

## 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, FACR

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, FACR</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

<b>Moderators:</b>	<i>Anne Rosenberg, MD, FACS</i>	<i>Colleen Johnson, RN, NP, CBPN-IC</i>	<i>Karleen R. Habin, RN, BCCS, MPH</i>
12:10 - 12:40 pm	<p><b>Positioning Mentoring</b> 12:45pm - 1:15pm <i>Louise C. Miller, RT(R)(M)</i></p> <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>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>
12:45 - 1:15 pm	<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>	SIG #6
1:15 - 2:30 pm	<p><b>Lunch Time with Vendors in the Exhibit Hall</b></p>		

## 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:</b> <i>Lawrence Gardner, MD, FRCS(c)</i> <b>Panelists:</b> <i>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</i></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!**