26th Annual Interdisciplinary Breast Center Conference

NCBC 2016

April 9-13, 2016 • Paris Las Vegas

Up to 28 CME's

An Empowering 3 Day Conference

Featuring:

NCBC National Consortium of Breast Centers + **ASBD** Clinical Track

clinical track April 9th - 11th, See pages 5-10

Outstanding speakers this year include:

Nancy Cappello

Harold P. Freeman

Armando Giuliano

Christiane Kuhl

Melvin Silverstein

A. Thomas Stavros

- ✔ Also Includes: Clinical, RT, Physician, Administration and RN Tracks
- ✔ 8 Post Conference Courses
- ✔ Over 80 Exhibiting Vendors
- ✔ CBE and Navigator Certifications
- ✔ Hands-On Workshops
- ✔ World Class Speakers *pgs 22-23*
- ✔ 10% Facility Member Discount
- ✔ Certified by The University of Tennessee Graduate School of Medicine

Assessment of Need

Over 200,000 women will be diagnosed with breast cancer annually, accounting for 30% of all new cancer cases in women. 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 across the globe through the interdisciplinary education of breast health professionals. Many breast healthcare practices are not standardized and this conference provides a learning and networking environment enabling breast professionals to learn about genetics, risk, 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 technical 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, ultrasound imaging, biopsy techniques, lobular neoplasia, reverse axillary mapping, endocrine therapy, coding and reimbursement procedures. Patient centered focus areas include: serving the underserved communities, patient tracking tools, assessing the high risk patient, reconstruction options, starting a sexuality program in a breast center, supporting the breast cancer survivor, and patient satisfaction. 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 National Cancer Institute "What you need to know aboutTM Breast Cancer: http://www.cancer.gov/cancertopics/wyntk/breast/page4/print
2 Healthcare.gov "Partnership of Patients: Better Care, Lower Costs. http://www.healthcare.gov/compare/partnership-for-patients/index.html
3 Patricia A. Ganz & Erin E. Hahn et al. Implementing a Survivorship Care Plan for Patients with Breast Cancer. The Journal of Clinical Oncology, February 2008 volume 26 Number 5

Core Competencies

In alignment with the CME mission of the University of Tennessee 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.

Objectives

- Know the basics of patient positioning and unit set-up for tomosynthesis-guided and upright stereotactic biopsy
- Understand the benefits of tomo-guided biopsy
- Identify and discuss the medical causes of hypoactive sexual desire disorder
- Discuss the current medications, side effects, and nursing interventions
- Peek into the future of medical oncology
- Discuss the current rationale of common surgical and reconstructive recommendations
- Understand common causes for breast pain/mastalgia
- List three methods of relieving breast pain
- Discuss nationally accepted guidelines for margins after breast conserving surgery
- Elucidate data regarding methods of reducing positive margin rates
- Understand ongoing controversies in breast cancer surgery
- Understand their clinical utility and the appropriate clinical settings for their use
- Review risks, benefits and side effects of Tamoxifen
- Discuss evidence supporting the use of anti-estrogen therapies for risk reduction
- Define what the NQMBC is and how my center may benefit from its use
- Latest market trends in breast imaging
- Understand the benefits of the RSL
- Surgical issues that cause FSD in the cancer patient
- Risk reducing procedures that affect sexuality
- Define borderline lesions
- Review common hereditary breast cancer susceptibility syndromes
- Provide update on available genetic testing options, including multiplex panels
- Learn about the use of neoadjuvant chemotherapy of early stage breast cancer
- How a breast health navigator can enhance multidisciplinary care
- Clinical scenarios and problem-solving

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 through the joint sponsorship of the University of Tennessee College of Medicine and the National Consortium of Breast Centers. The University of Tennessee College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

AMA: The University of Tennessee College of Medicine designates this live activity for a maximum of 28 AMA PRA Category 1 Credits TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PA's, NP's and Nurses: Physician Assistants, Nurse Practitioners and Nurses may use these credit hours toward certification renewal. This credit is acceptable by the American Academy of Physician Assistants (AAPA), American Nurses Credentialing Association (ANCC) and the American Academy of Nurse Practitioners (AANP).

BRN: Credits are being arranged through with The California Board of Registered Nursing. Courses not approved will receive CEU Credits from the University of Tennessee where applicable.

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.

AMA PRA Category 1 Credits™

4/9-11/16 Plenary Conference –20.5
4/12/16 Best Practices in Breast Centers – 6
4/12/16 Practical Applications of Cancer Risk Assessment – 6.5
4/12/16 Freeman Breast Patient Navigation Review Course – 6
4/12/16 The Evolution of Hope for Breast Cancer Survivors – 6.5
4/12/16 Pursuing Excellence in Your Navigator Program: Nuts & Bolts – 5.75
4/12/16 Clinical Breast Examiner Certification Program – 2.75
4/12/16 Mammography, Ultrasound & Stereotactic Boot Camp – 7.5
4/12/16 Management of the Dense Breast: Strategic & Tactical Approaches – 6.5
4/12/16 Creating a Successful Radioactive Seed Localization Program – 6.25

NCBC2016

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Women and Infants Hospital

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Gary Levine, MD
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Barbara Rabinowitz, PhD, MSW, RN
Creative Solutions

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General Conference

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RT/Rad Path	NCBC/ASBD Clinical	Admin	Navigation Survivorship
Risk Assessment	Navigator RN	Sexual First Responders	RT Imaging

As President of the National Consortium of Breast Centers, I extend a sincere and warm welcome to our membership and guests to our 2016 Annual Interdisciplinary Breast Care Conference, at Paris, Las Vegas. I would like to especially greet and invite into our circle, our new members joining us through our recent union with the former American Society of Breast Disease (ASBD) organization. Our two dedicated interdisciplinary breast care organizations came together over the past year, recognizing our shared missions and visions, resulting in an overarching network of breast care professionals whose desire is to advocate for premier interdisciplinary breast disease care. We at NCBC are so proud to have the members of this group join into our larger NCBC family.

Dr. Bobolis and the entire program committee has capitalized on this synergy to craft a spectacular agenda for our 26th annual conference imparting the essential data and tools you need to take back to your center. Again this year, we have centered the primary meeting content over the weekend to facilitate attendance, and shift the more in-depth course material to follow the conference. The program committee has created a dedicated ASBD clinical track addressing the spectrum of current challenges for the clinician attending to breast disease patients.

Please join us this year and learn all that NCBC has to offer you, not only the excitement of the conference, but as a member all year long, through our quality metrics program NQMBC, certification programs, our international collaborations, committee participation, or simply our newly updated digital newsletter.

It truly remains my privilege to serve this year as your president. I invite you to reach out to me now, or at the conference, so that I may better understand how NCBC can continue to serve you most effectively.

Warm Regards,
Jennifer Gass, MD, FACS
President, NCBC
Breast Fellowship Director
Chief of Surgery
Women and Infants' Hospital
Associate Professor of Surgery
Alpert Medical School, Brown University
Providence, RI

Dear Colleagues,

As this year's program chair, I welcome you to Las Vegas and the Paris Hotel. The program this year will provide expanded tracks that focus on the diverse educational needs of all providers within the breast center including nurse navigators, administrators, genetic counselors, radiological technologists, breast physicians, and international attendees. There are a few additions to the program this year, including a Sexual First Responder's course, updated information on survivorship, risk assessment as well special sessions on DCIS, multidisciplinary management of the axilla and borderline lesions of the breast. A concurrent meeting integrating the spectrum of breast oncology for primary care providers will also be offered this year.

The main value in attending the meeting comes from learning how to provide seamless, well-navigated care to our patients, from risk assessment, imaging, diagnosis, coordinated treatment, symptom management and survivorship. It is always thrilling to come together as a dedicated group of unique individuals with a shared purpose to further our knowledge and integrate care in a patient centered manner.

It has been a privilege to serve with the program committee this year as chair. Welcome to all returning and new attendees!

Sincerely,

Kristie Bobolis, MD
Program Chair
Medical Director Breast Health Center
Sutter Roseville Medical Center
Roseville, CA

Register for any of these Post-Conference options on Tuesday, April 12, 2016.

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SATURDAY April 9, 2016

7:00 - 8:00 am	**Breakfast Symposia with Pfizer**
8:15 - 8:30 am	**Opening Comments and Logistics** *Jennifer Gass, MD, FACS & Kristie Bobolis, MD*
8:30 - 9:15 am	**Keynote Speaker: Why I Talk to Strangers about My Breasts** *Nancy M. Cappello, PhD, Founder & Director Are You Dense, Inc. & Are You Dense Advocacy, Inc.* The impact of dense breast tissue remained exclusively in the medical journals for more than a decade until, in 2009, Connecticut became the first state to mandate the reporting of dense breast tissue to the patient through the mammography report. From patient to advocate, Connecticut resident Dr. Nancy Cappello relentlessly pursued equal access to an early diagnosis for women with dense breast tissue, launching a global grassroots density education and reporting movement. Her inspiring story, conveyed with passion and humor, illustrates how one person can make a difference.
9:15 - 9:45 am	**Making Sense of Different Guidelines for Screening Mammography** *Robert A. Smith, PhD* This lecture will address conflicting screening mammogram guidelines and how to help your patients understand how these guideline differences reflect differences in judgment about the benefits and limitations of mammography, the age to begin screening, and recommendations for annual vs. biennial screening.
9:45 - 10:15 am	**The State of Genetic Testing for Hereditary Breast Cancer Predisposition** *Mark Robson, MD* In this session, Dr. Robson will discuss the genetic architecture of breast cancer risk, concentrating on predispositions other than BRCA1 and BRCA2. He will review non-BRCA predispositions, the current status of multigene panel testing, and present suggestions for management of moderate penetrance predispositions.
10:15 - 10:45 am	**Break with Vendors**
10:45 - 11:15 am	**The Science Regarding Cognitive Deficits for Breast Cancer Survivors: What We Really Know** *Christina A. Meyers, PhD, ABPP* Cognitive dysfunction is ubiquitous in cancer patients. The "seed" (cancer), the "soil" (the individual) and the "pesticides" (treatments) all interact to cause symptom clusters that often include fatigue, sleep disturbance, affective distress and other symptoms. Cancer can cause cognitive impairments directly by brain involvement, and indirectly through a variety of mechanisms including inflammatory responses and autoimmune phenomena. Different cancer treatments affect brain function through a variety of mechanisms. Finally, there are subgroups of patients that appear to develop more significant and/or long-lasting symptoms, and the identification of those at-risk individuals is being pursued.
11:15 - 11:45 am	**SGR, ACA, MIPS: Time's They Are A Changing** *Richard J. Bleicher, MD, FACS* This session will update the participants on the repealed sustainable growth rate (SGR), the affordable care act, the Merit-Based Incentive Payment System (MIPS) and their effects on practice.
11:45 -1:00 pm	**Lunch with Vendors**

Break Outs	RT/Rad Path	Navigation/Survivorship	RN	ASBD Clinical
1:00 - 1:30 pm	**Tomosynthesis-Guided and Upright Stereotactic Biopsy** *Sarah Martindale, MD* This lecture will cover technical components of tomosynthesis-guided and upright stereotactic biopsy, such as biopsy unit set-up and patient preparation, as well as clinical components, including benefits, pitfalls, and lesions types which are especially benefit from this type of biopsy.	**Tips and Techniques to Aid Breast Cancer Survivors with Perceived Cognitive Deficits** *Christina A. Meyers, PhD, ABPP* Careful assessment of cancer-related symptoms, including cognitive dysfunction, is essential to guide intervention strategies. Fortunately, a number of intervention strategies are available, some borrowed from other neurological populations and some driven by our evolving understanding of the mechanisms of cancer-related cognitive dysfunction. Many cancer drug trials are now including symptoms as an endpoint. Research into new and effective interventions is difficult and requires pre-clinical trials with tumor bearing animals in order to not undermine cancer therapy. Treatment of cognitive dysfunction and other symptoms can improve the function and quality of life of people with cancer at all stages of their illness.	**Surgical Oncology 101 for the RN: History, Current and Future Practices** *John L. Bell, MD, FACS* Surgical oncology has evolved dramatically over the last few years and registered nurses, new or established, need to keep up with the overall cancer care. This session will give a quick overview of the history of nursing applications and interventions to treatments to understand where current surgeries stand. With the continuing evolution of treatments, prevention, and cures the future holds much more just around the corner.	**Do Margins Matter?** *Anees Chagpar, MD, MSc, MA, MPH, MBA, FRCS(C), FACS* Breast conserving surgery remains the mainstay of breast cancer management, yet controversies remain regarding whether margins matter, how much of a margin is needed, and how best to achieve negative margins. This presentation will review the historical data, share consensus statements, highlight recent clinical trials, and discuss controversies that remain.

SATURDAY April 9, 2016 Continued

Break Outs	RT/Rad Path	Navigation/Survivorship	RN	ASBD Clinical
1:35 - 2:05 pm	**The Influence of Social Media on Medical Decision Making #breastcancer** *Jane Kakkis, MD* The presence of instantaneous but frequently inaccurate information on social media platforms has created new challenges for patients and medical professionals. This talk will explore the various platforms for disseminating information and the potential impact on breast cancer patients and treating physicians. Strategies for integration of evidence based medicine through various social media platforms and the challenges associated with it will be discussed.	**Learning from One Role Model-Survivorship Program** *Tara Sanft, MD* Survivorship care is a dynamic that spans the time after active treatment is over throughout the remainder of a patient's life. It is no surprise that there are multiple approaches to meeting the needs of survivors. This session will focus on one institution's program development to address multiple phases of survivorship.	**Medical Oncology 101 for the RN: History, Current and Future Practices** *Tina Rizack, MD, MPH* Medical oncology has evolved dramatically over the last few years and registered nurses, new or established, need to keep up with the overall cancer care. This session will give a quick overview of the history of nursing applications and interventions to treatments to understand where current therapies stand. With the continuing evolution of treatments, prevention, and cures the future holds much more just around the corner.	**Contralateral Prophylactic Mastectomy: Who, Why and Now What?** *Jennifer Gass, MD, FACS* After a decade of surveillance validating breast conservation therapy offers an equal survival to mastectomy, across the country we are witnessing an upsurge in the most extensive operative intervention: bilateral mastectomy for unilateral breast cancer. This session will explore the latest data on who and why and suggest strategies to address.
2:10 - 2:40 pm	**How To Best Inform Your Patient of Their Breast Density and Options** *Richard Reitherman, PHD MD* Breast Density has become a central feature of the breast screening conversation for legislators, health care providers, guideline creators, insurers, radiology practices, and patients. This course will provide the fundamentals and background information which will enable us to engage in sophisticated communication with our patients, but also to understand, in some detail, the scientific, epidemiologic, and Dense Breast Mitigating Technologies (DBMT) available that provide translation to practical imaging algorithms.	**Fertility Issues Facing Women With Breast Cancer** *James Simon, MD* Decreased ovarian function following a breast cancer diagnosis results in reduced fertility whether from delay in childbearing or the adverse effects of adjuvant chemotherapy. Approaches to assessing ovarian fertility/follicular "reserve" and how to prevent/minimize the adverse effect of adjuvant chemotherapy will be reviewed.	**Radiation Oncology 101 for the RN: History, Current and Future Practices** *Rufus Mark, MD* Radiation oncology has evolved dramatically over the last few years and registered nurses, new or established, need to keep up with the overall cancer care. This session will give a quick overview of the history of nursing applications and interventions to treatments to understand where current therapies stand. With the continuing evolution of treatments, prevention, and cures the future holds much more just around the corner.	**Modern Classification of Breast Cancer: Luminal, Triple Negative and Her2 neu** *Shabnam Jaffer, MD* This course will detail the relatively new classification of breast cancer through use of genomics and compare and contrast it with the traditional histologic classification..
2:45 - 3:15 pm	**The Wonderful Words of Dr. Oz** *Louise Miller, RT(R)(M)* This lecture will explore the myths and mistruths that many of our patients have related to mammography and breast imaging, Screening guidelines, radiation exposure, the use of ultrasound, breast density, compression, our jobs as mammographers and other topics that often need clarification in the form or concise and correct information.	**Hypoactive Sexual Desire Disorder for Breast Cancer Survivors** *Michael Krychman, MD, FACOG* Women with breast cancer suffer significant loss of sexual self-esteem and decline in sexual function. Surgical removal of the breasts, radiation and chemotherapy plus cytostatic medications directly and indirectly attack the sexual response cycle. Desire treatment paradigm will be presented which will focus on a multifaceted approach to the comprehensive treatment of hypoactive sexual desire disorder in the breast cancer patient. A focus on both behavioral and sexual pharmacology will be presented.	**Mastalgia: Patient Education** *Melissa Hopkins RN, BA, CN-BN* Breast pain is a common complaint bringing many patients to the mammography center or surgeon's office for assessment. Most often diagnostic imaging is negative or benign, and the patient leaves without a satisfactory resolution to the pain. This course will give the nurse useful information for patient education and take a look at alternative reasons for breast pain and practical suggestions for moving beyond the breast pain.	**Obesity: A National Epidemic: The Impact on Incidence, Recurrence and Survival** *Erin Hofstatter, MD* Obesity has become a major public health crisis in the United States. Not only does obesity contribute to serious health conditions such as diabetes and heart disease, but growing evidence suggests a direct link of obesity to increased breast cancer risk, poorer treatment outcomes, and decreased survival. In this session, we will review the evidence surrounding the connection between obesity and breast cancer, including biologic mechanisms, diet, physical activity, weight, and energy balance. Practical lifestyle recommendations for breast cancer survivors, and those at risk for breast cancer, will be highlighted.
3:15 - 3:45 pm	**Break with Vendors**			
3:45 - 5:45 pm	**The Best of the National Meetings: Everything I Need to Know I Learned at NCoBC** *Anees Chagpar, MD, MSc, MA, MPH, MBA, FRCS(C), FACS; George Somlo, MD; Kilian E. Salerno, MD; Richard Reitherman, PHD MD* Did you miss the highlights from ASCO, ASBrS, SSO, RSNA, ASTRO and/or San Antonio? Are you wondering what the most important advances in breast cancer surgery have been over the past year? Don't worry – everything you need to know, you can learn at NCoBC.			
6:30 - 8:00 pm	**Special Event Vendor Reception with Appetizers: "It's Springtime in Paris , Red Gala"**			

SUNDAY April 10, 2016

7:00 - 8:00 am	**Breakfast Symposia with Hologic**
8:00 - 8:45 am	**Masters Lecture** **Radical Mastectomy to Extreme Oncoplasty: A Revolutionary Change** *Melvin J. Silverstein, MD, FACS* Breast cancer care has been revolutionized over the last few decades freeing women from radical mastectomy and a bleak outlook in survivorship to a new era of breast conservation and enhanced survivorship. This dramatic evolution will be detailed by a pioneer in the field, Dr. Melvin J. Silverstein, whose courage led to the first breast center in the US and individualized care for the spectrum of breast disease.
8:45 - 9:15 am	**Genomic Biomarkers for Breast Cancer** *Lajos Pusztai, MD, D.Phil* Several genomic prognostic markers are now available for routine clinical use in breast cancer. We will critically review the data that supports the use of these tests with particular emphasis on new strategies such as predicting late recurrence in ER+ breast cancers to select patients for extended endocrine therapy, molecular target profiling of metastatic breast cancer and the role of tumor infiltrating lymphocytes.
9:15 - 9:45 am	**Second Opinions in Breast Pathology? Are They Worth It?** *Ira J. Bleiweiss, MD* It is well known the surgical pathology of the breast is a field prone to differences of opinion. This talk will assess the need for second opinions in breast pathology, which, if any, diagnoses should be confirmed, and how often second opinions result in changes in clinical management.
9:45 - 10:15 am	**IMPACT AWARD WINNER** *Presented By Jennifer Gass, MD* **Tailored Axillary Management: From Concept to Routine Practice** Armando E. Giuliano, MD Axillary dissection had been the standard of care for managing nodal status in breast cancer patients until the mid-1990s. Then a landmark development arrived, sentinel node biopsy. Its simplicity and ingenuity was embraced by surgeons before a randomized prospective trial would confirm its accuracy and reliability. The original treatment paradigm involved completion axillary dissection for node positive patients, but early on, Dr. Giuliano realized that perhaps for even the node positive patients, an axillary dissection may not be needed. His concept preceded the comfort level of general surgeons, yet Z-11 was completed and yet again shattered the existing treatment paradigm. Clearly, Dr. Giuliano was far ahead of the curve in his understanding of the management of axillary disease. This lecture will cover the journey in axillary management and the road ahead.
10:15 - 10:45 am	**Break with Vendors**

Break Outs	RT/Imaging	Risk Assessment	Admin Track	ASBD Clinical	Sexual First Responders
10:45 - 11:15 am	**Breast Pathology for the Non Pathologist** *Shabnam Jaffer, MD* This will serve as 101 introduction to non-pathologists into the practice of pathology. The speaker will take you through a day in the life of a pathologist from the time of receipt of a specimen to final diagnosis.	**A Personalized Approach to Managing Women at Increased Risk for Breast Cancer** *Ruth Heisey, MD* A framework to assist in managing women at increased risk for breast cancer will be presented.	**National Quality Measures for Breast Centers (NQMBC): A Primer** *John L. Bell, MD, FACS & Teresa Heckel, MBA, FABC* In this session, the participant will learn what the NQMBC program is, how the program may benefit their center, why they should participate, and what data elements are captured. We will also review the different levels of Certification and what a center has to do to participate. This will be an overview session designed to familiarize the participant with the program, encourage questions and solicit engagement.	**Optimal Localization of Non-Palpable Lesions: RSL** *Basak Dogan, MD* Implementation of RSL procedure is a complex and multidisciplinary process that involves radiology, radiation safety, nuclear medicine, surgery and pathology departments.	**Establishing the Context: Basic Models Used in Describing Female Sexual Problems** *Don S. Dizon, MD, FACP* This session will offer attendees an opportunity to learn different ways of conceptualizing female sexual dysfunctions. Each offers a valuable context of understanding the sexual difficulties and therefore informs the process for deeper understanding of the physiologic, psychosocial and psychologic dimensions of female sexual dysfunction for breast cancer survivors.
11:20 - 11:50 am	**Optimizing 3D Workflow in Your Breast Center** *Gary M. Levine, MD* 3D Tomosynthesis has proven to have clinical advances but may also impact a facilities workflow, especially if Patient volume has increased by introducing this technology. With increased economic pressure breast imaging needs to transition to more efficient delivery of quality services while respecting patient experiences. This presentation will have strategies to improve efficacy while balancing this new technology.	**Management of Premenopausal Women at Increased Risk for Breast Cancer** *Sandhya Pruthi, MD* Strategies to reduce breast cancer risk in premenopausal women at increased risk will include discussion on lifestyle modification and preventive therapy with Tamoxifen and role of enhanced screening.	**Clinical Guideline Development and Standardization** *Megan Kalambo, MD* In an era of unprecedented change in health care in the United States, radiology department consolidation and expansion is common. This lecture will describe a methodical process that can be followed to implement standardized imaging protocols during the expansion of an academic radiology department into the community. This template can be followed by other radiology sections, departments and institutions considering expansion.	**Cost-Effective Care of the Breast Cancer Patient: How the Disciplines Can Work Together to Reduce Unnecessary Evaluations and Interventions While Preserving Quality** *William M. Sikov, MD, FACP Moderating with Anees Chagpar, MD, MSc, MA, MPH, MBA, FRCS(C), FACS; Thomas A. Buchholz, MD, FACR, FASTRO; Jay Parikh, MD, FRCP(c), FACPE, FACR* One of the major challenges facing breast care centers now and in the future is the provision of cost-conscious *Continued on next page*	**Biological Causes of Sexual Problems in Breast Cancer** *Michael Krychman, MD, FACOG* This lecture will discuss the biological and etiological factors which influence the development of sexual problems in women with breast cancer. Surgical issues, risk reducing procedures, radiation, chemotherapy and medications will be discussed.

SUNDAY April 10, 2016 *Continued*

Break Outs	RT/Imaging	Risk Assessment	Admin Track	ASBD Clinical	Sexual First Responders
11:55 - 12:25 pm	**Mammography of the Future: Where Do You Fit In?** *Louise Miller, RT(R)(M)* This lecture will address the past and future challenges of mammographers and how those with experience can provide mentorship for new generations and those who are coming into the field and can help change the course of education and excellence in image quality and advanced technologies while at the same time providing the best in patient care.	**Management of Postmenopausal Women at Increased Risk for Breast Cancer** *Therese B. Bevers, MD* Strategies to reduce breast cancer risk in postmenopausal women at increased risk will entails a discussion of the role of preventive therapy with anti-estrogens and aromatase inhibitors.	**National Trends in Breast Imaging Utilization and the Future** *Deidre Saulet, PhD* Explore the latest breast imaging market trends and strategies for addressing new challenges. Learn innovative strategies for improving patient outreach and education about screening. This presentation will also review how the most progressive providers across the country are differentiating their breast imaging centers from their competition, and which technologies are leading the way toward new, improved breast care.	*Continued from page 7* and cost-effective care without compromising outcomes, by limiting testing and treatment to those patients who are most likely to benefit and sparing others the cost, inconvenience and toxicities of unnecessary care. Addressing this challenge will require a multidisciplinary approach and increased understanding of how the biology of breast cancer and precancerous breast disease impacts risk and benefit. How can we extend the 'Choosing Wisely' initiative to our centers? A Multidisciplinary panel will address these issues as they pertain to their own specialties and how medical specialists and other members of the breast center team can work together to educate patients and provide high quality and cost-effective care.	**Renegotiating Coupledom after Cancer: You, Me and Us** *Anne Katz, PhD, RN* When a woman's sexuality changes after breast cancer, it impacts her primary relationship. Her partner experiences changes to his/her sexuality as a result. Relationship stress may result and prior patterns of communication may no longer be effective. This presentation will highlight the relationship changes and make suggestions for assessment and resolution.
12:25-1:30 pm	**Lunch With Vendors**				
Break Outs	Rad Path	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
1:30 – 2:00 pm	**Multidisciplinary Approach Borderline Lesions** *Basak Dogan, MD; Savitri Krishnamurthy, MD; Henry M. Kuerer, MD, PhD & Therese B. Bevers, MD* Review of our experience at The University of Texas M.D. Anderson Cancer Center (UTMDACC), of correlating imaging and pathological findings to select women of low upgrade risk, in whom surgery can be deferred. **Note: Rad Path Lecture Continues to 3:10 pm**	**Camp Hope: An Escape from Cancer** *Sally Swift Joyce* This presentation will discuss the way in which this retreat was started, how it was funded and how the 3-day retreat benefits cancer patients, their families and the volunteers that attend.	**Are We Being Reimbursed For Our Hard Work? National Reimbursement Trends** *Deidre Saulet, PhD* Breast cancer tends to be the highest volume tumor site, and breast cancer patients are often the most engaged—and vocal—consumers of cancer care. Consequently, cancer program leaders need to understand how to attract and retain this population. This presentation will share the biggest innovations in breast cancer program development, including volume and financial estimates, strategies to engage patients in their care, and treatment innovations.	**The Promise and Pitfalls of Multiplex Genetic Panel Testing for Hereditary Breast Cancer** *Erin Hofstatter, MD* With the increasing availability and decreasing cost of next-generation sequencing, genetic counseling and testing for hereditary breast cancer syndromes has become increasingly complex. This powerful tool may indeed help us to discover and better understand hereditary breast cancer syndromes. However, many fear that this rapidly developing technology has far outstripped our clinical ability to counsel patients. Hereditary breast cancer susceptibility and an outline of the available multiplex panels, will be reviewed and up-to-date summary of the literature regarding the clinical use of multiplex panels, with an eye toward both the promise and pitfalls of this technology will be presented.	**Basic Interventions for the Most Important Sexual Organ** *Barbara Rabinowitz, PhD, MSW, RN* This session will focus on the power and basic skills of talk therapy in helping survivors and their partners find their way back to a comfortable, intimate and sexual life together.
Break Outs	Rad	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
2:05 – 2:35 pm	**Rad Path Lecture Continues to 3:10 pm**	**Navigation Integration At the Tumor Board: Tools and Tips** *Teresita Macarol, RT(R)(M)(QM), CN-BI* Tumor boards are the mainstay of multidisciplinary care but often miss the psychosocial and logistic interests of the patient. This lecture will discuss the impact and application of Navigator input at the tumor board along with reports from pathology, imaging and treatment professionals. How to incorporate Navigation as an important part of the tumor board and tools to assist you will be addressed.	**Doing our Best: Customer Service Excellence Throughout the Patient Experience** *Jacquelyn Ostrom, MA, CFRE* Improving the patient experience cannot be dictated or orchestrated by management. Instead, it takes the breast center's team—including techs, registration staff, coordinators and above all, radiologists identifying and tackling problems together. This session shows how a breast center can engage representatives of the team in seeking and implementing patient-centered care.	**Lymphedema: From the Prevention to Treatment** *Atilla Soran, MD* Lymphedema is the most common complication of breast cancer treatment and is a lifelong disease. Early diagnosis of LE is crucial.	**Treating Female Sexual Dysfunctions – Lotions, Potions and Other Strange Notions** *James Simon, MD* Non-pharmacologic interventions can dramatically improve sexual function in breast cancer survivors. Preliminary approaches to improving body image, reduced desire, arousal and orgasmic function will be reviewed with a focus on first responders and those without prescriptive authority.

SUNDAY April 10, 2016 *Continued*

Break Outs	Rad	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
2:40 - 3:10 pm	Rad Path Lecture Continues to3:10 pm	**Survivors Living with Metastatic Disease** *Colleen Johnson, RN, NP, CN-BP* Metastatic breast cancer (MBC) is the most advanced stage of breast cancer. Currently there are no cures available, however ongoing treatment can control the spread of the disease and its symptoms and allow patients to thrive. Patients with MBC are often overwhelmed for multiple reasons including; their diagnosis, constant medical appointments, and fear and uncertainty about the future. At the same time research and patient testimonials show this group tends to have less psychological support compared to those with an earlier diagnosis. This presentation will focus on the critical role the health care professional plays in educating patients with MBC as well as suggestions to help improve communication and offer valuable and timely treatment decision support.	**We Treasure What We Measure: Key Metrics for Any Breast Center** *Richard J. Bleicher, MD, FACS* This session will update the participants on the key metrics that are typically evaluated nationally by accrediting organizations and why those metrics have been chosen.	**Emerging Paradigm Shifts of Therapy in Early Stage Breast Cancer** *Lajos Pusztai, MD, D.Phil* The availability of several nation-wide randomized clinical trials that were designed to improve survival in patients who have residual cancer after neoadjuvant chemotherapy with the best current standard therapies is changing the paradigm of treatment sequencing. We will discuss the prognostic importance of pathologic complete response to neoadjuvant chemotherapy and the trials that are currently accruing in different breast cancer subtypes for patients with residual cancer. I will also present results of the first immunotherapy trials in breast cancer and review the ongoing trials with these agents.	**Role Play and Cases** *Barbara Rabinowitz, PhD, MSW, RN* *Moderating with Don S. Dizon, MD, FACP; Anne Katz, PhD, RN & James Simon, MD* Drs. Dizon, Katz and Simon will each present case examples showcasing how the First Responder understanding and skills taught in the sessions that precede this session sound and look in real intervention circumstances. Participant interaction will help anchor what was taught during this day long course.
3:10 - 3:45 pm	**Break with Vendors**				
3:45 - 4:30 pm	**Oral Presentations of Award-Winning Abstracts**				
4:30 - 4:45 pm	**Inspiration Award** *Presented by Cary S. Kaufman, MD, FACS*				
4:45 - 5:45 pm	**Tumor Board** *Tina Rizack, MD, MPH Moderating with Barbara Rabinowitz, PhD, MSW, RN; Ira Bleiweiss, MD; Kilian E. Salerno, MD; Melissa Hopkins, RN, BA, CN-BN; Jennifer Gass MD, FACS; Jay Parikh MD, FRCP(c), FACPE, FACR; William Sikov, MD, FACP; Jennifer Scalia Wilbur, MS* Multidisciplinary tumor boards remain a cornerstone for maintaining standards of care. This session will present real breast cancer cases found in the community. Experts from several disciplines, including a breast health navigator and a genetic counselor, will discuss complex cases. The objective of this session is to illustrate the multidisciplinary approach to this tumor board for optimizing patient care.				
5:45 - 6:45 pm	**Special Event: Poster Reception with Refreshments for All Attendees**				

NCBC International Delegates 2015

MONDAY April 11, 2016

7:00 - 8:00 am	**Breakfast Symposia with GE**
8:00 - 8:15 am	**Membership Meeting** *with Jennifer Gass, MD, FACS*
Lymph Nodes: How Much Do They Matter?	
8:15 - 8:45 am	**Ultrasound Staging Nodal Basin** *Jay Parikh, MD, FRCP(c), FACPE, FACR* The American Joint Committee on Cancer 7th edition uses the "TNM" classification to stage breast cancer. Staging is a process for finding out how much tumor burden there is in the body. The size of the tumor and spread of the tumor from which it originated are components of staging. Staging confers prognosis and helps guide clinical management of patients with breast cancer. Ultrasound is often used in the imaging and diagnosis of patients with breast cancer. In this presentation, we describe how ultrasound can be used to evaluate lymph nodes at the time of diagnosis to help quickly establish TNM staging of patients with breast cancer.
8:45 - 9:15 am	**Optimal Surgical Management of Lymph Node Positive Breast Cancer 2016** *Henry M. Kuerer, MD, PhD* The presence of axillary nodal metastases has a significant impact on locoregional and systemic treatment decisions. Historically, all node-positive patients underwent complete axillary lymph node dissection; however, this paradigm has changed over the last 10 years. Clinically node-negative patients with small volume disease found on sentinel lymph node sampling now commonly avoid more extensive axillary surgery. A new technique called Targeted Axillary Dissection (TAD) allows for node-positive patients who receive neoadjuvant chemotherapy a reliable way to restage the axilla while sparing women who convert to node-negative status from the morbidity of complete nodal dissection.
9:15 - 9:45 am	**Nodal Radiation: Where Do We Stand 2016** *Thomas A. Buchholz, MD, FACR, FASTRO* Emerging data suggests that radiation of undissected lymphatics may decrease rates of distant metastases in selected breast cancer patients. This presentation will review recent randomized trials and place their results into strategies for patient management.
9:45 - 10:15 am	**MRI Screening and Preoperative Breast MRI** *Christiane Kuhl, MD* Breast MRI is the most sensitive imaging modality occasionally used in breast cancer screening and is valuable in optimizing oncologic and patient valued treatment outcomes. However, in order to optimize its impact , it is essential not only perform and interpret this modality at the highest level of quality but also to use appropriate selection criteria for women benefiting from preoperative-multimodality imaging.
10:15 - 10:45 am	**Break with Vendors**

MONDAY April 11, 2016

Break Outs	RT/Rad Path	Nav/Survivorship	Admin	ASBD Clinical
10:45 - 11:15 am	**The New BI-RADS Lexicon for Mammography** *Jessica W. T. Leung, MD, FACR* This Lecture will address the mammography component of the fifth edition of Breast Imaging Reporting and Data System (BI-RADS).	**Navigation Patient Care Barriers: Mission: Assess and Eliminate** *Melissa Hopkins, RN, BA, CN-BN* When you get to the main point of helping a patient through the diagnosis, treatment, and survivorship of breast cancer care, the bottom line is the assessment, identification, and elimination of barriers to timely and supportive care. Most patients in need of navigation are lost in the myriad of decisions, understanding the disease, and fragmentation of care; the obvious barriers. This presentation will take a further step in understanding and fine tuning assessments to barriers and help to identify resources to keep at your fingertips as each individual patient comes to you with unique challenges.	**The Mainstay of Mentoring: Building a Culture of Trust** *Elizabeth Clark, PhD, ACSW, MPH* Mentoring is an essential element of long-term career success. It is built on trust and mutual respect and brings benefit to both the mentee and the mentor. This workshop will cover topics such as finding or becoming a mentor, the difference between mentoring and supervision, what to expect from a mentoring relationship, setting mentoring guidelines and agendas, and evaluating mentoring effectiveness. Additionally, it will address how to recognize a negative mentoring experience, what to do when you outgrow your mentor, and how to extricate yourself from a mentoring relationship that is no longer useful or has become dysfunctional. Finally, the workshop will emphasize the importance of giving back and developing mentoring skills as part of becoming a leader.	**XRT: Who, What, When and How Much** *Thomas A. Buchholz, MD, FACR, FASTRO* Radiation treatments in breast cancer play an important role in the multidisciplinary management of breast cancer. After breast conservation and for some cases after mastectomy, radiation use can improve overall survival. However, in both of these situations, patients and biological factors can affect dose prescriptions, volumes treated, and efficacy. This presentation will update the newest findings of radiation after breast conservation surgery and after mastectomy.
11:20 - 11:50 pm	**BI-RADS Lexicon update for Ultrasound** *Megan Kalambo, MD* With the introduction of the new BIRADS 5th edition breast imaging lexicon, there have been changes to previously used descriptors and reporting. This lecture will review the most important changes and features of the new BI-RADS ultrasound lexicon.	**What Can Volunteers Do For You?** *Sally Swift Joyce* This presentation will discuss how you can get the most from those who want to "give back" and how you can meet the needs of your facility by utilizing traditional and non-traditional volunteers. Volunteers can assist with fundraising to support special projects that are not covered in you capital budget. Additionally, volunteers can provide valuable resources through service volunteering and community outreach programs.	**Let's Make a Difference: Addressing Health Care Disparities in Breast Care** *Jacquelyn Ostrom, MA, CFRE* Pierce County in Washington State has a disproportionate burden of advanced stage breast cancer diagnoses and death, especially among African American women. For that reason, it is one of three counties the Susan G. Komen Foundation recently targeted for specific action through its Community Profile assessment. This session will define and explore health disparities for breast cancer incidence and explain how one breast center, in collaboration with women leaders, is taking action in the African American community to reverse the narrative of breast cancer.	**New Reconstructive Techniques** *Anke Young, MD, PhD* An update in breast reconstruction is presented including less invasive techniques and nipple sparing mastectomies. When considering reconstruction, individualization of the patients lifestyle and prognosis must be given serious consideration
11:55 - 12:25 pm	**MRI: 5th Edition BIRADS Language Update** *Sarah Martaindale, MD* This lecture will cover the basics of the MRI BIRADS lexicon with a focus on the updated lexicon. Additional topics to be covered include accepted indications for breast MRI, basics of implant assessment, and clinical scenarios encountered while interpreting breast MRI.	**Helping Families Into and Through Survivorship** *Anne Katz, PhD, RN* The end of active treatment is often a challenging time for patients and their families as they leave the 'safety' of the treatment facility and begin life in the new normal after cancer. The key issues that are important in making this transition to the survivorship phase include understanding the survivorship care plan (SCP), being aware of what constitutes the new normal, and maximizing health behaviors.	**Where do I Begin? Building the Framework For A Quality-Driven Comprehensive Breast Program** *Jane Berz, MSN, RN* This lecture will focus on the critical factors needed to create a successful breast program. Organizational structure and physician leadership is key, as well as program development and operational efficiency. Discussion of each of these factors will enable administrators and physicians involved in this process to create a strategic plan for success.	**Surgery For Stage IV De Novo Breast Cancer** *Atilla Soran, MD, MPH, FACS* Meta-analysis based on retrospective studies showed that surgery of the primary intact tumor appeared to be an independent factor for an improved survival in the multivariate analyses from the individual studies and reduces the risk of death by 30%. Recent RCT has not confirmed these findings.
12:25 - 1:30 pm	**Lunch with Vendors**			
1:30 - 2:00 pm	**State of the Art Whole Breast Ultrasound** *A.Thomas Stavros, MD, FACR* State of the art whole breast ultrasound is about aspects of supplemental breast ultrasound. I will discuss the 3 major headwinds that supplemental bilateral whole breast ultrasound in women with dense breasts face and what will be necessary to overcome these in evidence-based fashion. I will be discussing the philosophical and statistical differences between diagnostic and supplemental screening applications of breast ultrasound and why screening ultrasounds cannot and should not be interpreted the same way we interpret diagnostic ultrasound exams. We will discuss how this task differs between hand held and automated examinations. I will also discuss the learning curve of supplemental bilateral whole breast ultrasound, and how to minimize false positives and maximize specificity while not missing small cancers. I will discuss what the average small supplemental breast ultrasound screening cancer looks like and what findings have higher PPVs on screening. *continued on next page.*		**NCBC International Delegate Program: Current Challenges in International Breast Care Delivery** *Moderator John R. Keyserlingk, MD, MSc, FRCS, FACS* During this International Panel Presentation, the participants will have a unique opportunity to learn about the current and future challenges in global breast care delivery directly from breast care givers who deal with healthcare policies and challenges in their respective countries. The International Delegates will describe some tried and potential solutions to better manage the dramatic increase in the number of new cancer cases they face, and resulting in the great majority of global cancer-related deaths taking place their respective low and middle income *continued on next page.*	

MONDAY April 11, 2016

1:30 - 2:00 pm	**State of the Art Whole Breast Ultrasound -** *continued from previous page.* I will discuss the importance of immediately and often auditing bilateral whole breast ultrasound performance and how the audit guidelines vary between hand-held and automated breast ultrasound and how early and often audits can shorten the learning curve. I will discuss the breast ultrasound codes that were released in 2015, how they could be used, and the difficulties encountered in implementing them over the past year.
2:00 - 2:30 pm	**Leadership and Management Challenges: Going from Stuck to Success** *Elizabeth Clark, PhD, ACSW, MPH* One of the most essential leadership skills is the ability to listen to others--especially to those with opinions different from your own. This is particularly important in multigenerational workforces which create special challenges around technology, dress, work styles, and long-term commitment. Recognizing these differences and developing relevant management strategies will help to prevent and reduce employee dissatisfaction and turnover.
2:30 - 3:00 pm	**Surviving Breast Cancer: Engagement to Empowerment** *Don S. Dizon, MD, FACP* For women living with and after a diagnosis of cancer, the road from diagnosis, through treatment, and recovery can be long. Often times, women may not have the time or the opportunity to understand or question the journey undertaken. In this session, we will discuss the importance of engagement and how that may translate to a more level doctor-patient relationship, propelled forward by patient empowerment.
3:00 - 3:30 pm	**Break with Vendors**
DCIS Session: Controversies in Diagnosis and Treatment	
3:30 - 5:00 pm	**Imaging Features of DCIS:** *Jessica W. T. Leung, MD, FACR; A. Thomas Stavros, MD & Christiane Kuhl, MD* Before mammography, ductal carcinoma in situ was a rare diagnosis; accounting for less than 5% of all newly diagnosed breast cancers with individuals typically presenting with large palpable, often comedo-type carcinomas. The introduction of screening mammography, with its ability to identify micro-calcifications in non-palpable lesions, has dramatically increased the detection of ductal carcinoma where the overall prognosis is expected to be quite good if adequately managed. In fact there is now concern that in some cases, DCIS is being over treated given our ability to detect small lesions. This session will provide an update of the screening features of DCIS by world class experts as well as unique features of this heterogeneous group of malignancies on mammography, ultrasound and MRI.
5:00 - 5:30 pm	**Surgical Management DCIS:** *Henry M. Kuerer, MD, PhD* The management of DCIS is one of the most controversial areas in breast cancer management. This session will review the latest clinical trial results and groundbreaking new studies that are reshaping the standard management of this entity.
5:30 - 6:00 pm	**Pathologic Features/Margins in DCIS** *Savitri Krishnamurthy, MD* Ductal carcinoma in situ (DCIS) is a heterogeneous precursor of invasive breast cancer, which is frequently identified through mammographic breast screening programs. The lesion can require even more diligent macroscopic assessment and sampling than invasive disease. This session will cover some of the challenges in microscopic diagnosis and assessment including determination of prognostic factors, size of the lesion and margin assessment as well some of the controversies in predicting the behavior of DCIS.

General Conference Ends

International Delegates - *continued from previous page.* cancer cases that is increasing rapidly, while the vast majority of deaths will be in low-and middle-income countries is mostly due delayed detection and treatment. They will explore how the inter-disciplinary expertise of the NCBC membership could help them implement new paradigms in screening and management of breast cancer.

International Delegates Lecture Continues to 3:00 pm.

General Conference

Post-Conference

Dr. Harold P. Freeman Patient Navigation Institute Navigation Review Course

TUESDAY April 12, 2016

Harold P. Freeman MD; Rebecca Crane-Okada, PhD, RN, CNS, AOCN; Courtney Bowen MS

Healthcare professionals and advocates including but not limited to nurses, radiology technicians, other licensed providers and non-licensed navigators will be presented with the most current information on navigation of breast patients across all phases of the healthcare continuum including outreach, screening, diagnosis, treatment and survivorship. The curriculum will include various modules of navigation which will familiarize participants with the skill sets required to navigate breast patients through various phases of the health care continuum. The trainees will be provided with pertinent information in preparation of the NCBC certification examination.

8:00 - 9:30 am	**Overview and Historical Prospective of Patient Navigation** *Dr. Harold P. Freeman*
9:30 - 10:15 am	**Break**
10:15 - 10:45 am	**Clinical Navigation (Screening, Diagnosis, and Treatment) Nurses Prospective** *Rebecca Crane-Okada, PhD, RN,CNS, AOCN*
10:45 - 11:45am	**Clinical Navigation continue** *Harold P. Freeman MD; Rebecca Crane-Okada, PhD, RN, CNS, AOCN*
11:45 - 1:00 pm	**Lunch On Your Own**
1:00 - 2:30pm	**Lay Navigation (Advocate)/ (Outreach, Screening and Communication)-Developing a Navigation Program** *Courtney Bowen, MS*
2:30 - 3:15pm	**Break**
3:15 - 4:15pm	**Test Review: Case Studies** *Harold P. Freeman, MD; Rebecca Crane-Okada ,PhD, RN, CNS, AOCN and Courtney Bowen, MS*
4:15 - 4:45pm	**Learning Objective Review** *Harold P. Freeman, MD*
4:45pm	**Questions and Answers**

Best Practices in Breast Centers: Quality from NQMBC and NAPBC

National Quality Measures for Breast Centers™

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

TUESDAY April 12, 2016

Course Directors: Cary Kaufman, MD, FACS, Claudia Z. Lee, MBA, and NAPBC Representative

Breast Centers all over the country are struggling with how to implement quality metrics, patient navigation, genetic services and survivorship programs. These are all key components for both NAPBC and CoC accreditation and are being incorporated into NQMBC certification. This one-day post session will address Best Practices related to these components that select Breast Centers have developed and have demonstrated success.

7:45 - 8:00 am	**Welcome and Introduction**
8:00 - 8:30 am	**NAPBC Breast Center Accreditation – Current and Future Value** *Lee Tucker MD, FCAP* In this session, Dr. Tucker will offer an overview of how NAPBC accreditation adds value to a breast center. Over 500 breast centers across the country have found value in accreditation. This presentation will describe NAPBC's evolution, focus on quality and future initiatives for both national and international exposure.
8:30 - 9:00 am	**NQMBC – Looking Forward to Growth on the Horizon** *Cary S. Kaufman MD, FACS* In this session, Dr. Kaufman, will review the stages of development in which the NQMBC project is now engaged and share how these enhancements are intended to benefit attendees.
9:00 - 9:30 am	**Best Practice: Survivorship - Primary Care Oncology** *Amy Shaw, MD* Survivorship has received a great deal of attention, but the exact structure of this effort varies. Primary Care Oncology is an innovative approach to the needs of the oncology patient not just after treatment but throughout their cancer journey. When this service is available, patients seek care for the multitude of medical issues not well addressed by busy oncologists. Rather than calling it survivorship, it actually is concurrent primary care along with the oncologic care that patients need.
9:30 - 9:45 am	**Break**
9:45 - 10:15 am	**Best Practice: Survivorship Standards – Effective Compliance for Breast Centers** *Barbara Rabinowitz, PhD, MSW, RN* Survivorship standards have increasing demands on hospitals and breast centers. Structuring a method to comply with all requirements while being cost efficient is the challenge for current breast centers and hospital systems. This speaker will provide the foundation and specific plans to both comply with requirements, but also to provide an easy cost efficient method to do so.
10:15 - 10:45 am	**Best Practice: Genetics – Focus on Quality in the Breast Center** *Mary Freivogel, MS, CGC* Although one in eight women will develop breast cancer in their lifetime, there are some women who are at higher risk. In order to provide comprehensive care, breast centers must create a structure to identify these patients and offer them additional services, such as breast MRI screening and/or genetic counseling and testing. This type of risk stratification process has the potential to improve clinical outcomes for patients, as well as positively impact the breast center's bottom line. Given the NAPBC and CoC's recent emphasis on genetics and the dynamic landscape of expanded genetic testing technology, breast centers must consider innovative ways to offer large scale breast cancer risk assessment in an efficient, yet responsible, manner.
10:45 - 11:15am	**Best Practice: Doing Today's Work Today - Same day Diagnostic Workup and Image Guided Biopsy** *Lindsay Cheng, MD* Patient centered care is a goal for improved quality care. Many patients have increased anxiety waiting between the diagnostic imaging and needle biopsy. This lecture will discuss methods to expedite biopsy so that over 80% of ultrasound guided biopsies and 50% of stereotactic biopsies can be performed on the day of diagnostic imaging. Methods to achieve these numbers will be discussed and specific ideas will be available to take home.
11:15 - 12:30 pm	**Lunch On Your Own**
12:30 - 1:00 pm	**Best Practice: Lay Navigation** *Joy Martin, RN, MN* Health care providers and advocates will be provided with an overview of the history and current status of patient navigation with a particular emphasis on the role of the lay navigator as applied in various phases of the health care continuum including outreach, diagnosis and treatment. The practical aspects of the work of lay navigators including the potential cost saving effect of financial navigators will be underscored. The lecturer will describe how the lay navigator contributes as an important member of the navigation team which includes professionals and non-professionals.
1:00 – 1:30 pm	**Patient Navigation: Evolving Navigation for Today and Tomorrow** *Judy Kneece, RN, OCN* Patient Navigation has proven successful and is now mandated as a quality indicator for accreditation by both the CoC and NAPBC. Our Breast Centers are dealing with declining reimbursement for services, while facing mandates to do more with fewer funds. How will navigation programs need to adjust to meet the new healthcare realities? In this session, discover how patient navigation helps improve and maintain quality while adding to the financial "bottom line." What changes will help patient navigation programs to do more with less? Learn the essential changes required for existing programs to ensure maximum future efficiency and viability. A view of the changing future of navigation will be described by one of the nation's experts in navigation.
1:30 - 2:00 pm	**NAPBC – Best Practice Pearls from a Cluster of Site Surveys** *F. Lee Tucker MD, FCAP* After 600 breast centers have been surveyed and accredited, a great deal of experience has been seen by the NAPBC surveyors. From breast centers large and small, city and rural, academic and community, medical issues arise which are difficult but can be solved. We will hear some of the experiences of the NAPBC with lessons to be learned from other's experiences.
2:00 - 2:30 pm	**Best Practice – Four Key Quality Metrics for Radiology** *Richard Reitherman PHD, MD* In an ongoing effort to improve quality in the Intermountain Healthcare Oncology Clinical Program, the breast care team has defined four key metrics for ongoing monitoring, based on best practice guidelines. Key components of an effective quality improvement program include accurate data collection, analysis and feedback to physicians. Ideally, this process should lead to improved outcomes.
2:30 - 2:45 pm	**Break**
2:45- 3:15 pm	**Best Practice – Four Key Quality Metrics for Surgery** *Cary Kaufman, MD, FACS* Breast surgery is central in caring for breast cancer patients. Confirming that your surgeons are performing well is necessary for any breast center both for patient care and for public relations. Objective criteria found in the quality programs can be used to assess your surgeon's work product. We will review four quality measures that you can use at your center.
3:15- 3:45 pm	**Best Practice – Four Key Quality Metrics for Medical Oncology** *Kristie Bobolis, MD* Medical Oncology spans the spectrum of care for breast cancer patients from endocrine therapy, chemotherapy and targeted therapies. Often the spectrum of options for any one patient is huge and decision making quite difficult for both physician and patient. We will discuss at least four quality metrics assessing this process to help define high quality service from medical oncology for the breast cancer patient.
3:45- 4:00 pm	**Post Conference Wrap Up**

Pursuing Excellence in Your Navigation Program: Nuts & Bolts for Every Practitioner

TUESDAY April 12, 2016

Navigators at all levels of care are often tasked with the start-up or crucial updates to their navigation program. Understanding all the main points of creating the highest standards of care are often daunting. Learning about the different aspects of navigation while providing exceptional care for your current patients can leave a navigator feeling frustrated and unsatisfied. Welcome to the program that will touch on all the main bases of navigation from nationally recognized standards of care, understanding the legalities of the profession, proving the worth of your program, and developing a needs assessment at a community, facility, and patient level. Whether you are at the beginning of your navigation development or deeply immersed in its implementation this program has something valuable for you. The speakers were specially selected for this course to do more than deliver information; participants can expect a strong educational component, interactive dialog, and a package of crucial steps to move step-by-step to program completion.

8:00 - 8:15 am	**Welcome** *Melissa Hopkins, RN, BA, CN-BN*
8:15 - 8:45 am	**Legalities: Common Questions and Misunderstandings Explored** *Vikki Casey* This segment of the presentations will discuss the concept of legal benefits, burdens and duties of navigators within a navigation system. We will discuss specific areas of concern for navigators, e.g., HIPAA, the multi-disciplinary conference, and the importance of process and documentation. Learn the importance of a "chain of command" because navigators work for many masters and planning for success includes juggling of the multiple providers is critical while offering unsurpassed care for your patients.
8:45 - 9:15 am	**Understanding Quality Standards: NQMBC, NAPBC, COC** *Amy Chatten, MPH* Every breast center aspires to earn highly prestigious awards as a Center of Excellence. Learn here about the similarity and differences of the various standards and the role they take in supporting and challenging your breast center to develop and maintain the highest levels of compassionate and effective care.
9:15 - 9:30 am	**Break**
9:30 - 10:00 am	**First Steps: Community Needs Assessment** *Cathy Cole, NP-BC, MPH, CHES, CN-BP* Spending time and money on a program without first researching the needs of the community it serves can easily miss critical points. This segment of the program will instruct you using a proven needs assessment tool, analyze the return information, create a timeline and develop an action plan. Be professionally prepared to address you navigation committee members with a thorough and well-thought out plan of action based on the actual needs of your community and patients.
10:00 - 10:30 am	**BARRIER Assessments: Needs Assessment into Action** *Cathy Cole, NP-BC, MPH, CHES, CN-BP* The laundry list of barriers that negate streamlined and sensitive patient care is lengthy. This presentation will identify and review common barriers to timely care and include many effective tools that you can use to support your patients and their unique circumstances. Barriers may include language, cultural, transportation, emotional, dependent care, financial, legal, and much more.
10:30 - 11:00 am	**BARRIER Busting: Resources Through Research and Networking** *Colleen Sullivan-Moore RN, MS* Knowing the barriers and effectively assessing them is only half the task. To be an effective navigator you must also have an up-to-date list of resources at facility, local, and national levels. This presentation will cover some of the most common locations of support and also what to look for in your own locale. When the availability of resources are limited many creative navigators go into high gear and develop actions and ideas within their facility or call the navigation community together to develop a broad-scope solution.
11:00 - 1:00 pm	**Lunch On Your Own**
1:00 - 1:30 pm	**Navigators: Going with the Patient Flow** *Melissa Hopkins, RN, BA, CN-BN* The core requirement for a navigational program is the use of educated and experienced navigators for its delivery. Along with assessments, elimination of barriers, and quality standards, a navigator must work as a center spoke for a true multi-disciplinary program. The reward is for a patient with a smooth transition in an often fragmented level of care. This presentation will focus on identification of key providers, staff, other navigators and tools to help the navigator keep everything on course.
1:30 - 2:00 pm	**RETREATS: Keeping Survivorship Motivational and Energizing** *Sharon Henifin, CLC, CN-BN* Survivorship retreats happen all along the continuum of care and it may feel overwhelming to know what type of events to develop and hold to support your patients. This presentation will step you through the planning and tasks of creating an effective and balanced program, who to involve, fundraising, and planned outcomes.
2:00 - 2:30 pm	**Measuring the Value of your Navigation Program** *Vikki Casey* Justifying your patient navigation program while meeting compliance demands can be challenging at best; especially if you are incorporating navigation to become accredited or maintain national accreditation. Moving too rapidly into initiating a navigation program solely to meet accreditation guidelines can lead to failure if you don't carefully set goals. Measuring the right metrics can prove the value and quality impact navigation services have on your program. The presenter will provide samples of common navigation specific metrics, quality improvement initiative and tools that can help you measure the impact of your navigation program.
2:30 - 2:45 pm	**Break**
2:45- 3:15 pm	**Promoting Provider and Staff Buy-In: Use it or Lose it!** *Colleen Sullivan-Moore RN, MS* To create a successful program, the key stakeholders need to sense ownership and personal buy-in during the planning and implementation process. This presentation will give you concrete and innovative ways to gain buy-in from providers and staff by addressing concerns and promoting the positive aspects that a great navigation program will offer to them and their patients.
3:15- 3:45 pm	**Navigation Success Stories: How YOU Make a Valuable Impact** *Sharon Henifin, CLC, CN-BN* The end question is why do we do what we do? If you talk with a hundred navigators you will likely get a hundred different answers to that question. This presentation will sum up what a successful navigation program can do and inspire you despite your own personal and professional barriers.

Practical Applications of Cancer Risk Assessment, Management and Genetics for the Busy Clinician

TUESDAY April 12, 2016

The past year has witnessed rapid advances in genetic testing for hereditary breast cancer which has directly affected patient care and the genetic testing process. This course will lead attendees through a comprehensive review of the process of hereditary breast cancer risk assessment, genetic testing and the translation of this information into personalized cancer surveillance and risk reduction. Focus will be placed on incorporating the latest data and testing options that you may introduce into your high-risk clinic. This will include the implication of breast tumor genomic testing on inherited risk assessment and the controversy surrounding next-generation sequencing as it applies to cancer risk and management.

8:00 - 8:30 am	**Who Carries an Increased Risk for the Development of Breast Cancer?** *Ruth Heisey, MD* A review of risk factors for developing breast cancer.
8:30 - 9:00 am	**Can Diet and Exercise Reduce Breast Cancer Risk?** *Holly J. Pederson, MD* There is evidence that overweight or obese patients have a higher risk for postmenopausal breast cancer. Physical activity and diet are important in weight management but may independently affect breast cancer risk. The data surrounding these important areas of health will be presented.
9:00 - 9:30 am	**Which Models to Use When Calculating a Patient's Familial Breast Cancer Risk?** *Mary Freivogel, MS, CGC* This session will review the various breast cancer risk models, their limitations and benefits. Cases will exemplify which models are most effective based on the patient's personal risks and family history.
9:30 - 9:45 am	**Break**
9:45 - 10:15 am	**Managing the High Risk Patient – Understanding the Role of Advanced Screening and Risk Reducing Medication** *Sandhya Pruthi, MD* Management of high risk women includes intensive surveillance with Breast MRI and pharmacologic treatment with selective estrogen receptor modulators and aromatase inhibitors. Risks, benefits and limitations of these risk reducing strategies will be reviewed.
10:15 - 10:45 am	**Reproductive Choices in the High Risk Patient – Oral Contraception, PGD, Salpingectomy, Oh My!** *Holly J. Pederson, MD* Women with germline mutations in BRCA1 and BRCA2 at increased risk for breast and ovarian cancer face special challenges in making decisions around fertility. With oral contraceptives, convenience and reduced ovarian cancer risk must be weighed against breast cancer risk considerations. The opportunity for pre-implantation genetic diagnosis (PGD) is exciting but costly. Salpingectomy with delayed oophorectomy is being explored for women to reduce the significant numbers of serous ovarian cancers that begin in the fallopian tubes while allowing for natural menopause. The pros and cons of these important choices will be discussed.
10:45 - 11:15 am	**Case Panel Presentations: Patient's Without Germline Mutations However Carry An Increased Familial Cancer Risk** *Sandhya Pruthi, MD Moderating with Holly J. Pederson, MD; Jessica Laprise, MS, CGC & Mary Freivogel, MS, CGC* Cases will be presented to illustrate management of women with familial breast cancer risk.
11:15 - 12:30 pm	**Lunch On Your Own**
12:30 - 1:00 pm	**Established Hereditary Breast Cancer Syndromes** *Jessica Laprise, MS, CGC* This session will provide a review of other high-risk hereditary breast cancer syndromes beyond BRCA1 and BRCA2. It will provide criteria for identifying patients at risk for these defined syndromes and review established management guidelines.
1:00 - 1:30 pm	**Multiplex Panel Testing: Who Should Be Tested and How To Interpret The Test Results** *Jennifer Scalia Wilbur, MS* Next- Generation Sequencing (NGS) has given us the ability to analyze multiple genes simultaneously and is arguably one of the most significant technological advances in the biological sciences of the last 30 years. It has, without question, changed the landscape of cancer genetic testing such that single gene analysis has almost become unconventional. However, because we have only started to uncover the meaning of these novel hereditary breast cancer gene mutations, there remain many unanswered questions. This session will focus on panel testing and the complex challenges it presents to both the health practitioner as well as the patient.
1:30 - 2:00 pm	**Navigating the Changing Landscape of Genetic Testing for Hereditary Cancer** *Mary Freivogel, MS, CGC* Since the US Supreme Court invalidated the patents for the BRCA1 and BRCA2 genes in 2013, the number of laboratories offering this type of testing has grown significantly. Additionally, genetic testing technology has advanced such that it is now possible, and commonplace, to offer multi-gene panels that not only evaluate the BRCA1/2 genes, but also other genes that relate to various levels of risk for numerous types of cancer. Lastly, genomic testing at the time of breast cancer diagnosis is becoming more commonly used to provide information about prognosis and response to various therapies. This raises questions about how somatic genetic mutations might provide information about germline mutations related to hereditary cancer syndromes. This session will focus on these advances in genetic testing and their clinical implications, as well as review important factors to consider when selecting a laboratory to use for genetic testing.
2:00 - 2:30 pm	**How To Manage the BRCA/Novel Gene Positive Patient** *Nadine Tung, MD* This session will review the current NCCN guidelines for management of cancer risk in BRCA mutation carriers. The lecture will include the current data surrounding BRCA age adjusted breast cancer risk, breast MRI screening versus mammography in young women, the role of chemoprevention, mastectomy, and the data surrounding the use of HRT following prophylactic oophorectomy. A comparison to a novel hereditary breast cancer family will be made to exemplify the differences and complexities surrounding clinical management.
2:30 - 2:45 pm	**Break**
2:45 - 3:15 pm	**The Role of Prophylactic Mastectomy for BRCA carriers** *Atilla Soran, MD* Studies demonstrating an increasing rate of prophylactic mastectomy in the US will be discussed. Indications and surgical management with nipple sparing mastectomy will be reviewed.
3:15 - 3:45 pm	**Targeted Treatment for BRCA Positive Breast Cancer** *Nadine Tung, MD* The role of BRCA mutation status in guiding treatment for breast and ovarian cancer through the use of PARP inhibitors as well as Olaparib treatment will be discussed. This session will also include the description of various BRCA clinical trails studying the effectiveness of various treatment strategies.
3:45 - 4:15 pm	**Case Panel Presentations: The Germline Positive Patient – The Complexities Surrounding Testing and Risk Interpretation** *Jennifer Scalia Wilbur, MS Moderating with Nadine Tung, MD; Mary Freivogel, MS, CGC; Jessica Laprise, MS, CGC; Atilla Soran, MD, MPH, FACS* Families with hereditary breast cancer gene mutations will be presented to a panel of experts exemplifying the challenges of genetic testing, risk interpretation and management.

Mammography, Ultrasound and Stereotactic Boot Camp

TUESDAY April 12, 2016

Breast Imaging professionals will be presented with the most current techniques and advances used in Mammography, Ultrasound & Stereotactic for the detection of breast cancer, including implementation, presentation of proper positioning techniques and the importance of each positioning. Trouble shooting techniques will be presented for Mammography, Ultrasound and Stereotactic. Challenging positioning examples will be explored with ways to address issues to achieve quality images.

8:00 - 10:30 am	**Mammography** *Louise Miller, RT(R)(M)* These lectures will cover the fundamental and advanced principles of mammography positioning techniques. It is suitable for the new and experienced mammographer, as techniques are based on consistency, reproducibility and the proper use of body ergonomics guarantee improved image quality, less repeats and rejects.
8:00 - 8:30 am	**How correlational anatomy and physiology of the breast affect your images**
8:30 - 9:45 am	**Demo and Hands on CC and MLO**
9:45 - 10:30 am	**Demo Additional Views**
10:30 - 11:00 am	**Break**
11:00 - 1:30 am	**Ultrasound** *Deborah Ann Liebman, MD* An overview of how breast anatomy and pathology appear on ultrasound images. Attendees will learn how to understand the physics of ultrasound and how it applies to your images, A quick overview of how to operate the ultrasound equipment with training on how to improve your skills.
11:00 - 11:30 am	**Anatomy**
11:30 - 12:00 am	**Physics**
12:00 - 12:30 pm	**Overview of how equipment works**
12:30 - 1:30 pm	**Hands on Training with equipment**
1:30 - 2:30 pm	**Lunch on Your Own**
2:30 - 5:00 pm	**Stereotactic** *Dawn Derenburger, RT(R)(M)* This lecture will cover the basic principles of stereotactic breast biopsy, give an overview of proper patient positioning in order to perform a successful biopsy to include discussion on upright, prone, and tomosynthesis biopsies, review ACR requirements for accreditation, and provide hands on simulation using a prone stereotactic table.
2:30 - 3:00 pm	**Principles of Stereotaxis**
3:00 - 3:30 pm	**Stereotactic Biopsy Patient Positioning**
3:30 - 4:00 pm	**Stereotactic Accreditation ACR**
4:00 - 5:00 pm	**Hands-on Simulation Phantom on Stereo Table** *(instructor led)*

Management of the Dense Breast: Strategic and Tactical Approaches

TUESDAY April 12, 2016

To provide comprehensive assessment, analysis, and actionable clinical algorithms for the woman with mammographically dense breasts.
There will be representation from all stakeholder perspectives; patients, physicians, breast imagers, epidemiologists, basic researchers, professional and federal organizations, medical imaging options, insurers.

1. Legal aspects of Informed Consent (Shared decision making) and its current social, political, and clinical manifestations.
2. A review of the Breast Cancer Consortium Surveillance Conference on Dense Breast basic and clinical science research. This includes findings and recommendations from multiple international work groups concerning the measurement of breast density, associated risk of breast cancer, confounding variables affecting image masking, and imaging protocols.
3. Current state of Dense Breast Mitigating Technologies (DBMT): Tomosynthesis, Whole Breast Ultrasound, Fast Scan MRI, Molecular Breast Imaging (MBI).
4. The challenge of population based guideline transition to individualized patient protocols.
5. Matching current knowledge (risk factors) and available DBMTs to individual patient algorithms for Breast Cancer Screening- from debate to options for action both clinically and for future research.

8:00 - 9:30 am	**Digital Tomosynthesis** *Gary M. Levine, MD*
9:30 - 9:45 am	**Break**
9:45 - 11:15 am	**Digital Tomo Continues** *Case Analysis /Review*
11:15 - 12:30 pm	**Lunch On Your Own**
12:30 - 1:00 pm	**Science to Practice – The Dense Breast : Masking, Risk, Mitigation Technologies (DBMT)** *Richard Reitherman, PHD MD*
1:00 - 1:30 pm	**Fast Scan MRI** *Christiane K. Kuhl, MD*
1:30 - 2:00 pm	**Molecular Breast Imaging** *Michael K. O'Connor, PhD*
2:00 - 2:30 pm	**Ultrasound Screening Dense Breasts** *A. Thomas Stavros, MD*
2:30 - 2:45 pm	**Break**
2:45 - 3:15 pm	**The Evolution of Guidelines and Dense Breast Science/Screening** *Robert A. Smith, PhD*
3:15 - 4:15 pm	**Consensus Panel – Optimizing Patient Management: Now and for the Future** *Richard Reitherman, PHD MD; Gary M. Levine, MD; Christiane K. Kuhl, MD; Michael K. O'Connor, PhD; A. Thomas Stavros, MD; Robert A. Smith, PhD; Robert A. Smith, PhD*

Survivorship: The Evolution of Hope for Breast Cancer Survivors

TUESDAY April 12, 2016

Survivorship has both a distinct phase of life and stage of cancer care that has been recognized beginning with The Institute of Medicine's 2005 monograph titled "From Cancer Patient to Cancer Survivor: Lost in Transition". Much research has followed on the myriad of issues that may surface and must be addressed as a person moves from active cancer treatment to survivorship. The potential issues that can surface fall into many domains (e.g. the physical, psychological, sexual, etc.) It is incumbent on all providers (both cancer care and general care providers) to be cognizant of the issues that survivors may face as well as the interventions that can offer breast cancer survivors the very best quality of life. The post conference follows up on previous in conference symposia on these topics that NCBC has offered in the past several years and takes the exploration and education on these matters to the next level, adding how the dimensions of hope are intertwined in the survivorship experience.

8:00 - 8:30 am	**Survivorship Overview: Where Are We Now** *Carol P. Marcusen, MSW, LCSW, BCD* In the many years post the publication of "From Cancer Patients to Cancer Survivor: Lost in Transition, professionals and health organization have worked to expand services to address the needs of survivors. This session will focus on and explore what is known about what programs and services have been generated and comment on where we are now in meeting the needs of our cancer survivors.
8:30 - 9:00 am	**Hope through the Phases and Stages** *Elizabeth Clark, PhD, ACSW, MPH* Hope is a complex concept, and there is much more to hope than therapeutic hope that is based primarily on treatment outcomes. Hope is individualistic. People learn to hope, define hope, and use hope differently. Hope is not static but changes as situations and circumstances change. Regardless of phase or stage of cancer, there is always something to hope for, and as health care professionals, we have an obligation to provide a community of hope for our patients.
9:00 - 9:30 am	**Wellness Behaviors: Survivors Transforming Hope Into Personal Actions** *Ricki Pollycove, MD, MS* Women transition from "patient status," where the major focus is on treatments for optimal survival and treating the myriad symptoms that may result, to perceiving themselves as survivors. With this shift from "cancer patient" to long term optimal health, educating and motivating women in their own best interests becomes the task of excellent inter disciplinary care.
9:30 - 9:45 am	**Break**
9:45 - 10:15 am	**Managing late Effects Without Losing Hope** *Don S. Dizon, MD, FACP* Breast cancer survivors may face a not insignificant number of late effects. This session will present what we know of those late effects and as importantly, will offer advice on how members of the breast center team can help patients move through these issues while maintaining hope that is real and relevant.
10:15 - 10:45 am	**Enhancing Hope with Resources** *Colleen Johnson, RN, NP, CN-BP* It is reported by many national cancer organizations that information and education about cancer are the support services most requested by patients. Meanwhile patients themselves rate information needs pertaining to their diagnosis and treatment as very important. Research has proven that we as healthcare professional are not adequately meeting the needs of our patients in the information and education that we provide them and in the way that we are communicating with them. This presentation will focus on how to improve communication and elicit concerns, better understand the psychosocial needs of your patients adequately recognize and address depression and other signs of stress, and provide examples of many valuable resources available to you and your patients to maximize their health and healthcare.
10:45 - 11:15 am	**Cancer Survival Toolbox: A Tried and True Aid for Your Survivors** *Carol P. Marcusen, MSW, LCSW, BCD* The award-winning Cancer Survival Toolbox® is a free audio program created by leading cancer organizations to help people develop skills to better meet and understand the challenges of their illness. The topics covered as well as the method by which survivors can avail themselves of these sessions will be discussed in this session.
11:15 - 12:30 pm	**Lunch on Your Own**
12:30 - 1:00 pm	**The NAPBC Survivorship Standard : Why, When, Where** *Barbara Rabinowitz, PhD, MSW, RN* Creating the Survivorship Standard for the National Accreditation Program for Breast Centers (NAPBC) seemed a straightforward expression of the principals stated in the 2005 NIH monograph, 'From Cancer Patient to Cancer Survivor: Lost in Transition ', into the language of an accreditation standard. And yet, the walk from theory to implementation has raised interesting and worthwhile questions. This session will focus on the presentation of the standard itself along with the document created to lend clarity on the why, when, where and who issues to aid breast centers as they seek successful implementation.
1:00 - 1:30 pm	**Implementing Survivorship Care Plans: Update 2016** *Deborah Mayer, PhD, RN, AOCN, FAAN* Accrediting organization such as the Commission on cancer and the National Accreditation Program on Breast Centers have created Standards on Survivorship that focus heavily on the creation and delivery of Survivorship Care Plans (SCP) for those moving from active treatment into the survivorship phase. This session will present some evidence on how these implementations are proceeding and provide some recommendations for programs.
1:30 - 2:00 pm	**The NAPBC Survivorship Care Plan Standard: How One Site Speaks** *Tara Sanft, MD* As the imperative to offer Survivorship Care Plans to our survivors has increased, most sites have worked to develop the right tools and process to meet this requirement. This session will provide the details of how one site moved forward to provide Survivorship Care Plans and will offer lessons learned.

Continued on next page

Survivorship: The Evolution of Hope for Breast Cancer Survivors

TUESDAY April 12, 2016

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2:00 - 2:30 pm	**Monitoring Your Success in Executing and Delivering SCP's** *Carol P. Marcusen, MSW, LCSW, BCD* Deciding on that SCP to use and the process by which they are delivered and by whom is not a straightforward issue. Having shown in the previous session how one site developed the tool to which they are committed and the process by which they deliver Survivorship Care Plans to their survivors, this session will describe the process they are developing and using to monitor how successful they have been in assuring that all survivors have SCP's available to them.
2:30 - 2:45 pm	**Break**
2:45 - 3:15 pm	**Events That Seem to Make A Difference** *Rachel Newby, LMSW* As those who have faced a breast cancer diagnosis have moved on from active treatment, they often report that they are not quite sure about how to move on as the "new person" they feel themselves to be. Many organizations have developed evens and programs to offer support through and beyond the transition from cancer patients to cancer survivors. This session will offer some of that we know about events that can offer support and make a difference.
3:15 - 3:45 pm	**Do Survivorship Care Plans Matter?** *Deborah Mayer, PhD, RN, AOCN, FAAN* Much has been written about Survivorship Care Plans (SCP) and many have theorized that these documents would be helpful during transition from active treatment and beyond. But what empirical data do we have to support these theories? What has been learned to date will be discussed in this session.
3:45 - 4:15 pm	**I Walked the Walk with Survivors: Lessons Learned** *Rachel Newby, LMSW* Sometimes our best teachers are the very people we look to aid. Having walked the walk as a Coordinator of Survivorship Services, this presenter will discuss what she has learned walking side by side with women with breast cancer as they face a life that has been reconstructed through the process of diagnosis and treatment and movement into Survivorship

NEW!

Creating a Successful Radioactive Seed Localization Program

TUESDAY April 12, 2016

Historically, for the past 30 years preoperative needle localization of non-palpable breast lesions has been performed using image-guided wire localization techniques. While wires have been the standard for decades, clinical issues related to wire placement include wire migration and wire fragmentation, and operationally the operating room schedule is married to the radiology schedule typically performed earlier the same day. In the United States, pre-operative radioactive seed localization techniques are increasingly being used over the past decade instead of wires, with decoupling of radiology and surgical schedules. More and more breast centers are interested in implementing an RSL program at their facilities. In this workshop, a everything a program needs to know to initiate and implement an RSL program will be presented by faculty from one institution.

8:00 - 8:30 am	**Get Off the Wire Addiction – Time To Get Started in RSL!** *Basak Dogan, MD* This lecture will focus on providing background information of needle localization versus RSL, overview of timeline in RSL, barriers in implementation of RSL. Increasing application of RSL has well-known downstream effects in improving patient comfort, surgery and localization scheduling, decreasing anesthesia time and an overall increase in quality of patient care. As a result of this lecture participants will have a clear understanding of the RSL setup process, regulations, seed storage/dispensing, seed protocoling and procedure planning by the radiologist, seed insertion, surgical principles, pathology processing associated with performing RSL procedure.
8:30 - 9:00 am	**A Culture of Safety – Your First and Last Priority in RSL** *Aaron Jessop, MD, MBA* A review of radiation safety concerns, NRC guidelines and regulations related to the RSL process.
9:00 - 9:30 am	**Follow the Seed, Follow the Seed** *Aaron Jessop, MD, MBA* A review of the responsibilities of the authorized user in the RSL workflow process. This will include information on receiving, storage and dispensing of I-125 radioactive seeds as well as seed tracking and disposal following removal.
9:30 - 9:45 am	**Break**
9:45 - 10:15 am	**Workflow From Plant To Implantation** *Basak Dogan, MD* We aim to guide the audience through RSL planning and protocoling.
10:15 - 10:45 am	**Truth or Dare? RSL Outcomes** *Dalliah Shon Black, MD* Radioactive seed localization (RSL) provides many benefits for excising nonpalpable breast lesions compared to traditional wire localization (WL). However, RSL requires a multidisciplinary team approach including breast imaging, surgery, pathology, and nuclear medicine.
10:45 - 11:15 am	**RSL Workflow - Heaven or Halt?** *Nancy M. Swanston, MD* The workflow for radioactive seed localization (RSL) is complex due to the multidisciplinary teams involved. Communication and planning is critical to care delivery. This discussion will reacquaint attendees with the processes and provide updates on continued quality improvements. Emphasis is placed on the needs of the patient and leveraging the power of the team to level the workload.
11:15 - 12:30 pm	**Lunch on Your Own**
12:30 - 1:30 pm	**Workflow in the OR and Pathology** *Dalliah Shon Black, MD* Maintaining a successful RSL program requires onboarding of the physicians, OR staff and pathology technicians. Adhering to protocols for seed insertion in radiology, excision in the operating room, and specimen processing in pathology ensures a safe, efficient program.

Continued on next page

Creating a Successful Radioactive Seed Localization Program

TUESDAY April 12, 2016

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1:30 - 2:30 pm	**Coding and Billing RSL – Do We Lose On the Dose?** *Nancy M. Swanston, MD* Accurate coding and billing in the healthcare arena is vital to sustaining a program. Outlining a scope of work for the utilization of radioactive seeds for localization should follow the same cost models as other procedures but also needs to contend with the compliance and regulatory components associated with nuclear materials. This can impact the cost to charge ratios that can be captured. This lecture will outline the structured and coordinated effort and expenses associated with the program and explore opportunities for the future to build sustainable models.
2:30 - 2:45 pm	**Break**
2:45 - 4:15 pm	**Tricks of the Trade and Lessons Learned: Pitfalls, Complications, and Solutions** *Basak Dogan, MD; Aaron Jessop, MD, MBA; Dalliah Shon Black, MD; Nancy Swanston, MD* This panel of experts will discuss the tricks of the trade, sharing lessons they have learned and how they have found solutions to the complications they have had.

Breast Patient Navigator Certification

TUESDAY - WEDNESDAY April 12-13, 2016

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. Certification reflects an individual's achievement beyond licensure requirements and a basic level of knowledge. It exhibits dedication to validating a specific set of skills to provide enhanced care and services for patients and clients through advanced competency.

Criteria for the application to test are listed below. The NCBC Breast Patient Navigation Certification Program offers six types of Breast Patient Navigator Certifications: The Certified Navigator – Breast in Imaging, Management, Advocate, Clinical, Provider, or Nurse.

CERTIFIED NAVIGATORS – BREAST (+ individual designation based on licensure)
CN-BI = Diagnostic Imaging/Treatment Techs (All technologists from diagnostics to treatments)
CN-BM = Management/Social Worker (All social workers and managers of navigators)
CN-BA = Advocate (All volunteers/lay navigators)
CN-BC = Clinical (All certified medical assistants, technologists, licensed practical/vocational nurses)
CN-BP = Provider (All breast care diagnosticians, nurse practitioners, physicians, physician assts, breast care PhDs)
CN-BN = RN (All registered nurses from breast care, diagnostic imaging, treatment, survivorship, genetics)

Certification Eligibility Requirements: The applicant must:

- Be a licensed medical professional and hold a valid medical license as a physician, nurse, physician assistant, social worker, radiologic technologist, radiology practitioner assistant, social worker, or advanced practice nurse OR
- Be master level prepared in a health related field; OR
- Be a lay or volunteer navigator and have taken an approved patient navigation course; AND
- Navigate breast patients for at least 25% of the applicants job responsibility OR
- Have supervision of breast patient navigators; and
- Provide proof of valid license or certification (not required for those taking the Advocate examination); and
- Pay the certification fee of $300 registration for current NCBC members (Current membership is required to maintain certification)
- Have current NCBC membership

Certification Eligibility Recommendation but not a Requirement:

- The applicant applying for certification should have at least two years' experience of navigating breast patients. This recommendation is based upon the review of the experience levels of those sitting for the exam and their passing or not passing the examination. The examinations cover knowledge the medical professional has gained through licensures or certifications, career experience and self-study to efficiently and effectively navigate breast care/cancer patients.

As soon as a person successfully enrolls for the program, a self-study binder is emailed within 7 working days. The binder does not contain all the material the applicant should review to prepare for the examinations. To prepare for the examinations the applicant should refresh him/herself on information received during their medical professional training. A review of the stages in the breast patient's continuum of care should be reviewed as well as the knowledge and tasks associated with each stage about which is identified in the binder via the matrix. It is also suggested that for imaging the ACR guidelines relating to breast be reviewed as well as the NCCN guidelines relating to breast screening. Also in the binder is a list of resources from which questions/answers were validated. This would be a list to review and identify any publications that may be helpful reviews.

A passing score is of 80% or better is required to become certified. If an individual does not pass the examination, he/she may sit for the examination again during the next 12 months with no additional fee. If an applicant desires to sit for the examination again after 12 months of their first registration (or examination) they will need to pay the registration fee again to take the examination.

Navigator testing is available Tuesday or Wednesday at these times:

7:30 am	**Registration**
8:30 am	**Tests Begin**
11:30 am	**Testing Ends**

Your Core Committee members are:
IM A CPN: I'm a certified patient navigator
Imaging: *Andrew Newman, MS(M), RT(T), CN-BI*
Management: *Janell Clark-Brown, MSN, APN-BC, CN-BP, CBEC*
Advocate: *Becky Olson, BA, CN-BA*
Clinical: *Julie Schisler, LPN, BS, CN-BC*
Provider: *Cathy Cole, NP, MPH, CN-BP*
Nurse: *Colleen Sullivan-Moore, RN, CNN, CN-BN*
Community Liaison: *Linda Kramer, BS*
Chair: *Melissa Hopkins, RN, BA, CN-BN*
Medical Advisor: *Dr. John Bell, MD, FACS*
Medical Advisor: *Dr. Ernie Bodai, MD, FACS*
NCBC Staff Manager: *Jennifer Cobb-Hayes, MSM, Ed.D (ABD)*

Dr. Ernie Bodai, MD, FACS
Founder of the Breast Cancer research Stamp

Clinical Breast Examiner Certification

TUESDAY - WEDNESDAY April 12-13, 2016

Chair: Belinda Zaparinuk, RT(M), BS, CBEC;
Cathy Cole, NP; Tracey Gomez, NP; Debora Wright, RT(M), CBEC;
Penny Lynch, RT(R)(M), CBEC, CN-BI; Chantal Kavgazoff-Heki, APN-C, CBEC and Eleanor Broaddus, RN, CBSE, CBEC, CN-BN

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 palpable 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 live 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 receive resource materials that outline the major concepts that will be highlighted during the program and information that will be on the testing units. Also included in the resource materials are supplemental reading materials as well as a vocabulary list to assist in the understanding of program material. All test information is included in the resource material. Following Clinical Breast Examination performance review, students will be evaluated on their core knowledge, ability to perform a Clinical Breast Examination with a mock patient situation 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 mandatory that individuals 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.

Tuesday April 12, 2016

8:00 - 8:15 am	**Welcome and Introduction**
8:15 - 8:45 am	**Components of Breast Self-Examination**
8:45 - 9:30 am	**Components of Clinical Breast Examination** **A. Report that Core Knowledge is interfaced in CBE Demonstration** **B. Review the Components of a Clinical Breast Examination** **C. Report that CBE Components will have relevance shown in Clinical Breast Examination Demonstrations**
9:30 - 9:45 am	**Break**
9:45 - 10:00 am	**BSE Performance - Demonstration**
10:00 - 11:15 am	**CBE Performance – Demonstration** **A. Patient History** **B. Physical Examination** **C. Assessment** **D. Plan of Care –within your scope of practice** **E. Questions and Answers**
11:15 - 12:30 pm	**Lunch on Your Own**
12:30 - 1:00 pm	**Case Study** **Case Study on your own or with peers during practice time** **Course Examinations and Scoring Discussion**
1:00 - 2:30 pm	**CBE/tactile student practice**
2:30 - 2:45 pm	**Break**
2:45 - 4:15 pm	**CBE/tactile student practice**

Wednesday April 13, 2016

7:00 - 8:00 am	**Core Knowledge Test**
8:05 - 1:00 pm	**Performance and Tactile testing according to test schedule**

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ImpediMed, Inc.
Insight Management Systems, Inc.
LDV, Inc.
MRS Systems
Myriad
PDC Healthcare
PenRad Technologies
PTM Document Systems
Ready for Recovery
Summit Bodyworks
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Underwriters

The NCBC would like to acknowledge and thank the following underwriters for their educational grants in support of the 2016 Conference.

This is a list of underwriters as of the time of this printing.

Hologic

Breakfast Symposia

Enjoy breakfast each morning while learning about new and upcoming products from some of your favorite exhibitors.

Saturday	Sunday	Monday
7:00 - 8:00 am **Pfizer**	7:00 - 8:00 am **Hologic**	7:00 - 8:00 am **GE**

Exhibit Schedule

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

Saturday		Sunday		Monday	
Exhibit Floor Opens	7:00 am - 8:00 am	Exhibit Floor Opens	7:00 am - 8:00 am	Exhibit Floor Opens	7:00 am - 8:00 am
Break	10:15 am - 10:45 am	Break	10:15 am - 10:45 am	Break	10:15 am - 10:45 am
Lunch	11:45 am - 1:00 pm	Lunch	12:25 pm - 1:30 pm	Lunch	12:25 pm - 1:30 pm
Break	3:15 - 3:45 pm	Break	3:10 pm - 3:45 pm	Break	3:00 pm - 3:30 pm
Special Event Vendor Reception "It's Springtime in Paris, Red Gala"	6:30 - 8:00 pm	Poster Reception	5:45 pm - 6:45 pm		

Your Invitation

You and your breast center team are invited to submit an abstract to the NCoBC's 26th Annual Interdisciplinary Breast Center Conference, being held at Paris Las Vegas April 9-13, 2016. The abstract/poster program provides a great opportunity to share your experience and research with other breast health care professionals. The goals of this session are to facilitate communication between breast care centers, to disseminate knowledge that may be useful to our members, and to give recognition to outstanding submissions. For 2016, a third category (Category III – Breast Cancer Diagnosis and Management) has been added to encourage medical specialists to submit their abstracts.

To Participate

To participate, email your abstract and the **Abstract Application*** to the NCBC office at NCBCabstracts@breastcare.org by the **due date, February 5, 2016.** 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 2016 Conference. The NCoBC will host a special Poster Reception on the evening of Sunday, April 10, 2016.

NCBC will invite the authors of one abstract submitted to each of the three major categories, as well as the **Fellow/Resident/Student Award-winning author**, to present their abstracts during the oral abstract presentation session on the afternoon of Sunday, April 10, 2016. Category oral presenters will be awarded a monetary gift of $100. The Fellow/Resident/Student Award* recipient will receive a monetary gift of $200 and complimentary registration to the conference. **Oral presenters will be chosen only from abstracts submitted by February 5, 2016.**

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 February 5, 2016. **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): **Background (may include objectives), Methods, Results and Conclusions.**

3. There are three categories of abstracts with subcategories. Please choose the category and subcategory that best fits your abstract. Each abstract submission **MUST INDICATE** the chosen category and subcategory.

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. For an abstract to be accepted for poster display or to receive an award, at least one author must be a registered attendee at the conference, and must indicate their agreement to attend the Poster Reception and to discuss the contents of the poster at the reception.

6. Do not submit case studies as an abstract. All submitted research must be original, and submissions that are essentially advertisements for a commercial entity will not be accepted.

7. Submit abstracts via e-mail to 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. The Abstract Application may be faxed to 574-267-8268.

8. Notification of abstract acceptance will be made to the designated primary contact by February 25, 2016.

9. Posters or other exhibits must fit on presentation board measuring 4 ft tall x 8 ft long, actual display area being 44" x 90".

10. Authors attending the conference will be responsible for setting up their posters by 10 am Saturday, April 9, 2016 and for removing the posters) by 1:30 pm on the last day of the general conference, Monday, April 11, 2016. Neither the NCBC nor their representatives assume responsibility for posters.

11. All submissions accepted will appear on the NCBC conference website as submitted and will be listed in the conference program.

12. Abstracts selected for oral presentation and Fellow/Resident/Student Award recipient will be notified by February 25, 2016.

Permission To Reproduce

All accepted abstracts will be placed on the NCBC conference website under "2016 Conference Abstracts".

Abstract/poster Categories

Category I - Breast Center Operations, Administration and Programs

A. Breast Center Office Operations

1. Coordinating Clinical Programs
2. Multidisciplinary Breast Conference: Development and Management
3. Office Procedures: Scheduling, Registration, Billing & Coding
4. Efficiency, Productivity & Profitability

B. Administration

1. Staffing/Human Resources: Recruitment, Selection, Advancement, Problem-solving
2. Financial Resources
3. Accounting and Reporting
4. Fund Raising

C. Programs

1. Psychosocial: Counseling, Support Groups, Peer Volunteers, etc.
2. Education & Outreach
3. High Risk Program
4. Novel Patient Flow Algorithms

Category II - Patient Care and Support

A. Nursing

1. Nursing Care of Breast Cancer Patients
2. Innovative Nursing Roles

B. Breast Cancer Navigation

1. Roles of Nurse and Lay Navigators
2. Innovative Navigator Roles

C. Integrative, Supportive and Palliative Care

1. Nutrition
2. Exercise
3. Sexual Health and Sexuality
4. Other Integrative/Supportive Care Issues

D. Breast Cancer Genetics/Screening

E. Complementary and Alternative Care

F. Survivorship Care

Category III - Breast Cancer Diagnosis and Management

A. Diagnostic Imaging

1. Screening and Diagnostic Mammography
2. Ultrasound
3. MRI
4. Novel Imaging or Positioning Techniques

B. Pathologic Evaluation and Biomarkers

C. Breast Surgery

1. Surgical Techniques
2. New Surgical Approaches, including Oncoplastic Surgery
3. Nodal Evaluation
4. Plastic Surgery/Breast Reconstruction

D. Medical Oncology – Early Stage and Advanced Disease

1. Chemotherapy
2. Hormonal Therapy
3. Targeted and Biologic Therapies
4. Medical Oncology Decision Making

E. Radiation Oncology

1. Traditional vs. Partial Breast Radiation
2. New Radiation Technologies
3. Radiation Oncology Decision Making

Deadline

All abstracts are to be submitted by midnight PST on February 5, 2016! Oral presenters and the Fellow/Resident/Student/Award will be chosen from abstracts submitted by this date. ***The Abstract Application and guidelines for the Fellow/Resident/Student Award can be found at: www.breastcare.org.**

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Meals: The registration fee includes complimentary breakfast symposia, lunches, breaks and receptions, Saturday through Monday. 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 $65 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. **We work very diligently to provide each meal to have a variety of choices to meet all special needs in food. If you require specific meal needs please refer to Paris restaurants for additional options at your own cost.**

Breakfast Symposia: Enjoy breakfast each morning while learning about new and upcoming products from outstanding companies. Each morning, breakfast will be served from 6:45 – 7:45am.

Saturday Evening Welcome 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. Wear your Red, White, Black Formal Wear for the Gala.

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 (breaks, meals and receptions). Visit the NCBC website www.breastcare.org to view a list of all exhibitors to date.**

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 brochure, which will contain a link to view speaker information online, conference logistic information, exhibitor and sponsor listings and other pertinent information.

Disability Statement: If you have a disability, please contact the NCBC office by February 28, 2016 to notify the staff of any special needs in order to help us better serve you.

Benefits of Conference Registration: When you join us at our 26th Annual Interdisciplinary Breast Center Conference you will benefit from the knowledge of world class presenters, network with breast health professionals from around the world, and view the latest technology from the vendors in the exhibit hall. Earn your CME's or CEU's, all while spending time in Las Vegas.

Consent to Use Photographic Images: Registration and attendance at, or participation in, NCoBC meetings and other activities constitutes an agreement by the registrant to NCBC's use and distribution (both now and in the future) of the registrant or attendee's image.

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 other and would like to experience what Vegas has to offer, but not alone, this is the group to join! 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 and want to meet peers from around the country. Julie plans to organize individuals into small networking groups to enjoy 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 or call the NCBC office at 574–267–8058 and let her know your arrival date and time. 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!

Group Rates: Take advantage of your facility membership benefit and bring up to 5 people from your facility at a 10% discount When Registered by February 28, 2016. Call the NCBC office at 574-267-8058 for your group discount code.

Schedule at a glance:

Saturday April 9	Sunday April 10	Monday April 11	Tuesday April 12	Wednesday April 13
Breakfast / Symposia 7:00 - 8:00 am General Conference begins 8:15 am Lunch with Vendors 11:45 - 1:00 pm Break Out Groups begin 1:00 pm Welcome Vendor Reception/Gala 6:30 – 8:00pm	Breakfast / Symposia 7:00 - 8:00 am General Conference begins 8:00 am Break Out Groups begin 10:45 am Lunch with Vendors 12:25 - 1:30 pm Oral Poster Presentations 3:45 pm Inspiration Award Winner 4:30 pm Poster Reception 5:45 - 6:45	Breakfast / Symposia 7:00 -8 :00 am General Conference begins 8:15 am Break Out Groups begin 10:45 am Lunch with Vendors 12:25 - 1:30 pm General Conference Ends 6:00 pm	CBE Certification Day 1 Pg. 19 BPN Certification Test Only Pg. 18 Freeman Breast Patient Navigator Course Pg. 11 Best Practices in Breast Centers Pg. 12 Pursuing Excellence in Navigation Pg. 13 Risk Assessment and Genetics Pg. 14 Positioning Boot Camp Pg. 15 Management of the Dense Breast Pg. 15 Survivorship Pg. 16 Radioactive Seed Localization Pg. 17	CBE Certification Day 2 Pg. 19 BPN Certification Test Only Pg. 18

NCBC

National Consortium of Breast Centers, Inc.
Tel: 574-267-8058 • Fax: 574-267-8268 • conferenceinfo@breastcare.org • www.breastcare.org

Hotel Reservations: Paris Las Vegas - Conference Venue For 2016

The NCBC is proud to announce our 26th annual conference at the Paris Las Vegas. Experience everything you love about Paris, right in the heart of The Strip. From the moment you walk into the Paris Las Vegas you will understand why this luxury hotel sets the standard for opulent details, impeccable service and lavish Las Vegas accommodations.

Book Your Hotel Today

Be sure to book your room for the conference within the NCBC room block and receive our LOW negotiated rates. Conference block rooms also keep you in the loop by receiving conference updates and correspondence right to your room. Take advantage of ad-hoc networking opportunities by staying in the same hotel as your peers and other industry professionals. **Any room booked outside of our room block will be charged an additional $25.00 resort fee per night.**

To receive the conference rates and all the amenities listed above any reservations for this event must be made through NCBC and the Paris hotel only. NCBC does not use 3rd party housing companies.

NCBC has block rooms for only $159 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 $178.08 for a single or double and $208.08 for a triple. Reservations booked after March 7, 2016 are subject to room availability at the prevailing room rate. Hotel cancellations after March 7, 2016 will be charged first night room charges

Register Online

Take advantage of our easy ONLINE reservation system, which books you at the best rate directly with the hotel. Find out immediate availability and select exactly what you want in a few easy steps. Book at https://aws.passkey.com/g/52905579

Transportation

Again this year we are partnering with LASxpress airport transportation service and will be offering cost-effective transportation service between McCarran Int'l Airport and your hotel.

Xpress Non-Stop service to **Paris & Bally's Las Vegas** for the **NCoBC 26th Annual Interdisciplinary Breast Center Conference attendees.**

By utilizing this service, you are eligible for $11 one-way airport transportation service.

LAS XPRESS®

Other benefits include:

- Non-Stop Xpress Service Available for $18 per person
- 40+% Saving vs. Taxi Fare
- Immediate Boarding
- Airport Meet and Greet Service

Register online: http://lasrescenter.hudsonltd.net/res?USERIDENTRY=NCBC2016&LOGON=GO

Registration Form

STEP 1: Contact Information (One Per Attendee)

Last Name

First Name

Title/Position

Nickname on Badge

Speciality ☐ RT ☐ RN ☐ NP ☐ MD (Specify) ☐ Breast Surgeon ☐ Family Doctor ☐ Gynocologist ☐ Medical Oncologist ☐ Pathologist ☐ Plastic Surgeon ☐ Radiologist ☐ Other

Creditentials Listing on Name Badge

Institution/Company/Hospital

Address (Line 1) ☐ Home ☐ Work

Address (Line 2)

City/ State/ Zip/ Country

Email Address** (Mandatory to receive receipt/confirmation)

Telephone/ Fax

STEP 2: Select General Conference (Saturday - Monday)

Fee Includes: All Meals, Receptions and Syllabus

General Conference - Individual Registration for current NCBC Members
Current NCBC and ASBD Members Only - Membership Number Verified

$_____ $575 for any 2016 NCBC member who is a Facility or Independent Professional member. Member ID # must be noted above to get member rate.

General Conference - Individuals (Non-NCBC Members)

$_____ Fee does NOT include NCBC Membership. $775 for one conference registration no membership.

General Conference 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.

STEP 3: Select A Certifcation Program

Clinical Breast Examiner Certification Program
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 levels. The Non NCBC Member fee includes a 1 year NCBC membership which is required for certification. Tues. 8 am – 4:45 pm Wed. 7:00 am – 1 pm
See Application for Licensure Requirment.

$_____ $895.00 ***Current NCBC Members - Membership Verified***

$_____ $1,045.00 ***Non-NCBC Members***

Breast Patient Navigator Certification Testing (CN-B*)
The Non-NCBC Member fee includes a 1 year NCBC Membership which is required for certification. A certification will be provided to attendees meeting the required proficiency level. Two testing times are available. *Please choose one.*

Tuesday, April 12th, Testing ONLY 8:30am - 11:30am.

$_____ $300.00 ***Current NCBC Members - Membership Verified***

$_____ $450.00 ***Non-NCBC Members***

Wednesday, April 13th, Testing ONLY 8:30am - 11:30am.

$_____ $300.00 ***Current NCBC Members - Membership Verified***

$_____ $450.00 ***Non-NCBC Members***

STEP 4: Select Post-Conference Courses

Mammography, Ultrasound & Stereotactic Bootcamp
Full day course April 12, 8 am - 5 pm
$_____ $299 for conference registrants $_____ $399 for non-conference registrants

The Evolution of Hope for Breast Cancer Survivors
Full day course April 12, 8 am - 4:15 pm
$_____ $299 for conference registrants $_____ $399 for non-conference registrants

Creating a Successful Radioactive Seed Localization Program
Full day course April 12, 8 am - 4:15 pm
$_____ $439 for conference registrants $_____ $539 for non-conference registrants

Practical Applications of Cancer Risk Assessment, Management & Genetics for the Busy Clinician Full day course April 12, 8 am - 4:15 pm
$_____ $299 for conference registrants $_____ $399 for non-conference registrants

Best Practices in Breast Centers: Quality from NQMBC & NAPBC
Full day course April 12, 7:45 am - 4:00 pm
$_____ $439 for conference registrants $_____ $539 for non-conference registrants

Freeman Breast Patient Navigator Review Course
Full day course April 12, 8 am - 4:45 pm
$_____ $399 for conference registrants $_____ $499 for non-conference registrants

Management of the Dense Breast: Strategic & Tactical Approaches
Full day course April 12, 8 am - 4:15 pm
$_____ $395 for conference registrants $_____ $495 for non-conference registrants

Pursuing Excellence in Your Navigation Program: Nuts & Bolts for Every Practitioner
Full day course April 12, 8 am - 3:45 pm
$_____ $299 for conference registrants $_____ $399 for non-conference registrants

STEP 5: Discounts / Late Fees

Special Facility Member Discount Code: _____
For Discount Code, the facility primary member needs to contact the NCBC office at 574-401-8117 **before February 28, 2016.**

$_____ ***Late Fee*** - After March 15, 2016 add a $100 Processing Fee

STEP 6: Payment Information (Payment Must Accompany Registration)

$_____ General Conference Fee (step 2)

$_____ Certification Program Fee (step 3)

$_____ Post-Conference Course (Step 4)

$_____ Total Payment Enclosed

☐ Check # ☐ Check is being processed
(Payable to NCBC or National Consortium of Breast Centers, Inc.)

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card # CVV# Exp. date

Credit Card Billing Address (Street)

City State

Cardholder signature required I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, NCBC will make the necessary adjustments and charge my account accordingly.

Conference Cancellation
On or prior to December 31, 2015, 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 Feb.1, 2016.

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

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NCBC2016

April 9-13, 2016 • Paris Las Vegas

26th Annual Interdisciplinary Breast Center Conference

Weekend Conference Format April 9-13, 2016

- ✔ Up to 28 CME's
- ✔ 10% NCBC facility member discount
- ✔ Offering the Only Breast Patient Navigator & Clinical Breast Examiner Certifications in the Country
- ✔ Time to view product demonstrations by many of our over 80 exhibiting vendors
- ✔ Registration fees that include meals, evening receptions and syllabus
- ✔ Featuring Joint NCBC ASBD Clinical Track *see pgs. 5-10*
- ✔ Reduced 159.00 hotel room rates until March 1st
- ✔ Be Captivated by World Class Speakers

Certified by
THE UNIVERSITY of TENNESSEE
GRADUATE SCHOOL OF MEDICINE

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