

## 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