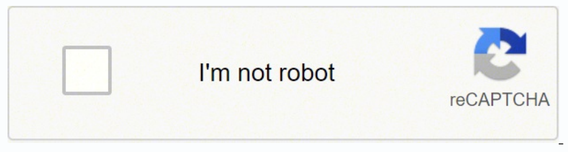
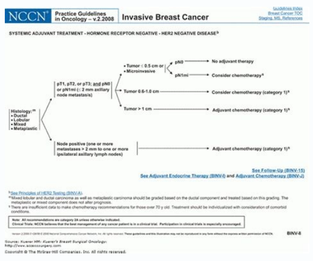
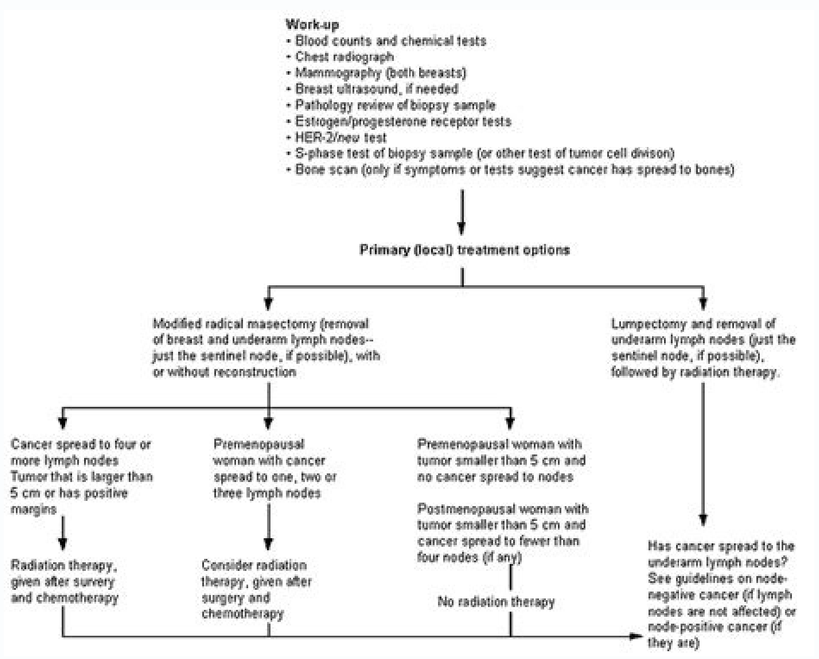
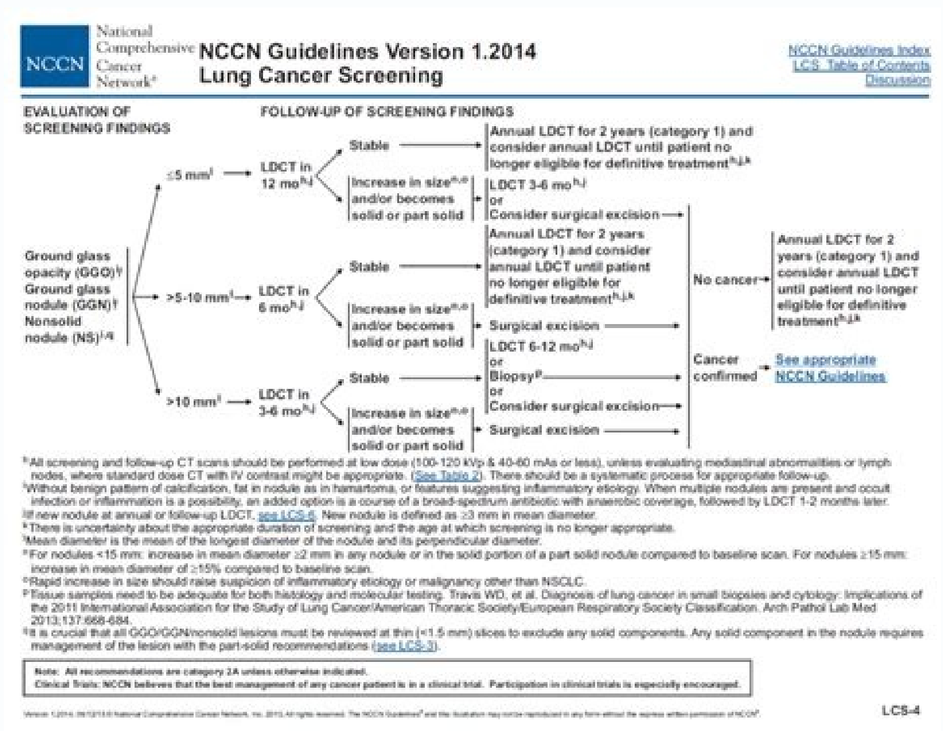


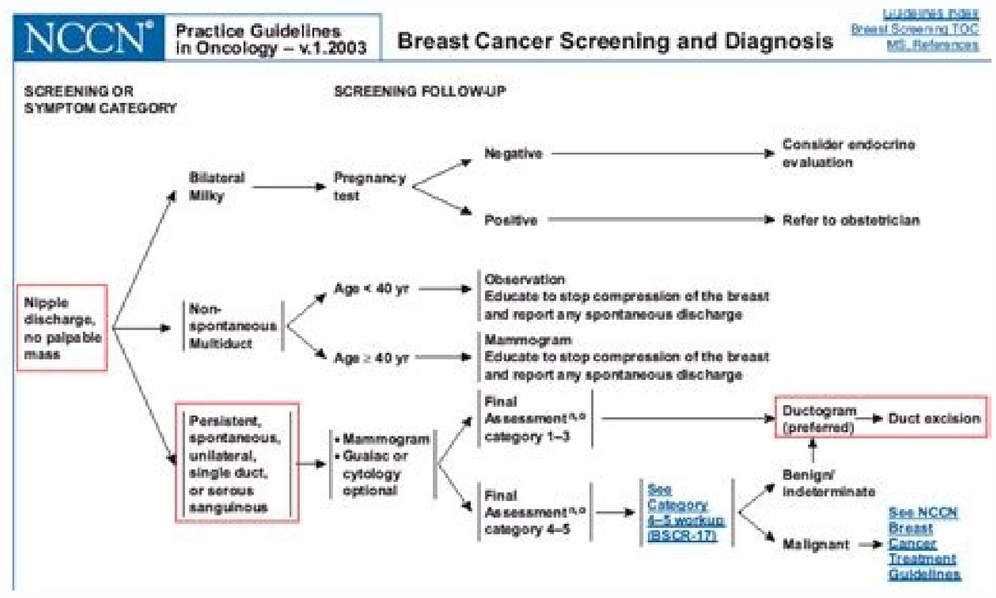
Next

Nccn guidelines management benign breast disease









References American College of Surgeons. | November 2021 Vol 12, No 11Prostate cancer is the most common male malignancy. Identify a task force to identify program processes, tools, and implementation. Coauthor(s) Sara J Grethlein, MD Associate Dean for Undergraduate Medical Education, Indiana University School of Medicine Sara J Grethlein, MD is a member of the following medical societies: Alpha Omega Alpha, American College of Physicians, American Society of Hematology, American Society of Clinical OncologyDisclosure: Nothing to disclose. In 2021, the United States will see an estimated 248,530 new cases, 34,130 deaths, and more than 3 million survivors.Last modified: May 7, 2021 Author Erin V Newton, MD Assistant Professor of Clinical Medicine, Division of Hematology/Oncology, IU Simon Cancer Center, Indiana University School of Medicine; Staff Physician in Palliative Care, VA Medical Center Erin V Newton, MD is a member of the following medical societies: American Society of Clinical Oncology, Multinational Association of Supportive Care in CancerDisclosure: Nothing to disclose. Breast Cancer Risk Reduction. creditationdocuments/NAPBC/Portal%20Resources/2018NAPBCStan dardsManual.pdf. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Additional Contributors Robert C Shepard, MD, FACP Associate Professor of Medicine in Hematology and Oncology at University of North Carolina at Chapel Hill; Vice President of Scientific Affairs, Therapeutic Expertise, Oncology, at PRA International Robert C Shepard, MD, FACP is a member of the following medical societies: American Association for Cancer Research, American Association for Physician Leadership, European Society for Medical Oncology, Association of Clinical Research Professionals, American Federation for Clinical Research, Eastern Cooperative Oncology Group, Society for Immunotherapy of Cancer, American Medical Informatics Association, American College of Physicians, American Federation for Medical Research, American Medical Association, American Society of Hematology, Massachusetts Medical SocietyDisclosure: Nothing to disclose. for: Medscape. Julie Lang, MD Associate Professor of Surgery, Norris Comprehensive Cancer Center, Keck School of Medicine of the University of Southern California Julie Lang, MD is a member of the following medical societies: American College of Surgeons, American Society of Breast Surgeons, American Society of Clinical Oncology, Association for Academic Surgery, and Society of Surgical Oncology Disclosure: Genomic Health, Grant/research funds, Speaking and teaching; Agendia, Grant/research funds, Speaking and teaching; Surgical Tools, Grant/research funds, Research; Sysmex, Grant/research funds, Research Robert B Livingston, MD Professor of Clinical Medicine and Director, Clinical Research Shared Services, Arizona Cancer Center Robert B Livingston, MD is a member of the following medical societies: American Association for Cancer Research, American Federation for Clinical Research, and American Society of Clinical Oncology Disclosure: Nothing to disclose. Acknowledgements Leona Downey, MD Assistant Professor of Internal Medicine, Section of Oncology and Hematology, University of Arizona, Arizona Cancer Center Leona Downey, MD is a member of the following medical societies: American Geriatrics Society, American Society of Clinical Oncology, and Southwest Oncology Group Disclosure: Nothing to disclose. National Accreditation Program for Breast Centers Standards Manual. NAPBC Standard 2.19: Evaluation and Management of Non-Malignant Breast Disease and NAPBC Standard 2.16: Genetic Evaluation and Management describe adherence to national guidelines for management and treatment of the patient with high familial or hereditary breast cancer syndromes and of nonmalignant breast conditions, including assessments for genetic risk. For our NAPBC 2018 survey, a deficiency was identified regarding management and treatment of high-risk benign (HRB) breast patients. www.nccn.org/professionals/physician_gls/pdf/breast_risk.pdf. www.ems-trials.org/riskevaluator. When navigation is used in the setting of HRB breast disease, patient management improves. Task force developed: Breast Fellowship–trained surgeon, respiratory therapist navigator, medical oncologist Process designed for HRB patient tracking Navigation: Measure and track HRB patients for surgical intervention, genetic evaluation, chemoprevention according to NAPBC and NCCN guidelines Report to breast program leadership results/submit findings to NAPBC surveyor Results: Baseline: Sampling of 2017-2018 patients 30 patients identified with biopsy-proven high-risk benign disease 10 patients were identified with atypical lobular hyperplasia (ALH), atypical ductal hyperplasia (ADH), and lobular carcinoma in situ (LCIS) 2 patients were subsequently referred for genetic evaluation, or chemoprevention No documentation was vailable regarding 28 of the 30 patients who were evaluated regarding genetic evaluations (ie, Tyer-Cuzick testing3) 20% of Patients Met NAPBC and NCCN Guidelines HRB navigation program implementation, April 2019/April-December 2019: 60 patients diagnosed with HRB disease (6 patient providers declined navigation) 54 patients navigated biopsy-proven HRB disease 40 patients monitored for, education provided, genetic evaluation, surgery options 10 patients were identified with ALH, ADH, LCIS 19 patients identified for medical oncology follow-up Of the HRB population in 2019, 90% navigated per documentation received genetic, surgical, and preventive options for HRB disease in accordance to NAPBC and NCCN guidelines. Chief Editor Marie Catherine Lee, MD, FACS Associate Professor, Department of Oncologic Sciences, Department of Surgery (Joint Appointment), University of South Florida Morsani College of Medicine; Associate Member, Comprehensive Breast Program, Moffitt McKinley Outpatient Center Marie Catherine Lee, MD, FACS is a member of the following medical societies: American College of Surgeons, American Society of Clinical Oncology, Association for Academic Surgery, Association of Women Surgeons, Florida Society of Clinical Oncology, Society of Surgical Oncology, Society of University SurgeonsDisclosure: Received research grant from: National Cancer Institute/National Institutes of Health; Department of Defense. National Comprehensive Cancer Network. HCA Houston Healthcare Clear Lake, Webster, TXOncology Nurse Navigator Sarah Cannon Cancer Institute HCA Houston Healthcare | Clear Lake Webster, Texas Background: The National Accreditation Program for Breast Centers (NAPBC)/American College of Surgeons is dedicated to promoting improved treatment outcomes for breast disease. Conclusions: It is well documented that navigation plays a key role in the management and treatment of breast cancer patients. The HRB patients who once missed genetic evaluations and chemoprevention are now being navigated and educated to ensure they have treatment that adheres to national guidelines. IBIS Breast Cancer Risk Evaluation tool. Tyer J, Cuzick PJ. 2018 Edition. Specialty Editor Board Francisco Talavera, PharmD, PhD Adjunct Assistant Professor, University of Nebraska Medical Center College of Pharmacy; Editor-in-Chief, Medscape Drug ReferenceDisclosure: Received salary from Medscape for employment. A plan was devised to assign a navigator to identify these patients at the time of a biopsy-proven HRB diagnosis to assess for adherence to National Comprehensive Cancer Network (NCCN) and NAPBC treatment guidelines.1,2 Objectives: Ensure that all HRB patients are evaluated, educated, and managed in adherence to NAPBC Standard 2.19, Standard 2.16, and the NCCN Guidelines for Breast Cancer Risk Reduction.1,2 Methods: Evaluate baseline number of HRB patients 2017-2018 for disposition and adherence to NAPBC guidelines 2.16 and 2.19. Version 1.2020. Alison T Stopeck, MD Professor of Medicine, Arizona Cancer Center, University of Arizona Health Sciences Center; Director of Clinical Breast Cancer Program, Arizona Cancer Center; Medical Director of Coagulation Laboratory, University Medical Center; Director of Arizona Hemophilia and Thrombosis Center Alison T Stopeck, MD is a member of the following medical societies: American Association for Cancer Research, American College of Physicians, American Society of Clinical Oncology, American Society of Hematology, Hemophilia and Thrombosis Research Society, and Southwest Oncology Group Disclosure: Genentech Honoraria Speaking and teaching; AstraZeneca Honoraria Speaking and teaching; AstraZeneca Grant/research funds Other Rachel Swart, MD, PhD Assistant Professor of Medicine, Department of Hematology and Oncology, Arizona Cancer Center, University of Arizona Rachel Swart, MD, PhD is a member of the following medical societies: American Association for Cancer Research, American Society of Clinical Oncology, Arizona Medical Association, and Southwest Oncology Group Disclosure: Roche Grant/research funds Other Patricia A Thompson, PhD Assistant Professor, Department of Pathology, University of Arizona College of Medicine Disclosure: Nothing to disclose.

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