i>Laszlo Tabar, MD, FACR (Hon) and Louise C. Miller, RT(R)(M)</i>                      Efficiency and proficiency will be demonstrated using positioning techniques that are consistent and reproducible. Emphasis will also be on the use of proper body ergonomics. Ms. Miller spent one week at the Laszlo Tabar Clinic in Falun, Sweden in 2011. She and Dr. Tabar will discuss and demonstrate the differences and similarities between the Swedish and US techniques.</p>	<p><b>The National Cancer Data Base: A Resource to Improve the Quality of Care Provided to Breast Cancer Patients</b>  <i>Andrew K. Stewart, MA</i>                      This presentation will provide an overview of the National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) and the American Cancer Society (ACS), a nationwide oncology outcomes database for more than 1,500 Commission-accredited cancer programs in the United States that collects approximately 200,000 breast cancer cases annually. Specifically, it will address the utilization of the data base for the purposes of clinical investigational research, quality measure development and implementation and promoting quality of patient care at the local provider level.</p>	<p><b>Locally Advanced Breast Cancer: Controversies in Management</b>  <i>Sharon C. Dutton, MD, MPH and William M. Sikov, MD</i>                      The term locally advanced breast cancer (LABC) refers to breast cancer that has progressed locally but has not yet spread outside the breast and local lymph nodes. Patients with LABC are typically younger and have a higher risk of both local recurrence and distant metastasis; some are initially inoperable. Combined modality therapy with chemotherapy, surgery, and radiation seems to accomplish the best outcome in patients with LABC, although several controversies remain. This session will provide an overview of LABC and touch upon some of the controversies in management.</p>	

## Breakout Sessions (continued)

● SIG Discussion (topics listed on page 19 of this flyer)

● Administration ● Imaging ● Nursing ● Clinical

Moderators: **Anne Rosenberg, MD, FACS**

**Colleen Johnson, RN, NP, CBPN-IC**

**Karleen R. Habin, RN, BCCS, MPH**

12:10 - 12:40 pm	<p><b>Positioning Mentoring</b>  <b>12:45pm - 1:15pm</b>  <i>Louise C. Miller, RT(R)(M)</i></p>	<p><b>Social Media Strategies for Breast Centers: Tweets, Fans, Check-ins, Views &amp; More Cabbage</b>  <i>Chris Conant, BA, CBS, PBU</i></p> <p>Do you wonder if Google or You Tube or Facebook or Twitter is even necessary at all? Instead, you should wonder how these social sites can be used to reach emerging markets and new patients. Come learn how to immerse your brand into Search Engines and Social Media outlets that distribute, catalog and syndicate communications into search results, third party web sites and data feeds.</p>	<p><b>Clinical Management of High Risk Women with Hereditary Breast Cancer</b>  <i>David M. Euhus, MD, FACS</i></p> <p>Women with inherited mutations in the BRCA 1 or 2 genes have substantially elevated risks of breast and ovarian cancer. Individuals who are mutation carriers have options for managing cancer risk that include risk reducing salpingo-oophorectomy (RRSO), risk-reducing mastectomy (RRM), enhanced surveillance/screening and chemoprevention. This session will provide an overview of the management of cancer risk in BRCA 1 and 2 mutation carriers.</p>	<b>SIG #6</b>
12:45 - 1:15 pm	<p>Many experienced technologists are given the responsibility of teaching and mentoring new mammographers. This is particularly relevant as many technologists will be retiring from the field in the next 5-10 years. It is now especially important to establish a protocol for teaching positioning that is consistent, reproducible and ergonomically sound. This lecture will provide teaching methods that "make sense" to those who are learning.</p>	<p><b>Moving Forward After Success: Building a Stronger Breast Center Team</b>  <i>Jane Berz, MSN, RN</i></p> <p>What happens now that you have created a successful breast program? Success brings new challenges and requires a renewed effort to increase communication, coordination and collaboration among team members. This session will discuss innovative approaches to team-building in successful breast programs as well as provide practical guidance on common mistakes to avoid.</p>	<p><b>Radiation Update 2012: Trends in the Local Therapy of Early-Stage Breast Cancer Managed with Breast-Conserving Surgery (BCS)</b>  <i>Sharon C. Dutton, MD, MPH</i></p> <p>Women treated with BCS who receive whole breast irradiation (WBI) have been shown in multiple phase III trials to achieve equivalent results to mastectomy with 20 to 30 years of survival data. This session will provide an overview of newer trends in radiation therapy in women undergoing BCS including selection of low risk patients who can be offered partial breast irradiation (PBI) outside of clinical studies and which patients should still be managed with standard WBI (as in Z11). This session will also provide a review of data from clinical trials (MA.20) showing a benefit of WBI plus regional node irradiation (RNI) in the higher risk population of node positive patients undergoing BCS.</p>	
<b>1:15 - 2:30 pm Lunch Time with Vendors in the Exhibit Hall</b>				

## Current Screening and Patient Management

Moderator: **William M. Sikov, MD**

2:30 - 3:30 pm	<p><b>Beyond the Age 40-49 Mammographic Screening Debate: The Importance and Challenge in Detecting Breast Cancer in Young Women</b>  <i>Laszlo Tabar, MD, FACR (Hon)</i></p> <p>In Sweden, somewhat by chance, the country was divided with half of the 40-49 yr old women offered mammographic screening and half not. In early 2011, the Swedish trial reported mortality data from these two groups. Dr. Tabar, the author of this article, will review the evidence for mammographic screening in the 40-49 age group.</p>
3:30 - 4:00 pm	<p><b>A Systematic Approach to Breast Cancer Risk Assessment: Lessons Learned and Data Gathered</b>  <i>Mary E. Freivogel, MS, CGC</i></p> <p>Breast cancer risk assessment is becoming increasingly important in the setting of a breast imaging center. By identifying patients who are candidates for BRCA1/2 genetic testing, as well as those who are annual breast MRI screening candidates due to a high lifetime risk for breast cancer, recommendations for cancer screening and risk reduction can be personalized. This presentation describes the experience of a large volume outpatient breast imaging center that implemented a systematic method to assess breast cancer risk and communicate associated recommendations directly to patients, as well as referring physicians. It examines the effects of this method on the identification of high risk patients, as well as these patients' compliance with these additional recommendations.</p>
4:00 - 5:30 pm	<p><b>Interesting Cases: What Would You Have Done?</b>  <b>Moderator: Lawrence Gardner, MD, FRCS(c)</b>  <b>Panelists: Sharon C. Dutton, MD, MPH; Dennis R. Holmes, MD, FACS; Paul Michaels, MD; Yuri R. Parisky, MD; Andrew Seidman, MD; Lillie D. Shockney, RN, BS, MAS, CBPN-IC and Barbara Rabinowitz, PhD, MSW, RN</b></p> <p>Interdisciplinary panel of physicians will discuss confounding real world cases from a community breast surgeon's practice. With the audience they will support or critique the decision making from the safety of the retrospective stage.</p>
5:30 pm	<p><b>Conference Ends for the Day (Taking Care of YOU with Julie Susi)</b></p>



**Network with returning peers and build new friendships!**

## BSE Trainer Certification

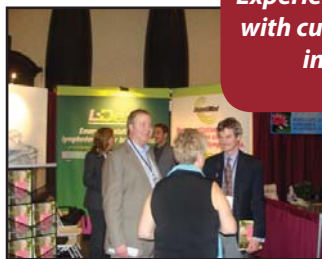
Registration Required

3:45 - 7:15 pm	<p><b>Breast Self-Examination Trainer Certification (Pg 11)</b></p>
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## Dr. Tabar and Survivorship

Moderator: *Barbara Rabinowitz, PhD, MSW, RN*

7:00 - 7:50 am	<b>Continental Breakfast</b>
7:50 - 8:00 am	<b>Introduction/Opening and General Membership Meeting</b> <i>John L. Bell, MD, FACS</i>
8:00 - 9:00 am	<b>Multimodality Approach to Detection and Diagnosis of Breast Diseases: The Art and Science of Early Detection</b> <i>Laszlo Tabar, MD, FACR (Hon)</i> This session describes screening and surveillance recommendations for new or second cancers using the American Cancer Society recommendations.
<b>Survivorship Symposium Begins</b>	
9:00 - 9:30 am	<b>Newest Concepts on Lymphedema</b> <i>Stanley G. Rockson, MD</i> Breast cancer-related lymphedema (BCRL) is a chronic, debilitating complication of breast cancer treatment that is frequently misdiagnosed, treated too late or not treated at all. Lymphedema (LE) is an abnormal accumulation of protein-rich fluid within the tissues, leading to limb swelling, chronic inflammation and scarring. Failure of lymph fluid to circulate normally promotes injury to the surrounding tissues. This process can occur quite early in the course of breast cancer treatment and has devastating physical and emotional consequences to breast cancer survivors. Recent advances through research and intensified emphasis upon this problem have led to improved methods for prevention, early detection and timely intervention to limit the impact of lymphedema upon breast cancer survivors.
9:30 - 10:00 am	<b>Significance of Creating and Maintaining a Cancer Survivor Program</b> <i>Linda A. Jacobs, PhD, RN</i> This session provides an overview of cancer survivorship. It defines what survivorship care should provide and the significance of this care.
10:00 - 10:30 am	<b>The Institute of Medicine Take on Survivorship Care: What You Need to Know</b> <i>Dorothy Dulko, PhD, AOCNP</i> Improved survival is an exciting and desired outcome of advancing science. However, cancer survivors face several challenges including complex and often fragmented care, lack of clarity about late and long term effects of oncologic therapy, and confusion about coordination of follow up care. Because there is a lack of clarity about which provider is responsible for care, cancer survivors may fail to receive services with demonstrated benefit. As numbers of cancer survivors grow and individuals live longer beyond their cancer therapy, it is critically important to identify optimal methods of surveillance, monitoring and delivery of post-cancer health care.
10:30 - 11:00 am	<b>Sex and Intimacy: Talking and Treating</b> <i>Michael L. Krychman, MD, FACOG and Barbara Rabinowitz, PhD, MSW, RN</i> The participant will learn the objectives of effective communication and enhanced communication skills in order to better assess sexual complaints. New advanced in treatment for breast cancer patients as it pertains to sexual complaints will be discussed.
11:00 - 11:15 am	<b>Stretch Break</b>
11:15 am - 12:15 pm	<b>Menopausal Mayhem</b> <i>Michael L. Krychman, MD, FACOG; Alan M. Altman, MD and Anne Katz, RN, PhD</i> The course will discuss the controversies of hormonal therapy in women without breast cancer. It will discuss the growing trend of bioidentical hormones and the potential non hormonal management of hot flashes. The pro and con argument of hormone use in breast cancer patients will be discussed.
12:15 - 1:15 pm	<b>Lunch and Last Time with Vendors in the Exhibit Hall</b>



*Experience hands-on learning with cutting-edge equipment in the Exhibit Hall.*



*Network - Share - Take Home New Ideas!*



*"This was my first NCoBC conference, it has been a wonderful experience and the speakers were phenomenal. I can't wait to come back next year! Thank you so much for this great experience!"*  
-- Indianapolis, IN

## Survivorship Symposium

Moderator: *Michael L. Krychman, MD, FACOG*

1:15 - 1:45 pm	<p><b>Late Adverse Effects of Adjuvant Systemic Therapy for Breast Cancer</b>  <i>Andrew Seidman, MD</i></p> <p>Adjuvant systemic therapy reduces the likelihood of breast cancer metastasis and death. While many patients experience toxicity from both chemotherapy and antiestrogen therapy during their administration period, some patients may experience long-term adverse effects and sequelae. These can include peripheral neuropathy, cognitive dysfunction, osteoporosis, cardiac dysfunction and more. This presentation will examine the late toxicities and undesired consequences that can result from curative treatment regimens for early stage breast cancer.</p>
1:45 - 2:15 pm	<p><b>Barriers to Survivorship Care for Underserved</b>  <i>Lillie D. Shockney, RN, BS, MAS, CBPN-IC</i></p> <p>Addressing the needs of breast cancer survivors regarding long term side effects from treatment, diagnosing local or distant recurrence, helping them with quality of life issues altered by treatment and other issues regarding cancer survivorship care are all challenging for healthcare providers to accomplish. When the patient is an underserved individual with limited resources, cultural barriers and a history of compliance problems during treatment, the challenges are magnified. Yet, this patient population is perhaps the most vulnerable for receiving the monitoring, screening and follow up care they need. This presentation will focus on the underserved population of breast cancer survivors, the obstacles we face as providers to take care of their long term survivorship needs and possible ways to help ensure that they are appropriately followed through a cancer survivorship program.</p>
2:15 - 2:45 pm	<p><b>Emerging Diagnostic and Treatment Options for Breast Cancer and Cardiotoxicity</b>  <i>Jean-Bernard Durand, MD, FACC, FCCP</i></p> <p>Breast Cancer remains one of the leading cancers in women. Current treatment regimens such as anthracycline based therapies and Tyrosine kinase inhibitors remain the cornerstone of medical therapy. The incidence of cardiotoxicity including hypertension, systolic and diastolic heart failure continue to challenge oncologist and cardiologist in maintaining and completing treatment regimens. Little data exist regarding pre-treatment interventions to reduce the burden of cardiovascular complications. In addition little information exist regarding surveillance of patient after completion of cardiotoxic regimens. Based on the current recommendations from the Institute of Medicine, cancer survivors should have a designated plan for management and treatment of long term effects of chemotherapy. We propose to present current guidelines from the American College of Cardiology and published consensus reports from the oncology community regarding diagnosing, prevention and treatment of co-morbid conditions which may increase cardiotoxicity as well as data and case presentations with highly interactive audience response.</p>
2:45 - 3:15 pm	<p><b>What Comes After: Survivorship Issues for Women with Breast Cancer</b>  <i>Anne Katz, RN, PhD</i></p> <p>After the crisis of diagnosis and treatment, many breast cancer survivors are left wondering what comes next. Survivorship entails living a new normal, accepting an altered life and body and coming to terms with losses and challenges from treatment. This presentation will cover key psychosocial challenges and interventions to address these in the breast cancer survivor population.</p>
3:15 - 3:25 pm	<b>Stretch Break</b>
3:25 - 3:55 pm	<p><b>Healthy Living for Breast Cancer Survivors</b>  <i>Helene B. Zonder, RN, MN, AOCNP, NP-C</i></p> <p>This session introduces the key issues to the nurse's role in breast cancer focused survivorship follow-up care. The focus is on healthy living program development.</p>
3:55 - 4:55 pm	<p><b>Survivorship Care and Models Panel</b>  <i>Lillie D. Shockney, RN, BS, MAS, CBPN-IC; Barbara Rabinowitz, PhD, MSW, RN and Michael L. Krychman, MD, FACOG</i></p> <p>Several models of Survivorship Care planning and implementation will be discussed. Academic and private practice models will be discussed. Problems and pitfalls will be discussed as well as strategies to improve survivorship health care for the breast cancer patient will be discussed.</p>
4:55 pm	<b>2012 National Interdisciplinary Breast Center Conference Concludes</b>

## Also NEW This Year!

### Special Interest Group Discussions Monday and Tuesday

Monday and Tuesday during breakout sessions there will be 1 hour discussion groups that you can join in to share your experiences, ask questions and learn from others. There will be no credits offered, just "take home" knowledge! Seating is limited.

<b>Monday</b>	SIG #1	10:00 - 11:00 am	<i>Scheduling for Mammography and Managing Time</i>
	SIG #2	11:10 am - 12:10 pm	<i>How data tracking is managed: Forms and Programs</i>
	SIG #3	1:45 - 2:45 pm	<i>Implementation of Breast Tomosynthesis, Nuclear Imaging</i>
	SIG #4	2:55 - 3:55 pm	<i>Hormonal Therapy and Related Issues</i>
<b>Tuesday</b>	SIG #5	11:00 am - 12:00 noon	<i>Genetic Counseling and Services Program</i>
	SIG #6	12:10 - 1:10 pm	<i>The Breadth and Variances of Breast Patient Navigation</i>

### Taking care of YOU Tuesday

Tuesday 5:30 - 6:30 pm **A special time to help you take care of yourself!**

**Alliance Imaging**  
**Armor Mobile Systems**  
**Assured Imaging Women's Wellness**  
**Biopsy Sciences**  
**Bioptics, Inc.**  
**Breast Investigators**  
**CF Medical**  
**Dilon Diagnostics**  
**DR Systems, Inc.**  
**Faxitron X-Ray, LLC**  
**FUJIFILM Medical Systems USA**  
**Genentech**  
**Genomic Health**  
**Hitachi Medical Systems America, Inc.**  
**Hologic**  
**iCAD, Inc.**  
**Imaging Technology News**  
**ImpediMed, Inc.**  
**Insight Healthcare Information Systems**  
**Kubtec (KUB Technologies)**  
**LifeCell**  
**LDV, Inc.**  
**MagView Information Systems**  
**Mammography Reporting Systems, Inc.**  
**Matakina International, Ltd.**

**Myriad Genetics**  
**National Accreditation Program for Breast Centers**  
**National Coalition of Oncology Nurse Navigators**  
**National Consortium of Breast Centers, Inc.**  
**Naviscan, Inc.**  
**NovaRad**  
**Onco, Inc.**  
**OshKosh Specialty Vehicles**  
**PACSGEAR**  
**Precision Dynamics-St. John**  
**PenRad Technologies Inc.**  
**Pharmaceutical Innovations, Inc.**  
**Philips Healthcare**  
**Planmed, Inc.**  
**QSUM Biopsy Disposables, LLC**  
**Sectra North America, Inc.**  
**Siemens Medical Solutions USA, Inc.**  
**SonoCine**  
**SuperTech, Inc.**  
**Susan G. Komen for the Cure**  
**The Breast Milagro**  
**The Pink Ribbon Program**  
**U-Systems, Inc.**  
**Vaxco Pharmaceuticals, Inc.**

Visit the NCBC website [www.breastcare.org](http://www.breastcare.org) to view a list of all exhibitors to date.

## Underwriters

The NCBC would like to acknowledge and thank the following underwriters for their educational grants in support of the 2012 Conference and its programs. This is a list of underwriters as of the time of this printing.

### Genomic Health

*Breast Patient Navigator Certification Program*

### Myriad Genetics

*Breast Cancer Risk Assessment: A Collaborative Approach*

### Hologic

### SuperTech, Inc.

### Kubtec

### Mammography Reporting Systems Inc.

### MagView Information Systems



## Exhibit Schedule

The vendor exhibits offer a valuable resource to all attendees interested in the latest treatment, technologies and supportive services.

Sunday	Monday	Tuesday	Wednesday
Pre-Conference Welcome 11:30 AM- 1:30 PM	Morning Break 9:30 - 10:00 AM Lunch 12:15 - 1:45 PM Afternoon Break 4:00 - 4:30 PM Special Vendor Reception 6:00 - 7:00 PM	Morning Break 10:00 - 11:00 AM Vendor Lunch 1:15 - 2:30 PM	Final Time with Vendors 12:15 - 1:15 PM

## Your Invitation

You are invited to submit an abstract for the 22nd Annual National Interdisciplinary Breast Center Conference. This is an opportunity to share research, programs and results with other breast health care professionals. The goal of this session is to facilitate communication among the various breast care centers and advance knowledge that will prove to be useful to our members.

## To Participate

To participate, email your abstract and the **Abstract Application\*** to the NCBC office at [NCBCabstracts@breastcare.org](mailto:NCBCabstracts@breastcare.org) by the **due date, January 27, 2012**. Faxed abstracts will not be accepted. Submission(s) will be peer reviewed and the abstract author(s) notified of acceptance for poster display at the 2012 Conference. Our peer review panel will invite one author from each of the two major categories as well as one international author to present their abstract orally during the oral poster presentation on Sunday, March 11, 2012. **Oral presenters will be chosen from abstracts submitted by January 27, 2012.**

**New for 2012:** Oral presenters will be awarded a monetary gift of \$100! There will also be a **Resident/Student Award\*** valued up to \$500 given to the resident whose abstract receives the highest score!

The NCoBC Conference will once again host a special Poster Reception on the evening of Sunday, March 11, 2012.

## Abstract and Poster Requirements

1. Abstracts will appear as submitted. Please type carefully and remember to proofread before submission. Send in an abstract of your work (not the poster) by the due date of January 27, 2012. Abstracts will have a character limit of 2500 characters (approximately 375 words) using a 10 or 12 point font and should not require more than one 8.5 x 11 page.
2. Titles should use appropriate capitalization rules and include significant words, which reflect the content of the abstract. Abstracts must be organized according to four sections, identified by the following headers (in bold) : **Objectives, Methods, Results and Conclusions.**
3. There are two categories of abstracts with subcategories. Please choose the category and subcategory that best fits your abstract. Each abstract submission **MUST HAVE** the category and subcategory noted on it.
4. Abbreviations may be used in the title and text of abstracts if they are defined. Spell out the term in full at first mention and follow with the abbreviation in parentheses.
5. All abstracts must have: a) title; b) authors' names; c) designation of the primary author; and d) contact information on who is the primary contact for the abstract and poster exhibit, including e-mail address, cell phone and fax numbers. All abstracts must have at least one representative as a registered attendee at the conference.
6. Do not submit case studies as an abstract.
7. Submit abstracts via e-mail to [NCBCabstracts@breastcare.org](mailto:NCBCabstracts@breastcare.org). No actual posters should be sent for consideration. Faxed submissions will not be considered. Send the **Abstract Application\*** on the same business day as the abstract submission. It may be faxed (574-267-8268) separately from the abstract.
8. Notification of abstract acceptance will be made to the designated primary contact within three weeks following receipt of submission.
9. Exhibits must fit on presentation board measuring 4 ft tall x 8 ft long.
10. The Conference Representative is responsible for setting up poster(s) by 2 pm, Sunday, March 11, 2012 and removing the poster(s) by 8:00 am on the last day of the conference, Wednesday, March 14, 2012. Neither the NCBC, nor their representatives assume responsibility for posters.
11. All submissions accepted will appear on the NCBC website as submitted and will be listed in the printed conference syllabus.
12. Abstracts selected for oral presentation and Resident/Student Award recipient will be notified in February.

**\*The Abstract Application and guidelines for the Resident/Student Award can be found at [www.breastcare.org](http://www.breastcare.org).**

## Permission to Reproduce

All accepted abstracts will be placed on the NCBC website under "2012 Conference Abstracts". In addition, the NCBC may have the opportunity to publish select abstracts in the American Journal of Clinical Oncology (AJCO). The Primary Contact will be contacted at a later date if an abstract is accepted for publication in the AJCO.

## Abstract/Poster Categories

### Category I - Office Operations, Administration and Programs

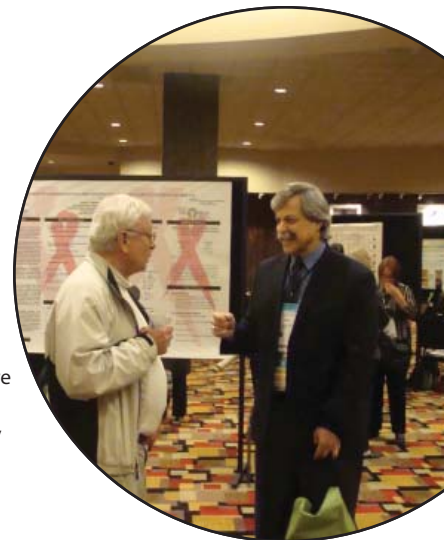
- A. Office Operations
  - 1. Clinical Processes
  - 2. Prospective Breast Conference: Development and Management
  - 3. Office Procedures: Scheduling, Registration, Film Retrieval, Storage, Billing & Coding
  - 4. Imaging Efficiency, Productivity & Profitability
- B. Administration
  - 1. Staffing: Selection Process, Justification, etc.
  - 2. Financial Resources
  - 3. Fund Raising
- C. Programs
  - 1. Psychosocial: Support Group, Peer Volunteers, Counseling, etc.
  - 2. Education & Outreach
  - 3. Patient Navigator
  - 4. High Risk Program

### Category II - Clinical Care, Treatments and Processing

- A. Radiology
  - 1. Breast Radiology
  - 2. Mobile Screening/Mobile Mammography
- B. Pathology
  - 1. Impact of NQBC Indicators
  - 2. Specimen Acquisition and Processing
  - 3. Synoptic Reporting
- C. Breast Surgery
  - 1. Minimally Invasive Surgery
  - 2. New Approaches
  - 3. Nodal Evaluations
- D. Medical Oncology
  - 1. Chemotherapy
  - 2. Hormonal Therapy
  - 3. Medical Decision Making
- E. Radiation Oncology
  - 1. Traditional vs. Partial Breast Radiation
  - 2. New Radiation Technologies
- F. Complementary and Integrative Care
  - 1. Herbs and Vitamins
  - 2. Massage Therapy/Reflexology
  - 3. Yoga/Reiki
  - 4. Mind/Body Interactions
  - 5. Sexual Health
  - 6. Nutrition
  - 7. Spirituality
- G. Novel Care Processing
  - 1. Rad/Path Conference
  - 2. Benign Biopsy Conference
  - 3. Triple Test Correlation
  - 4. Medical Audit: Expanded Beyond Regulations
  - 5. Same Day Diagnosis
- H. Nursing
  - 1. Innovative Nursing Roles
  - 2. Nursing Care of Breast Patients

## Deadline

*All abstracts are to be submitted by midnight PST on January 27, 2012! Oral presenters and the Resident/Student Award will be chosen from abstracts submitted by this date.*



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## General Information

**Meals:** The registration fee includes all breakfast Symposia, continental breakfasts, lunches, breaks and receptions, Sunday noon through Wednesday. Each registrant will be provided a package of meal/beverage and special reception tickets with their registration materials. If a meal ticket is lost a replacement may be purchased at \$50 per meal function. Beverage tickets will not be replaced. Exhibitors should reference their exhibitor package for ticket details. Family or friends that would like to attend breakfast or lunch may do so at the above rate.

**Sunday Evening Poster Reception:** This event is designed to allow guests to view all posters on display and interact with the authors and presenters. We hope conference guests use this time to learn about ground-breaking new programs and treatment techniques being implemented by breast health care facilities worldwide.

**Exhibit Hall:** An array of specialized technology, equipment, products, and services will be on display for breast centers, group practices, and practitioners of breast health care. Exhibits will be open during non-lecture times (during breaks, meals and receptions). Visit the NCBC website [www.breastcare.org](http://www.breastcare.org) to view a list of all exhibitors to date. Visit [www.breastcare.org](http://www.breastcare.org) for a full list of exhibitors.

**Breakfast Symposia:** Enjoy the Monday morning breakfast while learning about new and upcoming products from **HOLOGIC**.

**Monday Evening Vendor Reception:** This reception is designed to allow guests to visit the exhibits, learn about new products and services, socialize and establish new relationships with professional peers from around the country. We hope conference guests use this time to meet fellow professionals with whom they may share time together after the vendor reception, enjoying the sites of Las Vegas.

**Recommended Dress:** Business casual. Temperatures in meeting rooms and personal comforts vary greatly. As meeting rooms usually seem cold, please bring a sweater or jacket to compensate.

**Registration Materials:** Each attendee will receive a conference syllabus, which will contain speaker information, conference logistic information, exhibitor and sponsor listings and other pertinent information. **The full course syllabus will be made available on the NCBC website in February 2012.**

**Disability Statement:** If you have a disability, please contact the NCBC office by January 24, 2012 to notify the staff of any special needs in order to help us better serve you.

# Group Rates & General Information

## Group Rates

Why come alone? Bring a few colleagues and take advantage of our attractive group rates:

3-Person Packages			Regular Rate	Less Discount	Group Rate	Per Person
3A*	All 3 Individuals are NCBC Members	3 @ \$479	\$1,437	\$100	\$1,337	\$446
3B*	2 of the 3 are NCBC Members	2 @ \$479 & 1 @ \$569	\$1,527	\$100	\$1,427	\$476
3C*	1 of the 3 is an NCBC Member	1 @ \$479 & 2 @ \$569	\$1,617	\$100	\$1,517	\$506
3W	Individuals are Non-NCBC Members	1 @ \$729 & 2 @ \$569	\$1,867	\$100	\$1,767	\$589

4-Person Packages			Regular Rate	Less Discount	Group Rate	Per Person
4A*	All 4 Individuals are NCBC Members	4 @ \$479	\$1,916	\$200	\$1,716	\$429
4B*	3 of the 4 are NCBC Members	3 @ \$479 & 1 @ \$569	\$2,006	\$200	\$1,806	\$452
4C*	2 of the 4 are NCBC Members	2 @ \$479 & 2 @ \$569	\$2,096	\$200	\$1,896	\$474
4D*	1 of the 4 is an NCBC Member	1 @ \$479 & 3 @ \$569	\$2,186	\$200	\$1,986	\$497
4W	Individuals are Non-NCBC Members	1 @ \$729 & 3 @ \$569	\$2,436	\$200	\$2,236	\$559

5-Person Packages			Regular Rate	Less Discount	Group Rate	Per Person
5A*	All 5 Individuals are NCBC Members	5 @ \$479	\$2,395	\$300	\$2,095	\$419
5B*	4 of the 5 are NCBC Members	4 @ \$479 & 1 @ \$569	\$2,485	\$300	\$2,185	\$437
5C*	3 of the 5 are NCBC Members	3 @ \$479 & 2 @ \$569	\$2,575	\$300	\$2,275	\$455
5D*	2 of the 5 are NCBC Members	2 @ \$479 & 3 @ \$569	\$2,665	\$300	\$2,365	\$473
5E*	1 of the 5 is an NCBC Member	1 @ \$479 & 4 @ \$569	\$2,755	\$300	\$2,455	\$491
5W	Individuals are Non-NCBC Members	1 @ \$729 & 4 @ \$569	\$3,005	\$300	\$2,705	\$541

\*At least one member must be a full or primary member for 2012. All others may be associate members with the member site. Contact the NCBC if membership status needs to be

**Benefits of Conference Registration:** In addition to the benefits of learning, networking and earning CMEs or CEUs, all non-members registering for the conference will receive one full year (2012) membership in the NCBC. Each facility/site will also receive membership. Individuals will receive a certificate of membership and full membership benefits. Sites will be listed on the internet with contact information, a descriptive paragraph, a picture and a list of patient services provided by the facility.

**Hotel Reservations:** All hotel reservations are handled by the NCBC. Our contract with the Planet Hollywood Resort & Casino requires us to meet a minimum number of rooms reserved by our conference guests. By meeting this minimum, a potential room rental fee in the tens of thousands of dollars, is waived. We have met our contract minimums in the past, and with your help, anticipate meeting the minimum again in 2012. **We ask conference guests to make their hotel room reservations with the Planet Hollywood Resort & Casino and use our housing company, Prestige Meeting and Travel Planning, LLC.** Hotel registrations may be made by fax, online or by mail by completing the conference registration form's housing section.

**Evening Networking:** (for individuals attending the conference alone or wanting to meet peers from around the country) The Evening Networking Program has been very successful. If you are attending the conference without your coworkers, friends or significant others and would like to experience what Vegas has to offer, but not

alone, this is the group to join! This year Julie Susi from Mercy Hospital in Portland, Maine and Ann Livingston from Sinai Grace Hospital Mammography Center in Detroit, Michigan, will bring together conference attendees who will be attending by themselves or want to meet peers from around the country. Julie plans to organize individuals into small networking groups to enjoy Las Vegas in the evenings after the day-long conference. If you are attending the conference alone and would like to network with a group of fellow peers contact Julie Susi at [susij@mercyme.com](mailto:susij@mercyme.com) or call the NCBC office at 574-267-8058 and let her know your arrival date and time. Based upon your arrival information, you will be invited to a meeting to organize and break off into groups according to interests, i.e. dancing, exercise, dinner, shows, gambling, shopping, etc. It's a sure way to network and have lots of fun.

### Evening Networking in Action!



# Conference Registration

**22<sup>nd</sup> Annual National Interdisciplinary Breast Center Conference**  
**Planet Hollywood Resort & Casino, Las Vegas, Nevada - March 10-14, 2012**  
**New Conference Course, New Conference Program and Certifications on March 10 & 11**

**37.25 AMA PRA Category 1 Credits™**  
**42.80 BRN Credits and 24 RT Category A Credits**

## Registration Information (one form per attendee)

First Name*	Last Name*	Credentials (i.e. MD, RT)	Name on Badge	Professional Title
Facility Name		Department/Suite Number		Member ID#      Member Site ID#
Facility Mailing Address*		City*	State*	Zip*
Work Phone	Home Phone	Cell Phone	Fax Number*	

\*These fields REQUIRED to receive confirmation

Attendee Email\*

Send confirmation to this email\*

### Breast Centers of Excellence Course

#### National Recognition for Breast Centers of Excellence: Service Line Optimization (Includes 200+ page Syllabus)

\$ \_\_\_\_\_ \$469 Tuition Fee for NCBC members or conference registrants  
 \$ \_\_\_\_\_ \$599 Tuition Fee for non-NCBC members or non-conference registrants

### Pre-Conference Program

#### Breast Cancer Risk Assessment: A Collaborative Approach

\$ \_\_\_\_\_ \$100 for conference registrants  
 \$ \_\_\_\_\_ \$200 for non-conference registrants

### Certifications

#### Clinical Breast Examiner Certification (CBE)

\$ \_\_\_\_\_ \$895 Clinical Breast Examiner Certification Program is limited to the first 28 registrants. A Clinical Breast Examiner Certification will be provided to attendees meeting the required proficiency level.

#### Breast Patient Navigator Certification (BPNC)

A certification will be provided to attendees meeting the required proficiency level.  
 \$ \_\_\_\_\_ \$300 for 2012 NCBC members or BPNC Members (study guide included)  
 \$ \_\_\_\_\_ \$395 for non-NCBC members or non-BPNC members (study guide included)  
 \$ \_\_\_\_\_ \$150 for 2009 National or Regional attendees of the Navigator beta program. Last offering for life time certification at this rate. (study guide **not** included)  
 \$ \_\_\_\_\_ \$50 for a study guide (2009 beta program attendees only)

#### Breast Self Examination Trainer Certification (BSE)

Breast Trainer Certification Course is limited to the first 40 registrants. A certification will be provided to attendees meeting the required proficiency level.  
 \$ \_\_\_\_\_ \$100 for conference registrants  
 \$ \_\_\_\_\_ \$200 for non-conference registrants

### 3 ½ Day Conference

**Fee Includes: All meals, Receptions, Syllabus and Wednesday's Survivorship Symposium!**

#### Individuals with an NCBC Member Site

\$ \_\_\_\_\_ \$479 for any 2012 NCBC member who is a full, professional or associate member employed by a member site. Member ID # must be noted above to get member rate.  
 \$ \_\_\_\_\_ \$569 for each additional person registering from a site that is a full member, but where registrant is not a member of the NCBC with a member ID number. Fee includes registration and 2012 membership with full benefits.

• **New members - please call the NCBC office for package pricing**

#### Individuals with a Non-NCBC Member Site

\$ \_\_\_\_\_ \$729 for the first person of a non-member site. Fee includes registration and 2012 individual and site membership with full benefits.  
 \$ \_\_\_\_\_ \$569 for each additional registrant from a non-member site. Fee includes registration and 2012 associate membership with full benefits.  
 \$ \_\_\_\_\_ \$639 for NCBC associate member with ID number is registering from a site that is not a full NCBC member.

#### Corporations or Small Businesses Not Exhibiting

\$ \_\_\_\_\_ \$2,000 per person employed by corporation or small businesses that provides products or services to breast health care professionals or facilities.

### How Did You Hear About This Conference?

- Postcard or letter in the mail       Insert in other material in the mail  
 E-mail from the NCBC       NCBC website  
 Magazine ad (please list magazine title) \_\_\_\_\_  
 Other (please list) \_\_\_\_\_

### Discounts, Late Fees & Registration Exchanges

#### Special Group Rate

\$ \_\_\_\_\_ For groups of three or more attending from the same facility there are special group rates. For a price sheet, contact the NCBC office at 574-267-8058. Individuals in groups must be processed together. List Names in group: \_\_\_\_\_

#### Late Fee

\$ \_\_\_\_\_ After February 15, 2012 add a \$100 Processing Fee

#### If Registering Under Another Person's Membership

If registering using the 2012 individual membership of another person in your facility who will not be attending, please identify:

- 1) the name of that person \_\_\_\_\_
- 2) their member ID# \_\_\_\_\_ and the member SITE ID # \_\_\_\_\_.

If these numbers are not known, please put N/A and we will look them up in our database.

### Total Conference Registration Fee

Please enter your total below:

\$ \_\_\_\_\_

NCBC tax ID number 22-2721653

### Conference Registration Payment

Payment must accompany registration.

#### Credit Cards (only these credit cards are honored)

VISA       MasterCard       Discover       American Express

Card # \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card holder's name as it appears on credit card (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

#### Checks

Make checks payable to: **NCBC** or **National Consortium of Breast Centers, Inc.**

Check enclosed       Check being processed

#### Conference Cancellation

On or prior to December 31, 2011, full conference refund less a \$50 processing fee will be given. If membership dues were sent, as part of registration, dues are not refunded. No refunds after January 1, 2012.

### Six Easy Ways to Submit Registration

#### U.S. Mail

P.O. Box 1334, Warsaw, IN 46581-1334

#### Fed EX/UPS

1017 E Winona Ave Suite A, Warsaw, IN 46580

#### Phone

574-267-8058

#### Online

www.breastcare.org

#### Fax

574-267-8268

#### E-mail

ncbc@breastcare.org

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## Attendee Hotel Information

Member ID # \_\_\_\_\_

Member Site ID # \_\_\_\_\_

Name \_\_\_\_\_

Professional Title \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Facility  \_\_\_\_\_  
Home Residence  \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_

Fax\* \_\_\_\_\_

Attendee Email Address\* \_\_\_\_\_ Send Confirmation to This Email Address: \_\_\_\_\_

\*Fax number or e-mail address MUST be provided to receive housing confirmation.

\*Please provide a phone number where you can be reached 24/7 in case there is an issue with your housing (cell and home)

## Room Request Information

**REDUCED ROOM RATES!** The room rate has been reduced to only \$150 per night for a single or double occupancy. For a third person in the room (limit 3 people per room) add \$30 to double room rate plus 12% tax per room, per night. With tax, the totals are \$168 for a single or double and \$201.60 for a triple. Reservations booked after February 16, 2012 are subject to room availability at the prevailing room rate. Hotel cancellations after February 16, 2012 will be charged first night room charges. Room rates good March 4-18, 2012 based upon availability. To cancel housing reservations, contact the NCBC office at 574-267-8058 or Prestige Meeting and Travel Planners, LLC at 574-306-2345.

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_  Number in Room  King\*  2 Doubles\*  Smoking  Non Smoking

Name of 2nd Person in Room \_\_\_\_\_ Name of 3rd Person in Room \_\_\_\_\_

Special Accommodation Requests \_\_\_\_\_

\*Room type is not guaranteed. Room type is confirmed upon check-in.

## Hotel Payment Information

To confirm room, the first night's deposit and taxes MUST be guaranteed with a credit card. Credit cards will be billed by Planet Hollywood Resort & Casino on or after March 1, 2012. Please make sure credit card expiration date will be valid through 03/12.

Credit Card: \_\_\_\_\_ (Circle One) \_\_\_\_\_ AM EX \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print card holder's name on credit card. \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### Submit Hotel Reservations to:

#### U.S. Mail

National Consortium of Breast Centers, Inc.  
P.O. Box 1334, Warsaw, IN 46581-1334

#### FedEx/UPS

National Consortium of Breast Centers, Inc.  
1017 E. Winona Ave. Suite A, Warsaw, IN 46580

• **Voice:** 574-267-8058 • **Fax:** 574-267-8268 • **Email:** [NCBC@breastcare.org](mailto:NCBC@breastcare.org)



National Consortium of Breast Centers, Inc.

PO Box 1334  
Warsaw, IN 46581-1334

Phone: 574-267-8058 Fax: 574-267-8268  
Email: NCBC@breastcare.org www.breastcare.org

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## *A World-Class Conference*

***The experience of the past***

***The knowledge of the present***

***A passion for the future***

*Learn      Network      Relax*

### ***What others had to say:***

*"Outstanding organization of the conference, facility, audio/visual, quality speakers, an unbelievable conference!"*

*- M. Wilson, Green Bay WI*

*"I have been to many interdisciplinary conferences, but this was truly interdisciplinary and world-class."*

*- Cairns, Australia*

*"This was an intense but rewarding conference. The networking group was fabulous. I leave knowing I made new friends I will keep throughout the years."*

*-Detroit, MI*

