

Welcome to the Project BRA ECHO Series



Facilitators:

Lauren Nye, MD
Jennifer Klemp, PhD, MPH
Catie Knight, MPH

Guest Speakers:

Onalisa Winblad, MD
Breast Radiologist
University of Kansas Cancer Center

Topic:

Breast Cancer Screening



Agenda

Time	Presentation	Presenter
12:00 – 12:10 pm	Welcome & Overview of Session	Catie Knight, MPH
12:10 – 12:30 pm	Didactic: Breast Cancer Screening	Onalisa Winblad, MD
12:30 – 12:55 pm	Case Study	Lauren Nye, MD
12:55 – 1:00 pm	Wrap-up & Announcements	Catie Knight, MPH

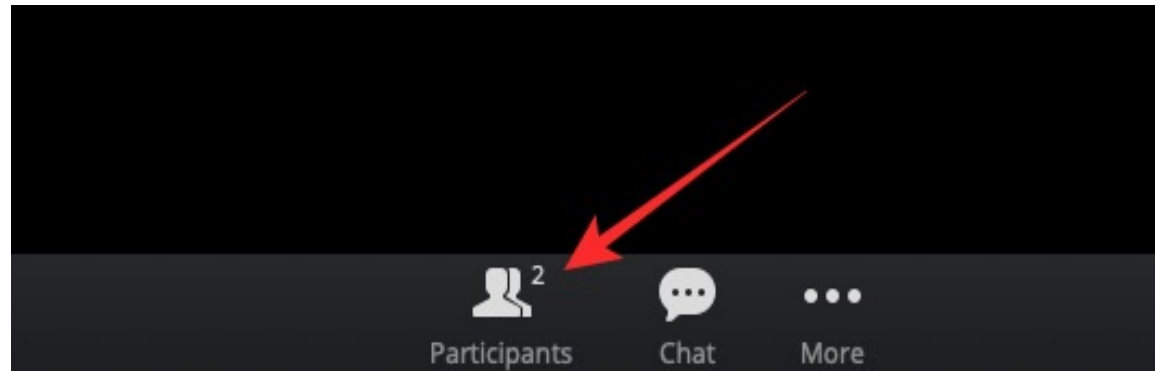
Conflict of Interest Disclosure

- **The following presenters and/or planning committee members do not have any financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:** Onalisa Winblad, MD; Catie Knight, MPH; Mary Beth Warren, MS, RN
- **The following presenters and/or planning committee members do have financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:**
 - Jennifer Klemp, PhD, MPH received honoraria for consulting and speaking from Pfizer and honoraria for consulting from Astra Zeneca
 - Lauren Nye, MD, External Advisory Board Member for Myriad and Biotheranostics
- All relevant financial relationships have been mitigated



Continuing Education Attendance

You must sign in to Zoom with your full name (first and last) so we can confirm your attendance. After you sign in, if you discover you need to change your name to display your first and last name, click on the 'Participants' tab at the bottom of your screen where you see other meeting controls.



When the list of participants appears, hover your mouse over your name until you see the option to select 'Rename'. **Note—we will not be able to award continuing education credit or a certificate of attendance without your first and last name appearing on the Zoom attendance log.**



Continuing Education Credit & Certificate of Attendance

- **APRN/Nurses:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.
- **Physicians:** The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Kansas Medical Center Office of Continuing Medical Education designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- **Social Workers:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 1.0 hours credit applicable for relicensure of LASWs, LBSWs, LMSWs and LSCSWs. Kansas Provider Number 12-002. Mary Beth Warren, MS, RN, coordinator.

Attendance requirement for nurses and social workers: Participants missing more than 10% of this presentation will not receive credit. Partial credit will not be given.

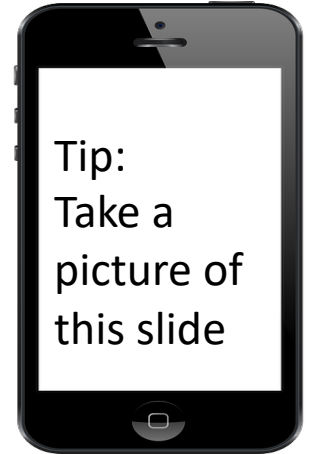
Certificates of attendance are available to other participants upon completion of documentation of attendance and evaluation



Instructions for Obtaining CEUs or Certificate of Attendance

SIGN IN CODE **48trod**

The deadline to enter the sign in code is **August 16, 2021 at 5:00 PM**
Please note—this is a **firm** deadline.



Use the sign in code to document your attendance and access the evaluation.

Choose one of the following ways to enter the sign in code, complete the course evaluation:

- Text to (828) 295-1144

OR

- Go to www.eeds.com – click the “sign-in” icon in the upper right corner, *sign-in with your email address*, then enter the activity code

Your certificate will be available after we confirm your attendance via the Zoom participant log.

You will receive an e-mail when your certificate is available.

Funding Source

This project is funded by a Susan G. Komen Community Grant with additional support from the University of Kansas Cancer Center (KUCC), and Masonic Cancer Alliance (MCA).



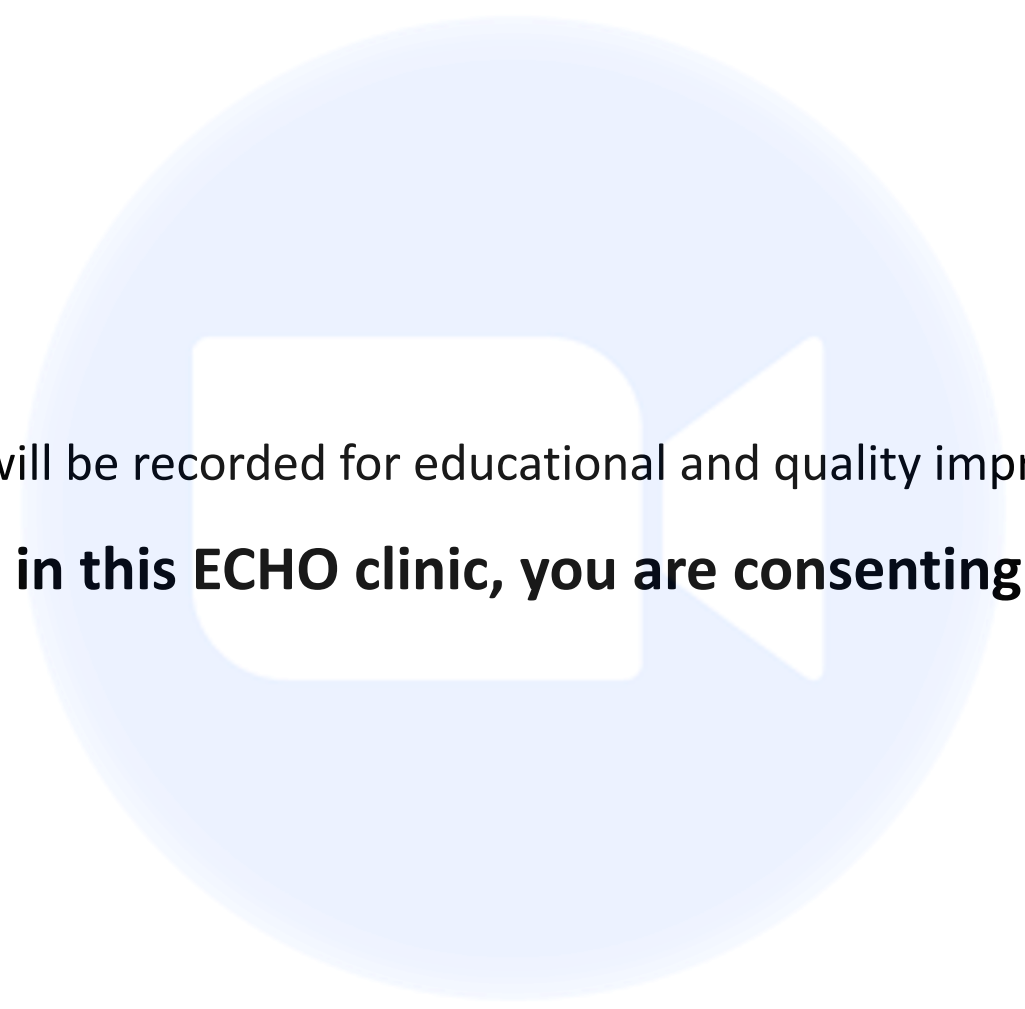
THE UNIVERSITY OF KANSAS
CANCER CENTER



Recording

This ECHO session will be recorded for educational and quality improvement purposes.

By participating in this ECHO clinic, you are consenting to be recorded.



ECHO Clinic Tips

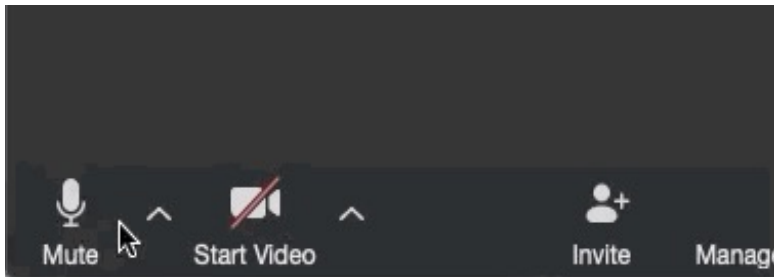
TESTING 1, 2, 3

Test both audio & video in advance



MUTE YOURSELF

when you're not speaking.

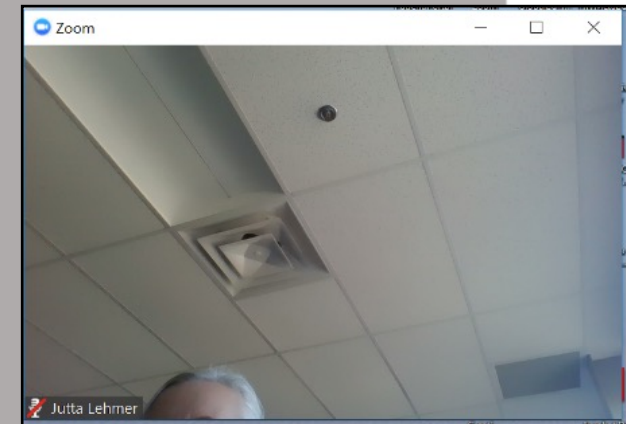


PARTICIPATE

Speak clearly, use the chat box, and actively engage.



CAMERAS ON
Well-lit faces are more engaging!



Polling Questions



Polling 1: Polling Questions Edit

1.What is your favorite color?

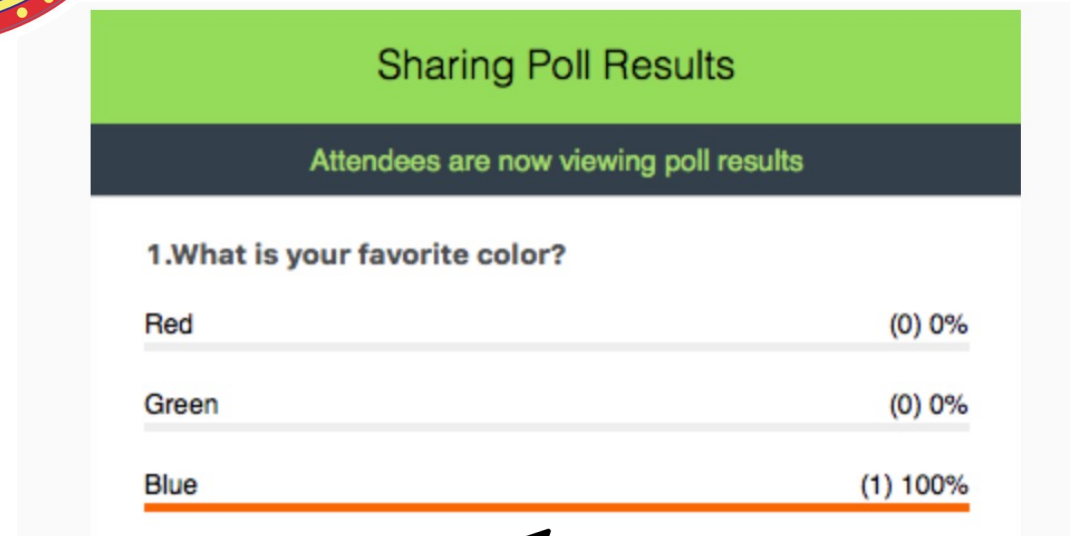
Red

Green

Blue



Answer the poll question



See real-time results



Learning Objectives

- Compare breast cancer screening guidelines with current clinical practice
- Identify potential resources to assist under or un-insured patients with breast cancer screening

A red ribbon banner with a 3D effect, featuring the word "WELCOME" in white, bold, uppercase letters.

WELCOME

It's nice to see you!

Please be sure your name appears in your Zoom box.



Let's take a poll!

How likely is it that your EDW patients have already had a mammogram when they come for an appointment?

- Very likely
- Moderately likely
- Neither likely or unlikely
- Moderately unlikely
- Very unlikely

For patients who have had imaging, do you use BIRADS or Volpara to determine breast density? Please tell us in the Chat Box!





Why is breast cancer screening important?

- Breast cancer is the most common cancer among women worldwide
- Second leading cause of cancer death
- 1 in 8 women in the U.S. will develop breast cancer during their lifetime
- 300,000 new cases of breast cancer every year
- More than 43,000 American women are expected to die from breast cancer in 2021



Why is breast cancer screening important?

- The breast cancer death rate has decreased by almost 40% since the mid-1980's, when mammography screening became widely utilized
- If a woman gets regular screening mammograms, her risk of dying from breast cancer is cut in half¹

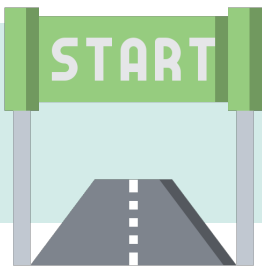
Screening makes sense and it works!

1. Otto SJ, Fracheboud J, Verbeek A, Boer R, Reijerink-Verheij J, Otten J, Broeders M, Koning H. Mammography Screening and Risk of Breast Cancer Death: A Population-Based Case-Control Study. *Cancer Epidemiology, Biomarkers & Prevention* 2012;21(1):66-73.



Screening Guidelines

- For average risk women, annual screening mammograms beginning at age 40
 - Endorsed by National Comprehensive Cancer Network (NCCN), American College of Radiology (ACR), Society of Breast Imaging (SBI), American Society of Breast Surgeons (ASBrS)
- All major groups agree this regimen saves the most lives and most years of life
 - USPSTF, NCCN, ACOG, WHO, ACS, ASBrS, ACR, SBI



Why start screening at age 40?

- 1 in 4 breast cancers occur in women aged 40-49¹
- One-third of all breast cancers in Black, Asian, and Hispanic women are diagnosed before age 50²
- Half of all fatal breast cancers are diagnosed before age 50³



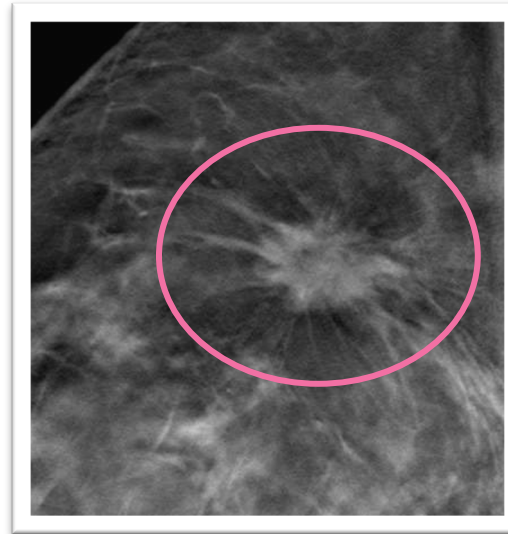
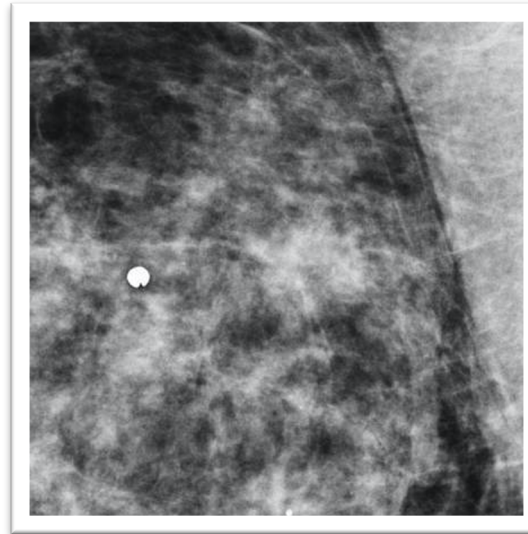
Why screen every year?

- Annual screening at age 40 saves 6,500 more lives in the U.S each year than does biennial screening¹
- Women who screen every other year have a higher proportion of later stage disease, worse prognosis, and higher morbidity



Digital Breast Tomosynthesis (DBT)

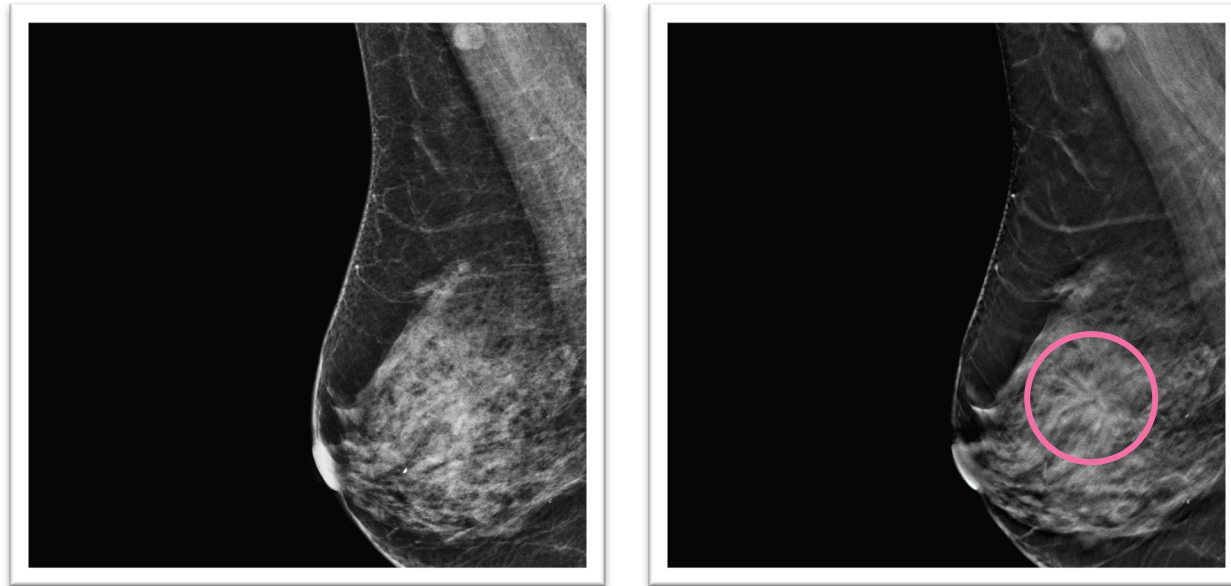
- DBT was FDA approved in 2011
- DBT improves the conspicuity of findings on mammography and allows for improved localization of lesions
- The “better” mammogram for all patients





Digital Breast Tomosynthesis (DBT)

- Decreases screening recall rate by up to 37%
- Increases cancer detection rate by up to 53%



1. Rose SL, T. A. (2013). Implementation of Breast Tomosynthesis in a Routine Practice: An Observational Study. *AJR*, 200 (6), 1401-1408.
2. Ciatto S, H. N. (2013). Integration of 3D digital mammography with tomosynthesis for population breast-cancer screening (STORM): a prospective comparison study. *The Lancet Oncology*, 14 (7), 583-589.
3. Conant EF. Clinical Implementation of digital breast tomosynthesis. *Radiol Clin North Am* May 2014;52(3).



Breast Cancer Risk Factors

- ✓ Older age
- ✓ Family history of breast and/or ovarian cancer, especially in first- or second-degree relatives
- ✓ Personal history of breast cancer
- ✓ Obesity, alcohol, smoking
- ✓ Dense breast tissue on mammography
- ✓ Personal or family history of certain genetic mutations
- ✓ History of chest radiation therapy received between the ages of 10-30
- ✓ Early menarche/older age at menopause
- ✓ Nulliparity
- ✓ Personal history of certain high-risk lesions on breast biopsy



High-Risk Women

- Cumulative lifetime breast cancer risk $\geq 20\%$
- High-risk women are more likely to have worse prognoses
 - Larger breast cancers
 - Node positive cancers
 - Interval cancers
- High-risk women need earlier and supplemental screening



High-Risk Screening Guidelines

- ACR recommends all women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening
- ASBrS recommends all women, age 25 and older, should have a formal risk assessment for breast cancer



High-Risk Screening Guidelines

Risk	Mammography/ Tomosynthesis	MRI*
Known genetic mutation or lifetime risk $\geq 20\%$	Annually starting at age 30	Annually starting at age 25–30
Breast cancer history and dense breasts at any age or breast cancer diagnosed < age 50	Annually starting at time of diagnosis	Annually starting at time of diagnosis
History of chest radiation therapy before age 30	Annually starting at age 25 or 8 years after therapy (whichever is later)	Annually starting at age 25–30
History of ADH, ALH, LCIS or personal breast cancer history other than above	Annually starting at time of diagnosis	Consider annually starting at time of diagnosis





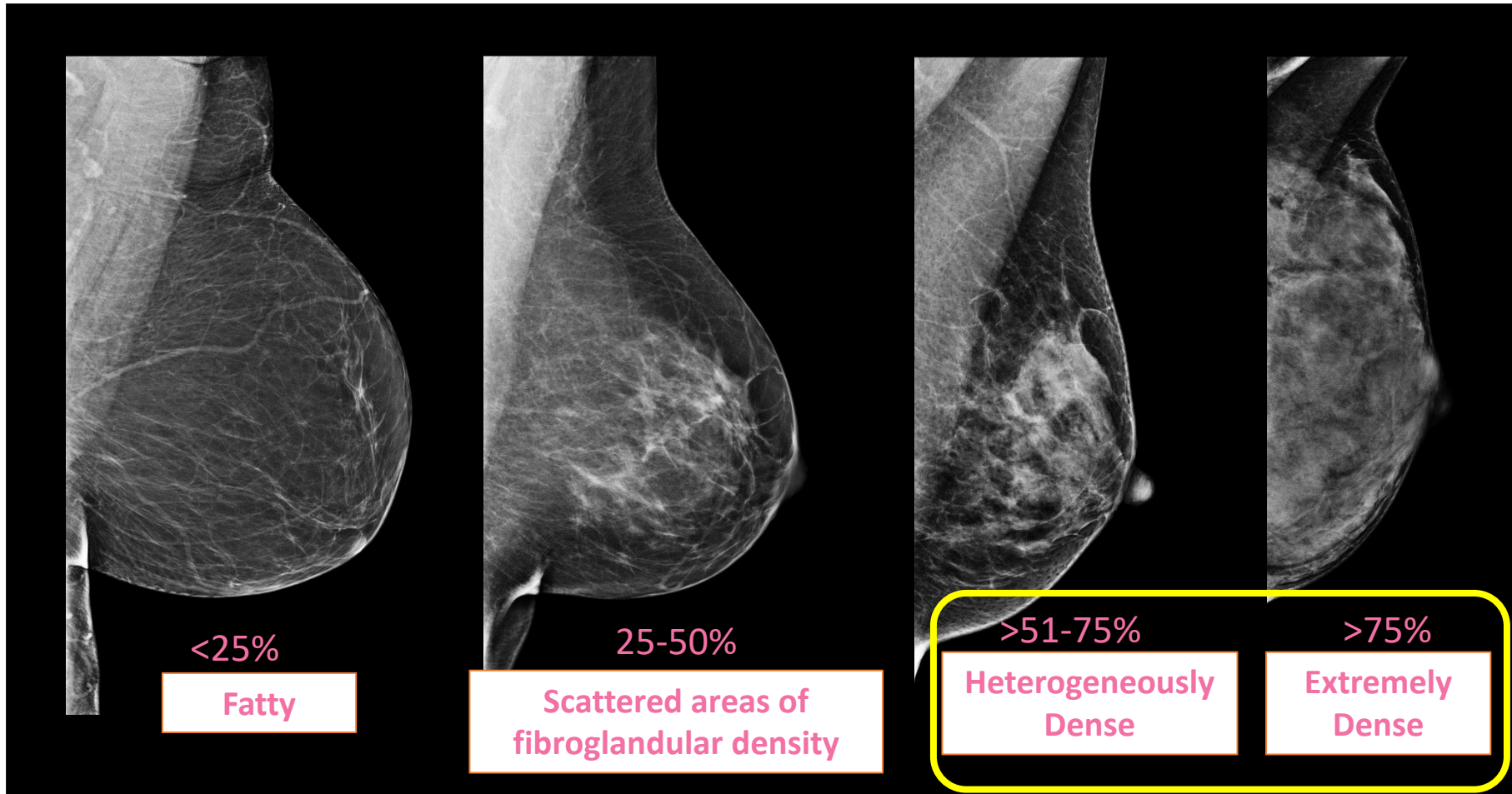
Breast Density

- ~40% of all women in the U.S. ages 40-74 have dense breast tissue
- Normal, determined on a mammogram
- Dense breast tissue is an independent risk factor for breast cancer¹
 - Risk is 2-6 x greater for women with dense breast tissue
- Breast cancer is also more difficult to find on a mammogram if a patient has dense breast tissue²
 - Sensitivity as low as 30% in women with extremely dense tissue

1. Harvey JA, Bovbjerg VE. Quantitative assessment of mammographic breast density: Relationship with breast cancer risk. *Radiology* 2004;230:29-41.
2. Sprague BL, Gangnon RE, Burt V, et al. Prevalence of mammographically dense breasts in the United States. *J Natl Cancer Inst* 2014;106(10).



Four Categories of Breast Density



Dense Breasts

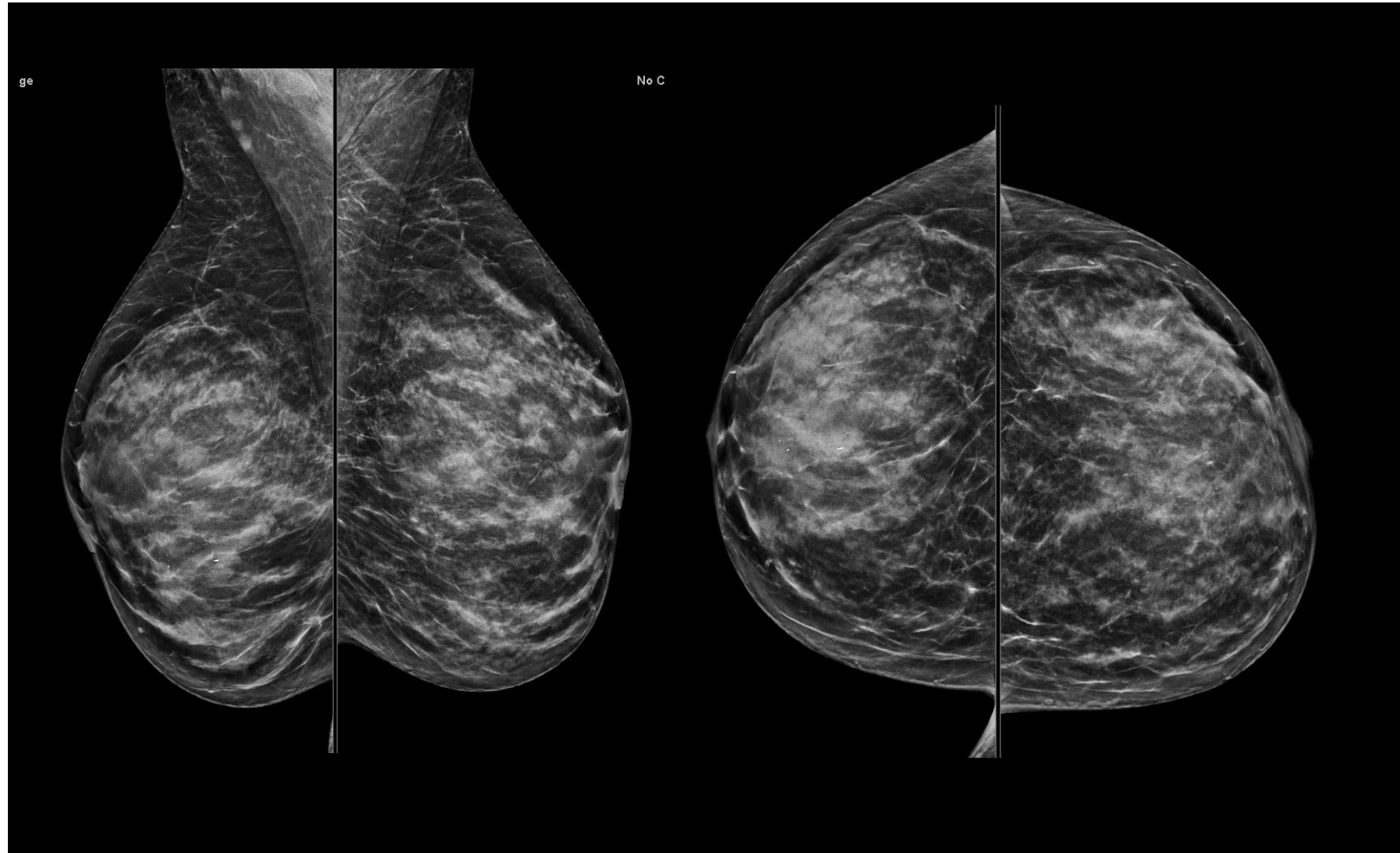


Case in Point #1



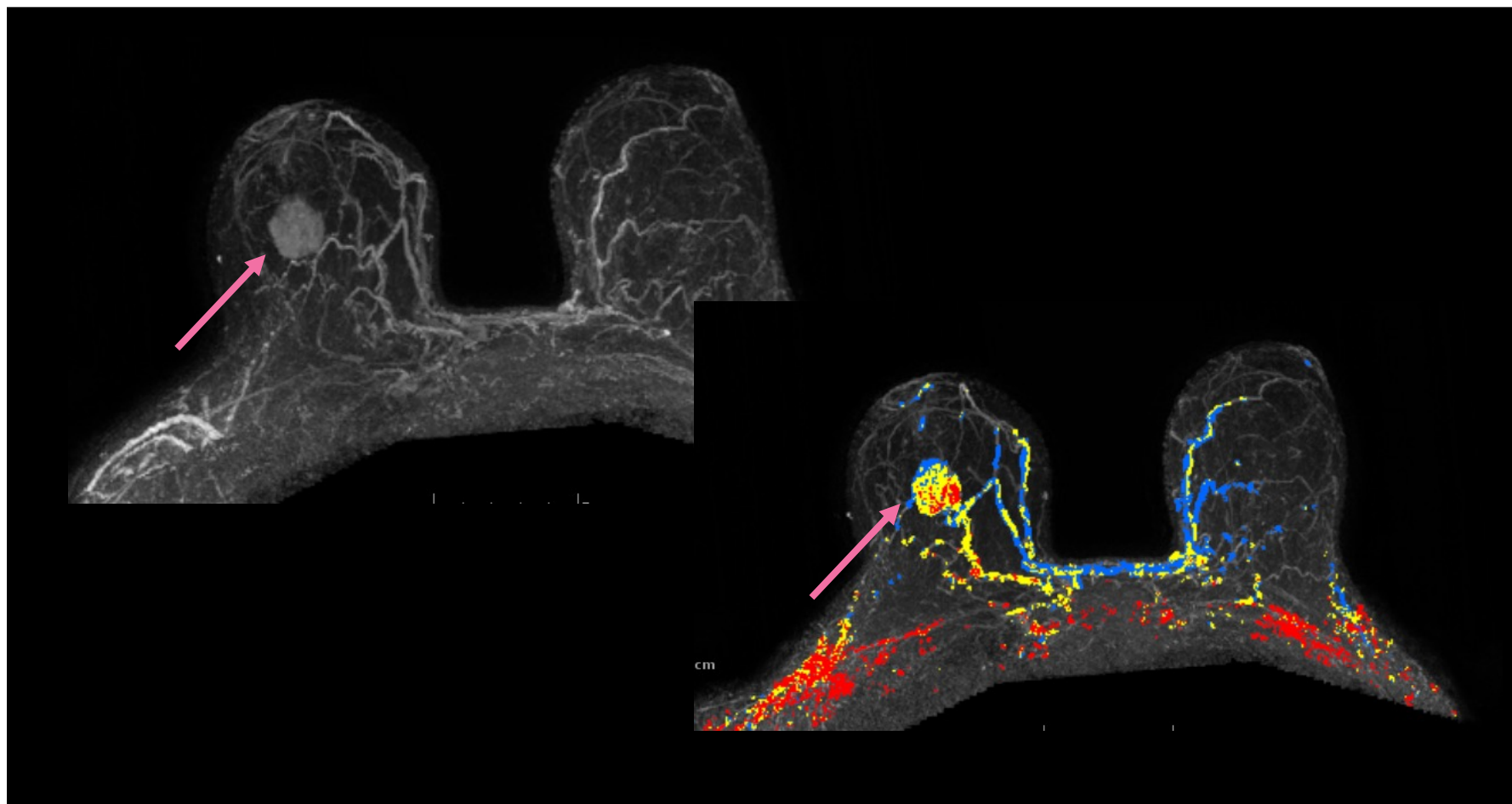


Case in Point #2





Case in Point #2





Breast Density

- On 02/15/2019, Congress passed a bill mandating the FDA to establish a national standard for breast density reporting
 - All imaging facilities that perform mammogram screening will be held to these standards

The law directs the FDA to develop reporting language and ensure that mammography reports and summaries received by patients and their healthcare providers include information that:

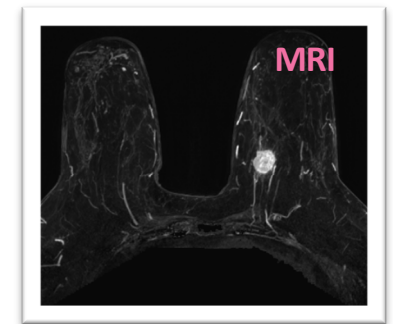
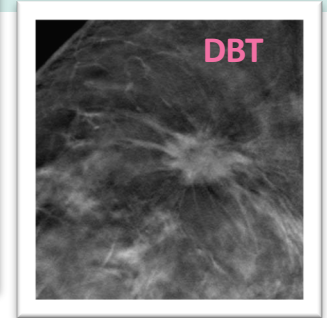
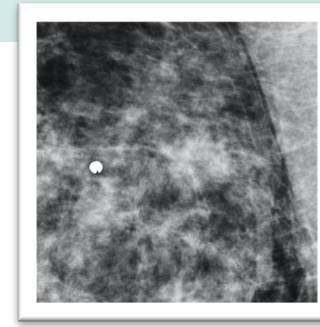
- explains the effect of breast density in masking the presence of breast cancer on a mammogram;
- provides a qualitative assessment of breast density by the radiologist who interprets the mammogram; and
- includes a reminder to patients that individuals with dense breast tissue should talk with their healthcare providers if they have questions or concerns.

US Congress orders FDA to establish standard for reporting breast density. Appl Radiol. By Staff News Brief. March 8, 2019



Supplemental Screening in Dense Breasts

- Digital Breast Tomosynthesis (DBT)
 - Increases cancer detection rate
 - Reduces callback rate
- Screening Ultrasound
 - Additional 2.5-5.3 cancers per 1000
- MRI
 - Most sensitive, >10.6 per 1000
- Most additional cancers are small and node negative



1. Berg WA, Zhang Z, Lehrer D, et al. Detection of breast cancer with addition of annual screening ultrasound or a single screening MRI to mammography in women with elevated breast cancer risk. JAMA 2012;307(13):1394-1404.
2. Schrading S, Strobel K, Kuhl CK. MRI screening of women at average risk of breast cancer. San Antonio Breast Cancer Symposium 2013.
3. Comstock C, Kuhl CK, Gatsonis C, et al. Comparison of Abbreviated Breast MRI vs Digital Breast Tomosynthesis for Breast Cancer Detection Among Women With Dense Breasts Undergoing Screening. JAMA. 2020;323(8):746-756

Discussion & Questions



Case Presentations & Patient Privacy



Goal: Protect patient privacy

Please only display or say information that does not identify a patient or that can not be linked to a patient.



Let's Review



1. Identify your Workflow
2. Collect the Risk Data
3. Calculate the Breast Cancer Risk
 - ✓ Use a TOOL to make it easier
4. Estimate Genetic Risk
 - ✓ Know your referrals
5. Assess Breast Density

Genetic Risk 3-2-1 Rule



(3-2-1)

- ✓ 3- individuals in a family with breast and/or prostate ca- dx any age
- ✓ 2- BRCA dx <50 with one additional family member with breast if prostate ca
- ✓ 1- BRCA dx <46y, or triple negative dx <60y
 - Ovarian
 - Pancreas
 - Metastatic prostate
 - Limited information (if BRCA was dx <50y)
 - Ashkenazi Jewish ancestry
 - Positive Tumor (somatic) testing




Case Example



Let's Bring Back Lola Pink!

She took your advice and started her screening with a 3D mammogram!

 **Breast Cancer Risk Assessment Health Questionnaire**

Patient Information

Last Name: PINK First Name: LOLA* Middle Initial: _____

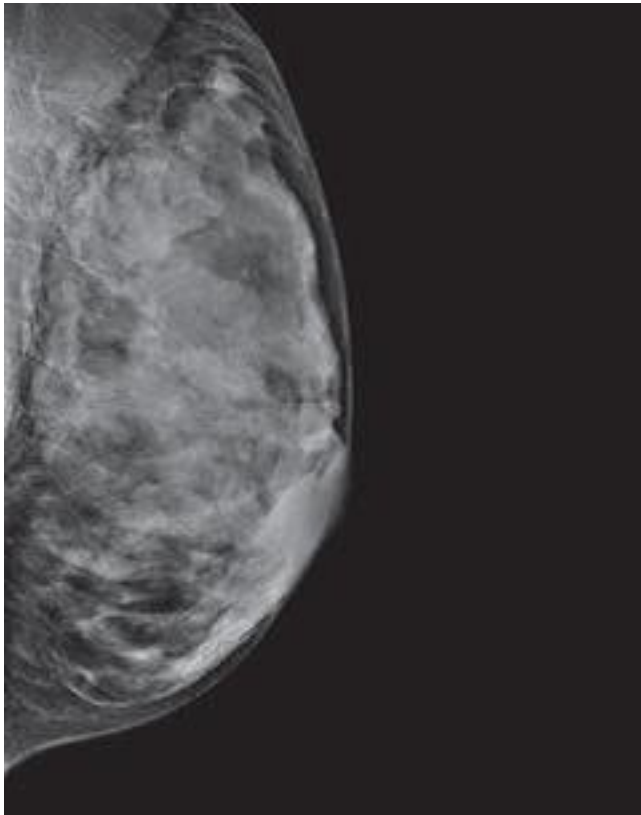
Date of Birth: ___/___/___ Age: 37

Cell / Home Phone: (____) _____ Email Address: _____

What is your estimated current: Height: 5'5" Weight: 160 lbs
(=1.65m) (=72.6kg)



Case Example



IMG2151 DIGITAL MAMMO SCREEN BILAT/TOMO/CAD:

The breasts are extremely dense, which lowers the sensitivity of mammography. The breast tissue is very dense, which is a risk factor for breast cancer and lowers the sensitivity of detection of breast cancer. This patient may benefit from supplementary screening with ultrasound. This procedure will require a physician order. Scheduling phone # [REDACTED] Similar information has been provided in the lay letter to this patient. (Please disregard if screening ultrasound or MRI has already been done.) 3-D (tomosynthesis) images were performed in addition to 2D mammograms. No masses, densities or calcifications to suggest malignancy. No change when compared to prior studies.

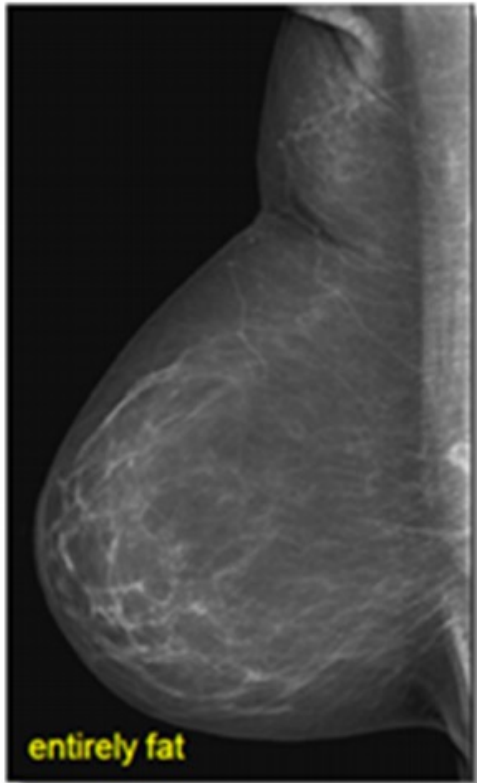
Electronically signed and approved by: [REDACTED]

IMPRESSION

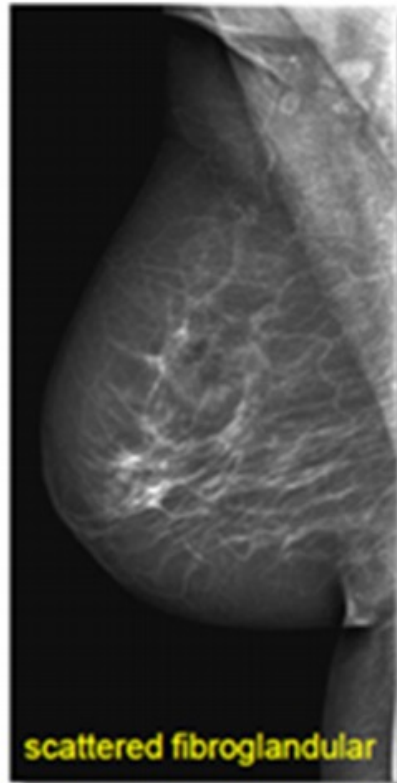
ACR BI-RADS® Assessments: BIRAD 1-Negative



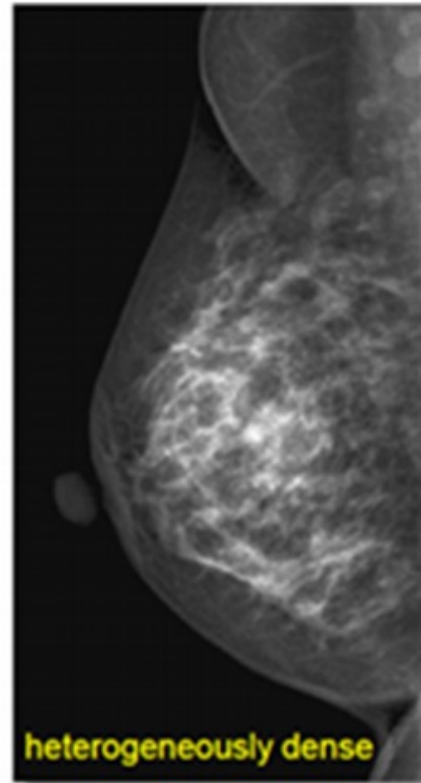
Case Example



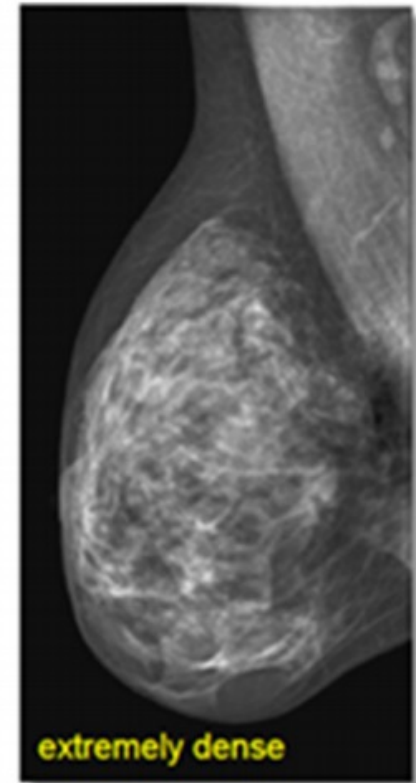
BIRADS 1



BIRADS 2



BIRADS 3



BIRADS 4



Case Example

volpara
VDG®

Patient Name
Patient ID A1236
Patient DOB 01/01/1999
Accession # 12348
Study Date 11/11/2011

15.5 — 24.4
4.5

d

	Right	Left
Volume of Fibroglandular Tissue (cm ³)	136.7	124.3
Volume of Breast (cm ³)	544.6	524.5
Volumetric Breast Density (%)	25.1	23.7

1.8 mGy v1.0	14 kPa v1.0	24.4% v1.5.13
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Let's Do It!



Calculate the Lifetime Breast Cancer Risk: <https://ibis.ikonopedia.com/>



The screenshot shows the Ikonopedia website interface. At the top left is the "ikonopedia" logo. Below it is a graphic of two birds flanking a central symbol. To the right of this graphic is the text "IBIS (International Breast Cancer Intervention Study) Online Tyrer-Cuzick Model Breast Cancer Risk Evaluation Tool".

About Ikonopedia

Ikonopedia is a next-generation cloud-based breast reporting and MQSA management system designed to track individual lesions to full resolution. Ikonopedia's closed-loop system ensures patient safety, reporting efficiencies and radiologist awareness with important clinical warnings and timely alerts for pertinent patient and family history.

IBIS Risk Assessment Tool v8.0b

This tool estimates the likelihood of a woman developing breast cancer specifically within 10 years of her current age and over the course of her lifetime. The tool is utilized to inform women and help support the decision making process for genetic counseling and testing.

The risks provided account for competing mortality, so there is allowance for death from other causes than breast cancer.

Note: This tool is *not* intended to assess the risk for women who have already been diagnosed with breast cancer.

System of Measurement: Metric Units Imperial Units

Discussion & Questions





Announcements

Join us for our final Project BRA ECHO session on **August 24th at Noon!**



Guest Speaker: Amanda Amin, MD
Topic: Breast Cancer Risk Reduction



Call for Cases!

- ✓ Encounters where you had difficulty relating or communicating with a patient due to cultural differences.
- ✓ Encounters where you would like to calculate their breast cancer risk.
- ✓ Encounters where you struggle to find resources for an individual at increased risk of breast cancer.

We would love to help you with a case during an ECHO session.
Reach out to Catie for details: cknight2@kumc.edu

Wrap-Up

Don't forget to [sign-in](#) by putting your name in the chat box.

Thank
You



ACTIVITY IDENTIFICATION CODE: 48trod

DUE DATE: August 16, 2021 by 5:00 pm

- Text the activity identification code to (828) 216-8114 or www.eeds.com



You can review this presentation and toolbox materials at www.kansascancerprojects.com on the Project BRA page.

