

# Breast Cancer Screening and Prevention

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Aurora BayCare Medical Center®

We are  Advocate Aurora Health®

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# Coming out of a tough time...

- Women coming back in for screening
- This has been a tough time, feeling helpless
- "Afraid I will have cancer"
- We would like to shift focus
  - Check your risk
  - See how you can lower it
  - Focus on outreach and empowerment

# Outreach to High Risk

Goal: Identify patients at time of visit

## Calculate

Calculate risk at visit

- Eventually, EMR to do
- At Mammo
- At PCP appt

## Identify

Identify those at High and Moderate risk

## Invite

Invite to High Risk Clinics

## Educate

Educate about risk, risk reduction options

# Planning our Pilot

We started our pilot before EMR calculation

- Mammo techs do questionnaire
- Breast radiologist did initial screen
- Clinic staff do data entry and calculation
- RN's, Navigator reach out to patients
- Genetic counselors screened charts as needed

Incredibly time consuming, but got us going

# Calculate Risk



- Some places already have this in EMR/reports
- Unclear how this number is used
- We are using it for Outreach
- So many questionnaires, need to prioritize
  - For now, calculate only those with Fam h/o breast cancer
  - Eventually: also look at FH of ovarian cancer, pancreatic cancer

# Identify

- Average risk: 1 in 8 women will get breast ca  
This equals 12% lifetime risk
- Moderate risk: 15-19% lifetime risk
- High risk:       Lifetime risk >20%  
                      Gail model 5 year risk 3%+  
                      Tyrer Cuzick 10 year risk 5%+

# Example of Calculation

Last Name: **AAAMOUSE** First Name: **MINNIE** Middle:  [Edit Patient](#)  
 Date of Birth: **1956-03-29 (65 yo)** Gender: **FEMALE** Race: **CAUCASIAN** [Research](#)  
 Primary Ins.: **COMMERCIAL** Secondary Ins.: **UNKNOWN** [Reveal](#)

Risk Entries = 2  Diagnostics = 0  Perc. Procedures = 0  Surgeries = 0  Cancers = 0

**FAMILY HISTORY** **RISK FACTORS** **RESULTS** **PEDIGREE**

**Risk Summary**

-- Previous --

	<u>Risk Breast Cancer</u>		<u>Mutation Risk</u>	<u>Risk Ovarian Cancer</u>	
	5 Year	Lifetime	BRCA1/2	5 Year	Lifetime
<b>BRCAPRO</b>	2.3%	9.5%	0.0%	0.2%	1.2%
<b>Tyrer Cuzick v7</b>	4.8%	17.8%	0.1%		
<b>Tyrer Cuzick v8</b>	7.0%	25.0%	0.1%		
<b>Gail</b>	2.3%	8.6%			
<b>Claus</b>	1.5%	4.1%			
<b>Myriad</b>			1.5%		

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**Guidelines for genetic testing:**

**ASBS:**  
Not applicable

**NCCN for HBOC:**  
Not applicable



**Tyrer-Cuzick 8 Lifetime Risk by Density:**

BIRADS A: 11.61%  
 BIRADS B: 17.16%  
 BIRADS C: 24.98%  
 BIRADS D: 35.51%



# Risk changes over time

## FAMILY HISTORY

## RISK FACTORS

## RESULTS

### Physical Data



**Weight (lbs):** 230  
**Breast Density:** BIRADS C

**Height:** 5 feet 6 inches

**BMI:** 37

### Ethnicity

**Ashkenazi Jewish:** No

### Childbirth History

**Age at first live birth:** 32

### Menstrual History

**Age at menarche:** 13  
**Menopausal status:** Post  
**Age at menopause:** Unknown

**Bilateral oophorectomy:** No  
**Age at oophorectomy:** NA

### Hormone Replacement Therapy

**HRT usage:** No-Never  
**Hormones:** NA

**Number of years taken:** NA  
**Intended duration (years):** NA

### Biopsies



**Biopsy Results:** 0

**Biopsies with atypia/LCIS:** None

FAMILY HISTORY

RISK FACTORS

RESULTS

Relationship	Bloodline	Cancers	Genes
Mother	Maternal		<ul style="list-style-type: none"> <li>BRCA1 (Neg)</li> <li>BRCA2 (Neg)</li> </ul>
Grandmother	Maternal	<ul style="list-style-type: none"> <li>Breast Cancer (age: 60)</li> </ul>	
Grandmother	Paternal	<ul style="list-style-type: none"> <li>Breast Cancer (age: 80)</li> </ul>	
Aunt	Paternal	<ul style="list-style-type: none"> <li>Pancreatic Cancer</li> </ul>	

	<u>Risk Breast Cancer</u>		<u>Mutation Risk</u>
	5 Year	Lifetime	BRCA1/2
<b>BRCAPRO</b>	2.3%	9.5%	0.0%
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The 5- or 10-year risk helps guide chemo-prevention

# Invite

## Multi-Disciplinary High Risk Clinic

- Breast Surgery (Doc or APC)
- Medical Oncology (Doc or APC)
- Genetics if appropriate
- Medical Weight Loss referral

## Breast Center High Risk Clinic

- 1 provider (Doc or APC)
- Discuss all the above, referrals as appropriate



# Invite



- Limited Multi-disciplinary appts for now
- Focusing on Lifetime risk >25%
- Risk 20-25% go to Breast Center High Risk
- Moderate risk get letter
  - Inform of risk
  - Educate
  - They can call to make appt if interested

# Educate and Empower

## Moderate Risk patients get letter

- Tells them their risk score
- Lists lifestyle choices to lower risk
- What a clinic appointment would cover
- They can call to make appt if desired

## High Risk patients are offered appointment

- Learn how they can manage and lower their risk
- More details to come with Dr. Luehmann

# How to Start a Program

## Decide Set-up:

- 1 provider (most common) vs Multi-Disciplinary
- Doc or APC

## Advantages of Multi-disciplinary:

- Minimizes trips in, number of appts
- Multiple providers emphasize lifestyle (weight loss, exercise)
- Patient only sees Genetics if needed
- Patients leave with action plan, blood draw if needed

# How to Start a Program

## Risk Calculation:

- EMR calculator most efficient
- Manual calculation: multiple options, happy to discuss

## Have referral Network Set:

- Medical Oncology if referring that out
- Genetic Counseling
- Medical Weight Loss
- Smoking Cessation



# Specifics of our Program

Dr. Natalie Luehmann