Annual Interdisciplinary Breast Center Conference

**25th Anniversary**

**NCBC 2015**

March 14 - 18, 2015 • Paris • Las Vegas

Earn up to 25.25 CME’s

An Empowering 3 Day Conference Includes: Clinical, RT, Physician, Administration and RN Tracks

- Clinical track March 14th - 16th, See pages 5-10
- American Society of Breast Disease
- National Consortium of Breast Centers, Inc.

- Earn up to 25.25 CME’s
- 9 Post Conference Courses
- Over 80 Exhibiting Vendors
- CBE and Navigator Certifications
- Hands-On Workshops
- World Class Speakers
- 10% Facility Member Discount

Certified by

**NCBC**

National Consortium of Breast Centers, Inc.

**ASBD**

American Society of Breast Disease

clinical track March 14th - 16th, See pages 5-10
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 auxiliary 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 centre 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.

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

- Be aware of the ability of extended genetic panels for testing in breast cancer patients and which genes may be included in these panels.
- Be able to identify patients in whom, based on personal and family history characteristics, recommending sending an extended genetics panel may be appropriate.
- Understand the challenges associated with interpreting the results of extended genetics panels and communicating those results to patients and their families.
- Describe the evolution of breast cancer care.
- Discuss the roles that interdisciplinary professionals brought to the advances in care and caring.
- Develop a statement regarding the ways these changes have impacted them as practitioners.
- Understand the four categories of breast tissue and the New Birads.
- Know information on how to communicate to the patient which adjunctive screening test is best for the patient.
- Learn information on how to communicate to the patient’s primary care physician which adjunctive screening tests are best for their patients.
- Discuss Whole Breast USD, TOMO, CESM, MRI will benefit patients with dense breast along with annual mammography.
- Be aware of epidemiologic trends in breast cancer prevalence and mortality in the US, other developed nations and in the developing world.
- Understand how the changing face of breast cancer in the US could influence screening and treatment strategies.
- Appreciate the challenges of delivering breast cancer care in developing boundaries, and what efforts are being made to improve that care.
- Identify the anatomical and biochemical changes that take place as a result of breast cancer treatment.
- Identify the psychological and personal changes in sexual self-esteem that result due to breast cancer diagnosis and treatment.
- Formulate a comprehensive multimodal treatment paradigm that includes medical and psychological interventions.

Credit Hours

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providorship of the University of Tennessee College of Medicine and the National Consortium of Breast Centers, Inc. 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 25.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

P.A.s, N.P.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 arranged through with The California Board of Registered Nursing.

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. Approved lectures from the ASRT will receive these credits. This program is relevant to the radiologic sciences profession to receive ASRT credits.

AMA PRA Category 1 Credits™

- 3/17/15 Breast Cancer Risk Assessment - 6
- 3/17/15 Best Practices in Breast Centers - 6.5
- 3/17/15 Freeman Breast Patient Navigator Course - 6
- 3/17/15 Nuts & Bolts of Developing Navigator Program - 5.25
- 3/17/15 Clinical Breast Examiner Certification Program - 2.75
- 3/17/15 Boot Camp – 6
- 3/17/15 Digital Tomosynthesis 3.25
- 3/17/15 Whole Breast Screening 3
- 3/17/15 Survivorship - 3
- 3/17/15 Sexuality - 3
- 3/14-16/15 Plenary Conference – 18.75
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MemorialCare Breast Centers
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The Miriam Hospital and Breast Health Center of Women and Infants Hospital

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University of Tennessee Medical Center

Trustee Emeritus & Organizational Founder
Barbara Rabinowitz, PhD, MSW, RN
Creative Solutions

Accreditation .......................................................... 2
Your Invitation .......................................................... 4
General Conference Saturday Schedule ......................... 5
General Conference Sunday Schedule .......................... 7
General Conference Monday Schedule .......................... 9
Post-Conference Operational Nuts & Bolts of Building A Successful Navigator Program ..................................... 11
Post-Conference Best Practices in Breast Centers: Quality from NAPBC and NQMBC .................................... 12
Post-Conference Freeman Breast Patient Navigator Course .......................................................... 13
Post-Conference The New Era of Breast Cancer Risk Assessment and Genetic Testing ............................ 14
Easy View Post-Conference Course Schedule ................. 15
Post-Conference Positioning Boot Camp ........................ 15
Post-Conference Whole Breast Ultrasound: State-of-the-Art 2015 .......................................................... 15
Post-Conference Survivorship .................................... 16
Post-Conference Digital Tomosynthesis ........................ 17
Post-Conference Sexuality .......................................... 17
Certification BPN Breast Patient Navigator ...................... 18
Certification CBE Clinical Breast Examiner ...................... 19
Exhibitors - Exhibit Schedule .................................... 20
Breakout Symposia ................................................. 20
Abstracts and Posters ............................................. 21
Faculty ................................................................ 22
Planning Committee .................................................. 24
General Information .................................................. 25
Hotel Information ..................................................... 26
Registration Form ..................................................... 27

Breakout Groups

Imaging
NCBC/ASBD Clinical
Survivorship
Sexuality
Management
Navigation
RT
Dear Colleagues,

As President of the National Consortium of Breast Centers (NCBC), I am both honored and excited to welcome you to Las Vegas and the 25th Annual Interdisciplinary Breast Center Conference to be held this year at Paris Las Vegas. The National Consortium of Breast Centers (NCBC) is the nation’s largest multi-specialty breast care organization. We are comprised of dedicated breast care professionals who understand the quality advantage that working in an interdisciplinary fashion provides. It is in this spirit that we meet each year to share our expertise, learn from each other and ultimately improve the quality of breast care we provide our patients.

The 2015 conference promises to be an exceptional one. Dr. Gass and the entire program committee have developed an agenda which will stimulate all of us. National and international experts from all the subspecialties involved in breast care will be sharing their knowledge in a manner which can be taken home to your facility and integrated into your breast care program. The NCBC will be expanding our cooperation with the American Society of Breast Disease by offering this year an expanded NCBC/ASBD clinical track. We will be expanding our International Program. Our 53,000 sq ft exhibit hall will be filled with more than 100 exhibits from vendors associated with breast care. Be sure to allot enough time to research the latest in breast care technology.

For those returning to our NCoBC conference, welcome back! And for those who are new to our conference, I expect you will quickly feel the excitement. Please be sure to stop me and say hello.

Sincerely,

Gary M. Levine, MD
President, National Consortium of Breast Centers
Medical Director
Memorial Care Breast Centers
Long Beach, Fountain Valley and Laguna Hills, CA
Associate Clinical Professor
USC Keck School of Medicine
Los Angeles, CA.

Welcome,

As Program Chair for the 25th anniversary of the annual meeting for National Consortium of Breast Centers, I would like to invite you back to Paris Las Vegas. I am hopeful that you will be pleased with the program committee’s endeavors again this year. We strived to create a meeting that touches the diverse aspects of the breast center, from administration to navigation, diagnosis to survivorship and yet still present the cutting edge clinical data you need to take home to keep your program that critical step ahead.

As never before, we offer more in-depth training and certification, this year following the annual meeting. We anticipate this will allow access to the core content during the weekend, facilitating easier attendance.

We are pleased to again partner with the American Society of Breast Disease, with representation from their membership as both speakers and attendees.

It is with great privilege and honor to invite you back.

Jennifer Gass, MD, FACS
NCoBC Conference Chair
Breast Fellowship Director
Co-Director, Breast Health Center
Chief of Surgery
Women & Infants Hospital,
Associate Professor of Surgery, and of Gynecology and Obstetrics
Warren Alpert Medical School, Brown University
Providence, RI
Saturday, March 14, 2015

7:00 - 7:30 am  Breakfast Symposia with Phenogen Sciences, Inc.

7:30 - 8:00 am  Breakfast Symposia with Siemens

8:15 - 8:30 am  Keynote Speaker: When Breast Cancer Hits Home  
Nathalie Johnson, MD, FACS  
As health care professionals we take care of others every day. We hold people’s hands and support them through serious illness. How do we handle illness when it happens to us? There are several issues that must be addressed. Getting through the illness and making sure your patients are cared for appropriately. Understanding your limitations yet maintaining your practice. There are also boundaries in sharing information with patients or influencing patient choices based on your own experience. Food for thought when cancer comes home.

8:30 - 9:15 am  Forward to the Past? Debunking Medical Journal and Media Bias Against Mammography Screening!  
Daniel B. Kopans, MD  
The death rate from breast cancer had been unchanged since 1940. Mammography screening was introduced in the mid 1980’s and for the first time in 50 years the death rate began a decline in 1990 that has continued as more and more women have participated in screening. Unfortunately, due to undeclared biases, a few medical journals have been publishing scientifically unsupported material suggesting little benefit, and claiming massive over diagnosis falsely suggesting that mammography finds tens of thousands of invasive cancers that would disappear if left undetected. The fact that no one has ever seen an invasive breast cancer disappear on its own appears to be irrelevant. This has been passed on to the public and their physicians causing major, unjustified, confusion. The epidemiological slights of hand that have been used to create these myths will be unmasked and the facts provided.

9:15 - 10:15 am  Break with Vendors

10:15 - 10:45 am  BRCA and Beyond: Why, in Whom and How do We Order Extended Genetics Panels in our Breast Cancer Patients?  
Claudine Isaacs, MD, FRCP(c)  
Practitioners who order genetic testing on patients with breast cancer must now choose between “traditional” BRCA testing and an increasing variety of commercially available gene panels that also evaluate a number of high and moderate penetrance genes. These powerful tools enhance our ability to detect genes associated with cancer risk but also bring increased complexity to individual and family cancer risk assessment and making recommendations for cancer surveillance and risk reduction. This session will address both the advantages of and the uncertainties and concerns raised by multiplex genetic testing.

11:15 - 11:45 am  National Consortium of Breast Centers: 25 years of Progress for Interdisciplinary Breast Care Professionals  
Barbara Rabinowitz, PhD, MSW, RN  
It’s been a meaningful, educational, collaborative, enlightening and rewarding 25 years for the National Consortium of Breast Centers and the professionals who have lectured and attended conferences these many years. This session will focus on lessons learned, changes in breast cancer care, and values of this professional education that have accrued and changed the way we help those facing a breast cancer diagnosis move through the diagnosis and treatments and on to survivorship.

11:45 - 1:00 pm  Lunch with Vendors  
Break Outs

1:00 - 1:30 pm  So I have Dense Breasts? Now What? Whole Breast Automated Screening and TOMO, New BiRads  
Belinda Zaparinuk, RT(M), BS, CBEC  
This session will provide the technologist with information on how to communicate to the patient the density of their breast and to help facilitate adjunctive screening tests. The information provided can be used to develop a flow sheet to assist your primary care physician on how to initiate a conversation with their patients on breast density and what adjunctive screening test is best for their patient. The session will cover Whole Breast US, TOMO, CESM, MRI and the New BiRads.

1:00 - 1:30 pm  Trends in Breast Cancer Incidence and Mortality in the US & Globally in 2015  
Benjamin O. Anderson, MD  
Although breast cancer continues to be most prevalent in affluent countries like the United States, it has become the most common cancer of women in many countries around the world, and the risks of developing breast cancer and death due to breast cancer are increasing worldwide. This session will look at epidemiologic trends in breast cancer in the US and globally and how these trends affect decisions about the optimal delivery of breast cancer care. It will also speculate on some of the reasons for increasing breast cancer incident in developing countries as well as some of the initiative to improve breast health care delivery in low and middle resource countries where breast cancer mortality rates remain high.

1:00 - 1:30 pm  Preparing your Breast Center for an NAPBC Survey  
Dianne Kane, RN, MS  
This session will focus on how to prepare your documentation, your staff and physician leaders for the day of survey. It will address specifics about how to collect and display data, policy and protocol that will support demonstrating how your breast center measures metrics and assures follow up for patient care. A walk-through of the survey day will prepare your center for the logistics that will need coordination.
<table>
<thead>
<tr>
<th>Break Outs</th>
<th>Imaging</th>
<th>NCBC/ASBD Clinical</th>
<th>Admin</th>
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<tbody>
<tr>
<td>1:35 - 2:05 pm</td>
<td>Current Controversies in Breast Cancer Screening Sarah M. Friedewald, MD</td>
<td>How Should Clinicians Use Genomic Analysis (Oncotype, Mammaprint, PAM50, Next Generation Sequencing, etc) to Make Treatment Decisions in 2015 Aditya Bardia, MD, MPH</td>
<td>Administrative Do’s and Don’ts Amy Chatten, MPH</td>
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<td>2:10 - 2:40 pm</td>
<td>Breast Imaging is Team Effort Daniel B. Kopans, MD</td>
<td>Management of the Axilla while Minimizing Morbidity – The Roles of Surgery, Radiation, Systemic Therapy &amp; Observation Dennis R. Holmes, MD, FACS; Christine Cha, MD; Claudine Isaacs, MD, FACP(c); Becky M. Olson, BA, CN-BA</td>
<td>Prompt Patient Flow Equals Prompt Patient Satisfaction William R. Poller, MD, FACR</td>
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<td>2:45 - 3:15 pm</td>
<td>Optimizing Workflow in an Imaging Department Jay Parikh, MD, FACP(c), FACPE, FACR</td>
<td>Recent data suggests that, in selected patients, long-term outcomes are not compromised and quality of life is improved by limiting treatment to the axilla. This session will address the standard of care for managing the axilla for 2015, discuss ongoing trials designed to determine how much further we can (safely) scale back treatment in clinically node-negative (at presentation or following neoadjuvant treatment) patients, and forecast future trends in axillary management.</td>
<td>The Challenges of a Cancer Risk Screening Program in an Imaging Center Terry Lynn Bucknall, BA, CRA, RT(R)(M)</td>
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<td>3:15 - 3:45 pm</td>
<td>The Obesity Epidemic: Impact on Breast Cancer and Survivorship Christine Cha, MD</td>
<td>Obesity is quickly overtaking tobacco as the leading preventable cause of cancer. Obese patients face discrimination, leading to serious consequences for their personal and social well-being and emotional health. Bias among healthcare professionals towards obese patients may affect the quality of care that obese patients receive. There are many practical challenges in detecting and treating breast cancer in obese patients. Both providers and patients may experience barriers in addressing weight issues.</td>
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<td>3:45 - 4:15 pm</td>
<td>Break with Vendors</td>
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### Saturday, March 14, 2015  Continued

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>10:00 - 10:30 am</td>
<td><strong>Breakfast Symposium with Hologic</strong></td>
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<td>10:30 - 11:00 am</td>
<td><strong>Multidisciplinary Tumor Board</strong></td>
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<td><strong>Moderator:</strong> Tina Rizack, MD, MPH</td>
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<td><strong>Panel:</strong> Benjamin O. Anderson, MD; Kristie Bobolis, MD; Melissa Hopkins, RN, BA; CN-BN; Yuri R. Parisky, MD; Julia White, MD, FACR; Jessica Laprise, MS, CGC; Barbara Robinowitz, PhD, MSW, RN</td>
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<td>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, will discuss complex cases. The objective of this session is to illustrate the multidisciplinary approach to this tumor board for maximizing patient care.</td>
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### Sunday, March 15, 2015

<table>
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<tr>
<td>7:00 - 8:00 am</td>
<td><strong>Intraoperative Radiation Therapy (IORT): Ready for Prime Time or Just Another Gimmick?</strong></td>
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<td><strong>Melvin J. Silverstein, MD, FACS</strong></td>
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<td>Intraoperative radiation therapy is profoundly convenient but is it ready for prime time? The prospective randomized trials and the largest series performed to date in the United States will be reviewed.</td>
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<td>8:15 - 9:00 am</td>
<td><strong>2D or not 2D, That is the Question</strong></td>
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<td><strong>Sarah M. Friedewald, MD</strong></td>
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<td>Tomosynthesis, whole breast screening ultrasound, and screening MRI are 3 dimensional like breast screening modalities that have the capability of detecting more invasive breast cancers than traditional mammography. The advantages and disadvantages of each modality will be reviewed as well as the current recommendations by various organizations for utilization.</td>
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<td>9:00 - 9:45 am</td>
<td><strong>Mastalgia: Beyond Negative Imaging</strong></td>
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<td><strong>Melissa Hopkins, RN, BA, CN-BN</strong></td>
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<td>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 navigator useful tools in instructing the patient to take a look at alternative reasons for breast pain and tools for moving beyond the breast pain.</td>
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<td>9:45 - 10:00 am</td>
<td><strong>Diagnostics: What Are They and What To Do With Them</strong></td>
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<td><strong>Julio A. Ibarra, MD &amp; Dennis R. Holmes, MD, FACS</strong></td>
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<td>The word “Atypia” frightens radiologists and clinicians alike. What exactly are they, what is their risk and how do we manage them? These are the questions that will be addressed during this interesting session. Dr. Ibarra is a pathologist and will show you the different types of atypias as well as the risk they impart for the future of the patient; Dr. Holmes is a breast surgeon who will address the concerns regarding what to do with these sometimes controversial lesions.</td>
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<td>10:00 - 10:30 am</td>
<td><strong>Disclosure: What Survivors Need To Consider</strong></td>
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<td><strong>Rebecca V. Nellis, MPP</strong></td>
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<td>For the 42% of cancer patients diagnosed at working age, the question of whether or not to disclose in the workplace is one of the most important ones they will consider as part of planning for their treatment and recovery. There are benefits and drawbacks to either decision which are tied to the personal circumstances of the patient, as well as legal and practical considerations. This session will explore the many facets of this basic yet complicated question, so you will be able to help your patients make an informed decision. We will also discuss approaches for planning a workspace disclosure including identifying who and what to tell, and how to approach the conversation.</td>
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<td>10:30 - 11:00 am</td>
<td><strong>Navigating Sexuality Challenges in Our Survivors</strong></td>
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<td>Sexual dysfunction in Breast Cancer survivors, whose responsibility and how we approach diagnosis and treatment within our multi-disciplinary team will be the focus of this session. A basic paradigm for addressing and treating female sexual problems of breast cancer patients will be presented. Effective communication techniques to approach the “issue” will be presented, along with treatment options. Furthermore strategies to break down barriers to treating sexual dysfunction will be presented. Strategies to develop a network of health care professionals will be proposed so that the navigator can develop reliable resources.</td>
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<td>11:05 - 11:35 am</td>
<td><strong>Why Do Lesions Look Like They Do?</strong></td>
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<td><strong>Yuri R. Parisky, MD &amp; Rashida Soni, MD</strong></td>
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<td>The Imaging Presentation of Breast Lesions varies widely: Why do some Cancers present as a Mass? while others are nearly invisible on Mammography. Why do some have spiculation?; while others mimic well circumscribed benign lesions. Does the appearance of Breast Cancer on imaging studies connote their aggressiveness? Images of Breast lesions will be correlated with Pathology in an attempt to understand features which may predict their behavior and metastatic potential.</td>
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<td>For the 42% of cancer patients diagnosed at working age, the question of whether or not to disclose in the workplace is one of the most important ones they will consider as part of planning for their treatment and recovery. There are benefits and drawbacks to either decision which are tied to the personal circumstances of the patient, as well as legal and practical considerations. This session will explore the many facets of this basic yet complicated question, so you will be able to help your patients make an informed decision. We will also discuss approaches for planning a workspace disclosure including identifying who and what to tell, and how to approach the conversation.</td>
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**General Conference**

**National Consortium of Breast Centers, Inc. Advocating for Excellence in Breast Health Care**
11:40 – 12:10 pm  |  Nurturing Navigators in a Competitive Environment
Renita Vance, MSN, RN

Building relationships and connecting people are critical skills for the nurse navigator but when it comes to connecting with other navigators it’s hard to do when organizations are in competition with one another. This session will focus on the importance of nurturing navigators within a community in order to provide the best care for patients and learn from one another. It is possible to develop quality relationships to benefit the patient but not lose sight of the mission and goals and priorities of each individual organization.

1:15 – 1:45 pm  |  Neoadjuvant Chemotherapy: Impact on Imaging/Pathology
Julio A. Ibarra, MD & Kristie Bobolis, MD

Neoadjuvant Chemotherapy is used primarily for individuals for whom a primary surgical approach is not technically feasible because of locally advanced state or for individuals with operable breast cancer who desire breast conservation but have tumors of sufficient size that would otherwise require more extensive surgery. Degree of response can provide important prognostic information. This joint session will address the challenges and controversies in assessing the impact of neoadjuvant therapy on imaging and pathology and outcome.

1:50 – 2:20 pm  |  Prevention and Treatment of Chemotherapy-induced Peripheral Neuropathy in 2015
William M. Sikov, MD, FACP

In patients with early stage and advanced breast cancer, symptomatic and sometimes disabling peripheral neuropathy is a common treatment-limiting toxicity with the taxanes and a number of other chemotherapeutic agents, and may persist for months or years beyond discontinuation of therapy. We will review the pathophysiology of chemotherapeutic-induced peripheral neuropathy, identification of patients at increased risk for its development, and monitoring of patients for its onset during treatment. We will also review data on efforts to reduce the risk of developing this side effect, and on various (pharmacologic, complementary, behavioral and other) approaches studied to try to ameliorate its severity in patients who have it.

12:10-1:15 pm  |  Lunch With Vendors

Break Outs

1:15 – 1:45 pm  |  Supporting Your Patient Through the Journey of Diagnosis and Beyond: I Will Walk Beside You
Cathy Cole, RNC, NP, MPH, CHES, CN-BP

For many women there is nothing more devastating than the diagnosis of breast cancer. For patients finding their way through the myriad of decision making, appointments and treatment can be daunting. As part of a multidisciplinary team of clinicians, how the nurse/navigator can make an impact on the delivery of care will be reviewed. Case studies will be used as examples of best practices in supporting the patient. This presentation will address ways in which the nurse/navigator can be a support person through this journey along with the patient to ensure the best possible outcome and satisfied life.

1:50 – 2:20 pm  |  Moving to Single Step Surgery: Avoiding Staged Procedures
Susan Boolbol, MD, FACS

In the upcoming era of the Affordable Care Act and ACO’s there will be greater pressure to do more with less and efficiency will become paramount. Even now, strategies are available to streamline processes and reduce reoperation and in fact deliver better care. This session will outline how you can take these options home to your institution.

1:50 – 2:20 pm  |  H.O.P.E – Helping Others Provide Empathy
Becky M. Olson, BA, CN-BA

When a woman is diagnosed with cancer, family and friends all want to help, but most of them don’t know how. Family and friends ask those with breast cancer to let them know if they need anything. They say they will, but they most likely will not. This seminar will give you ideas to share with patients that will help her to guide her friends and family members so they can proactively offer support in a way that is helpful, not only to the patient, but to her other immediate family as well.

2:25 – 2:55 pm  |  Sexual Rehab: Optimizing Sexual Comfort after Breast Cancer
Susan Kellogg Spadto, PhD, CRNP, IF, CST

This presentation will focus on the management of vulvovaginal changes caused by hormonal changes and cancer treatments. Research on the use of over the counter

2:25 – 2:55 pm  |  NCBC International Delegate Program: Current Challenges in International Breast Care Delivery
Moderator: John R. Keyserlingk, MD, MSc, FRCS, FACS, chair, NCBC International Liaison committee with a panel of recipients of the 2015 NCBC International Delegate Bursaries

Helping Patients & Partners Communicate
Anne Katz, PhD, RN

Despite the closeness and intimacy that many women state they experience in their primary relationship, talking about the body image and sexual challenges after Breast Cancer can be very difficult. This presentation will focus on interventions that can help women communicate with their partners in a meaningful and constructive way. The role of partners in active listening and making their own feelings apparent will also be addressed.

Sexual Rehab: Optimizing Sexual Comfort after Breast Cancer
Susan Kellogg Spadto, PhD, CRNP, IF, CST

This presentation will focus on the management of vulvovaginal changes caused by hormonal changes and cancer treatments. Research on the use of over the counter
### Sunday, March 15, 2015

#### Break Outs

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>2:25 - 2:55 pm</td>
<td>course of our work within breast centers can be interpreted in ways that are unanticipated. In this session, we will learn more about common pitfalls in the ways we talk with our patients and their loved ones. In addition, strategies on improvement in communication will be reviewed.</td>
</tr>
<tr>
<td>2:55 - 3:30 pm</td>
<td><strong>Break with Vendors</strong></td>
</tr>
</tbody>
</table>
| 3:30 - 4:00 pm | **Reclaiming Sexual Health for Breast Cancer Survivors: A New Internet Toolkit**
  Leslie R. Schover, PhD
  Despite many surveys defining the causes, prevalence, and types of sexual problems that women experience with breast cancer treatment, most women still do not get timely and accurate information on preventing or overcoming sexual problems. A web site, Tendril: Sexual Renewal and Motherhood after Cancer provides site- and treatment-specific information about why sexual problems occur, guidance on finding expert medical help, and practical, cognitive-behavioral self-help exercises to address sexual problems. A recent efficacy study suggests that using it can improve women’s sexual function and satisfaction, but that some supplemental coaching may enhance outcomes. The presentation will describe the web site and discuss plans for making it available in the near future. |
| 4:00 - 4:15 pm | **Inspiration Award Winner**
  **Presented By Cary S. Kaufman, MD, FACS** |
| 4:15 - 4:45 pm | **Oral Poster Presentations** |
| 4:45 - 5:45 pm | **NCBC/ASBD Combined Plenary: Margin calls – Securing Interdisciplinary Resources**
  **Julia A. Ibarra, MD; Gary M. Levine, MD; Julia White, MD, FACR; and Susan Boolbol, MD, FACS**
  Removing the cancer means getting it all out, or does it? How much of a clean edge is needed? How do we know we got it all out and when do we know? How much cancer can radiation control? This session will review the latest guidelines and techniques to guide us in providing the best outcomes to patients. |
| 5:45 pm | **Conference Ends for the Day** |
| 5:45 - 6:45 pm | **Poster Reception** |

### Monday, March 16, 2015

#### General Conference

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7:00 - 7:30 am</td>
<td><strong>Breakfast Symposia</strong></td>
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<td>7:30 - 8:00 am</td>
<td><strong>Breakfast Symposia</strong></td>
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</table>
| 8:00 - 8:15 am | **General Meeting**
  **with Gary M. Levine, MD** |
| 8:15 - 9:15 am | **Turf Wars and Territorial Issues in a Breast Center**
  **Moderator: Amy Chatten, MPH**
  **Panel: Cathy Cole, RNC, NP, MPH, CN-BP; Jade deGuzman, MD; Louise Miller, RT(R)(M); John L. Bell, MD, FACS; Melissa Hopkins, RN, BA, CN-BN and Teresa Heckel, BS, RT(R)(T), FABC**
  A comprehensive breast center requires that a diverse group of healthcare professionals work together as a team to provide the ultimate patient experience. The diversity of background, education, and expertise can sometimes lead to conflict and a blurring of roles. In this session, we will have representatives from all the key players in a breast center to discuss turf and territorial issues form their point of view and what they feel is necessary to work more effectively as a team. The panel of speakers includes a surgeon, radiologist, nurse, nurse navigator, administrator and technologist. The outstanding time during this session will provide for a discussion with the audience about real issues that have come about in breast centers throughout the country and the panel of experts will address solutions. |
| 9:15 - 10:15 am | **All I Need to Know I learned at NCBC: Critical data from ASCO, ASTRO, RSNA, SABCS and SSO**
  **Nadine M. Tung, MD; Julia White, MD; Joy Harness, MD FACS; Jay Parikh, MD, FACP; FACPE, FACR**
  In three brief reviews, national recognized experts in breast surgery, radiation oncology and medical oncology will summarize data presented at San Antonio ASCO and other major national and international meetings over the past year that has changed or will soon change the way that breast cancer patients are cared for at breast centers in the US and around the world. The data are to be presented at a level appropriate for all the conferences attendees, not just for physician subspecialist. |
| 10:15 - 10:45 am | **Break with Vendors** |

#### Tips & Traps for Mammo Coding 2015

**Melody W. Mulaik, MSHS**

This session will include a review of the new 2015 CPT procedure codes as well as address any bundling concerns and challenges for traditional mammography and tomosynthesis. This implementation of new codes always creates new billing and reimbursement challenges. This session will highlight key areas of concern as well as address individual areas of concern.
<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>10:45 - 11:15 am</td>
<td>Imaging centers are implementing programs and services that benefit the patients in our communities. With the focus on women's health issues including breast density, advanced cancer risk assessment, bone mineral loss and new technologies, the mammography technologist has more responsibilities and her role requires more patient interaction, education and training. This presentation will discuss expectations that affect the mammography tech on a daily basis.</td>
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</tbody>
</table>
| 11:20 - 11:50 am | Proper Ergonomics for the Mammographer, Lymphedema and Imaging
Kenneth B. Zaparinuk, PT, DPT, OCS, BSPE
Proper Ergonomics for the Technologist when performing mammography, US and stereotactic core biopsies. Overview of special considerations when imaging the lymphedema patient. |
| 11:55 - 12:25 pm | Motivation for Change - Why Standardized Positioning Works
Louise Miller, RT(R)(IM)
Most mammography technologist have learned how to position from a myriad of different "styles." This lecture will substantiate the efficacy of standardized positioning methods, based on the method that is used in Sweden, which emphasizes consistency, reproducibility and the use of proper body ergonomics. |
| 12:25 - 1:30 pm | Lunch with Vendors |
| 1:30 - 2:00 pm | Social Media: How to Link Your Center In!
Jay Harness, MD FACS
It's a brave new world, and social media is the medium linking consumers (and patients) together and to services. While having a media presence may have been optional before today, now a social media presence is essential. But how do you move beyond a homepage? How do you reach out to your audience with useful interesting content that will yield results that inspire both you and administration? |
| 2:00 - 2:30 pm | Distress Management: Something for Everyone While Meeting the New Accreditation Standards
Matthew Loscalzo, LCSW
As of January, 2015 psychosocial distress screening is an accreditation standard for both the American College of Surgeons (Commission on Cancer) and the American Society of Clinical Oncology. Although the new standards may initially seem like an added burden there are a number of benefits to patients, physicians, nurses and institutions relating to quality care, safety, efficiencies, resource deployment and competitiveness in the market place. The speaker will outline the specific requirements of the new standards, offer strategies to meet or exceed the new standards and identify significant secondary benefits of distress screening. Finally, the experiences of a number of large and small cancer programs will be used to demonstrate effective implementation strategies. |
| 2:30 - 3:00 pm | How to Enhance Patient Outcomes: From Quality to Research and Back Again
Wm. Thomas Summerfelt, PhD
In today's health care environment, providers must be focused on providing services of high value. Patient outcomes are central to the health care value equation. One robust method of enhancing patient outcomes is to utilize a data-driven approach that feeds quality improvement activities. Those quality improvement efforts can then be the foundation for targeted research projects whose results can be used to further increase quality and enhance patient outcomes. |
| 3:00 - 3:30 pm | Break with Vendors |
| 3:30 - 4:00 pm | Breast Cancer: It's a Family Affair
Robert I. Cohen, MSW, PhD
This plenary session focuses on the experience of families who have a member diagnosed with breast cancer. Traditional approaches properly center on the identified patient and the medical aspects of her care. The conversation will be expanded in this presentation to include an awareness of key family dynamics and related coping skills. The hope is that caregivers will have a more comprehensive framework from which to understand and help manage the “dis-ease.” |
| 4:00 - 5:00 pm | Tumor Board Focusing on Issues of Sexuality: Who Says What When?
Don S. Dixon, MD, FACP; Michael Krychman, MD, FACOG; Barbara Rabinowitz, PhD, MSW, RN and Jennifer Gass, MD, FACS
This sure to be lively Tumor Board session will focus on the presentation of cases that challenge the panel and the audience to identify the potential issues of sexuality, when they should be addressed and by whom. |
Operational Nuts & Bolts Of Building A Successful Navigator Program

Tuesday, March 17, 2015

As navigation programs grow, best-practice facilities recognize the importance of baseline nuts and bolts programming at nearly every phase of development and on-going use. 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 complete with worksheets, interactive dialog, and a package of crucial steps to move step-by-step to program completion. Gain valuable insight and you learn from experts across the nation to include specialists, Commission on Cancer recommendations, statistical data, community needs assessments, and much more. Start the day with enthusiasm and leave with a notebook full of how-to information and completed worksheets to give you the direction and boost you need to start or revitalize your navigation program. End the day with casual conversation and networking with newly made friends while you complete the program visiting with the speakers.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 - 8:15 am</td>
<td>Welcome Melissa Hopkins, RN, BA, CN-BN</td>
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<tr>
<td>8:15 - 9:00 am</td>
<td>Navigating a Legal Minefield - Exploring the Intersections Between Navigation and the Law Gerald Kolb, JD</td>
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<tr>
<td>9:00 - 9:30 am</td>
<td>In the Sandbox of the Commission on Cancer: Patient Navigation Balazs I. Boda, MD</td>
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<tr>
<td>9:30 - 10:15 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 10:45 am</td>
<td>First Steps: Community Needs Assessment Jaci Nore, RN, CN-BN</td>
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<tr>
<td>10:45 - 11:15 am</td>
<td>Creating an Effective Business Plan Kimberly Samuels, Executive Director of the National Consortium of Breast Centers</td>
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<tr>
<td>11:15 - 11:45 am</td>
<td>ABC’s of Fundraising for your Program John L. Bell, MD, FACS</td>
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<tr>
<td>11:45 - 1:00 am</td>
<td>Lunch On Your Own</td>
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<td>1:00 - 1:30 pm</td>
<td>Navigators: Going with the Patient Flow Melissa Hopkins, RN, BA, CN-BN</td>
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<tr>
<td>1:30 - 2:00 pm</td>
<td>Bridging the Gap: Enhancing Care with a Multidisciplinary Approach Krista Nelson, MSW, LCSW, OSW-C</td>
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<tr>
<td>2:00 - 2:30 pm</td>
<td>Measuring the Value of your Navigation Program Vikki Casey</td>
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<td>2:30 - 3:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 3:45 pm</td>
<td>Promoting Provider and Staff Buy-In: Use it or Lose it! Jennifer Gass, MD, FACS</td>
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<tr>
<td>3:45 - 4:15 pm</td>
<td>Challenges, Pitfalls and Successes: (Audience participation) Panel of instructors from this program</td>
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<tr>
<td>4:15 - 4:45 pm</td>
<td>Q &amp; A while you Hobnob with the Experts!</td>
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Best Practices in Breast Centers: Quality from NAPBC and NQMBC

Tuesday, March 17, 2015

Course Directors: Cary S. Kaufman, MD, FACS; Randy E. Stevens, MD and Claudia Z. Lee, MBA

Concept of the Course – Achieving Quality through Best Practices for Breast Centers

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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:00 - 8:30 am</td>
<td>NAPBC Breast Center Accreditation – Current and Future Value</td>
<td>Cary S. Kaufman MD, FACS</td>
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<tr>
<td>8:35 - 9:05 am</td>
<td>NQMBC - QUALITY MATTERS! Building the Best Quality Management Program for Breast Centers</td>
<td>F. Lee Tucker MD, FCAP</td>
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<tr>
<td>9:10 - 9:40 am</td>
<td>Best Practice Survivorship - Primary Care Oncology</td>
<td>Amy Shaw, MD</td>
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<td>9:45 - 10:15 am</td>
<td>Break</td>
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<tr>
<td>10:15 - 10:45 am</td>
<td>Web-Based Survivorship: The Intermountain Healthcare Experience</td>
<td>Dianne Kane, RN, MS</td>
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<td>10:50 - 11:20 am</td>
<td>Best Practice Genetics - Regional Model</td>
<td>Maude L. Blundell, CGC</td>
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<tr>
<td>11:25 - 11:55 am</td>
<td>Best Practices in Genetics and Risk Assessment</td>
<td>Mary Freivogel, MS, CGC</td>
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<tr>
<td>12:00 - 1:15 am</td>
<td>Lunch On Your Own</td>
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<tr>
<td>1:20 - 1:50 pm</td>
<td>Best Practice - Lay Navigation</td>
<td>Harold P. Freeman MD</td>
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<tr>
<td>1:55 – 2:25 pm</td>
<td>Best Practice – Navigators: Complex Navigation Simplified</td>
<td>Melissa Hopkins, RN, BA, CN-BN</td>
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Continued on next page
Post-Conference Options

Avoid registering for overlapping courses

EASY VIEW Post-Conference Course Schedules

Best Practices in Breast Centers: Quality from NAPBC and NQMBC

Tuesday, March 17, 2015

Continued from previous page

2:30 - 3:00 pm

**Patient Navigation - Securing 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.

3:00 - 3:30 pm

**NAPBC – Best Practice Pearls from a Cluster of Site Surveys**  
Randy E. Stevens, MD  
After 565 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.

3:30 - 4:00 pm

**Break**

4:00 - 4:30 pm

**Best Practice – Four Key Quality Metrics for Radiology**  
Brett Parkinson, 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.

4:30 - 5:00 pm

**Best Practice – Four Key Quality Metrics for Surgery**  
Cary S. 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.

5:00 - 5:30 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.

**Quality Clinical Care Outlined by NAPBC & NQMBC**

4:00 - 4:30 pm

**Best Practice – Four Key Quality Metrics for Radiology**  
Brett Parkinson, 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.

Freeman Breast Patient Navigator Course

Tuesday, March 17, 2015

Harold P. Freeman MD; Rebecca Crane-Okada, PhD, RN, CNS, AOCN; Courtney Bowen, MS  
Healthcare professionals and advocates including but not limited to nurses, radiologic technologists, 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**  
Harold P. Freeman, MD

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 - 11:45 am  
**Clinical Navigation continue**  
Harold P. Freeman MD; Rebecca Crane-Okada, PhD, RN, CNS, AOCN

11:45 am - 1:00 pm  
**Lunch On Your Own**

1:00 - 2:30 pm  
**Lay Navigation (Advocate)/ (Outreach, Screening and Communication)-Developing a Navigation Program**  
Courtney Bowen, MS

2:30 - 3:15 pm  
**Break**

3:15 - 4:15 pm  
**Test Review: Case Studies**  
Harold P. Freeman, MD; Rebecca Crane-Okada, PhD, RN, CNS, AOCN and Courtney Bowen, MS

4:15 - 4:45 pm  
**Learning Objective Review**  
Harold P. Freeman, MD

4:45 pm  
**Questions and Answers**
The New Era of Breast Cancer Risk Assessment and Genetic Testing: Building and Incorporating the Latest Data into Your High-Risk Clinic

Tuesday, March 17, 2015

The past year has witnessed rapid advances in genetic testing for hereditary breast cancer. 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 into your high-risk clinic. This will include the implication of breast tumor genomic testing on inherited risk assessment and the controversy surrounding multigene panel testing as it applies to risk and management interpretation. The attendees have the opportunity to submit challenging cases to be discussed by experts in the field. The course will conclude with a panel discussion of the many different clinical environments in which cancer genetic services can be offered and how to address the challenges of growth and development.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 8:00 - 8:30 am| **Hereditary and Familial Breast Cancer: Back to the Basics**  
Jessica Laprise, MS, CGC  
This session will provide an introduction to genetic susceptibility to breast cancer with a focus on understanding the principles of cancer genetics, inherited versus familial risk, and the identification of high-risk patients. |
| 8:30 - 9:30 am| **Managing Patients with Hereditary Breast Cancer Syndromes**  
Nadine M. Tung, MD  
Guidelines for hereditary breast cancer screening and management are updated yearly. This session will review the cancer risks and current management recommendations associated with this syndrome. |
| 9:30 - 10:15 am| **Break**                                                                                 |
| 10:15 - 10:45 am| **It's Not Just BRCA1 and BRCA2**  
Jennifer Scalia Wilbur, MS  
There are many hereditary breast cancer syndromes to consider when assessing a patient’s inherited risk. This session will review other known hereditary breast cancer syndromes, as well as address cancer risk and management as related to mutations in novel inherited breast cancer genes. |
| 10:45 - 11:15 am| **Making Sense of Breast Cancer Risk Assessment Models**  
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. |
| 11:15 - 11:45 am| **Following a Positive Test Result: Resources for Hereditary Breast Cancer Families**  
Lisa Schlager  
This session will review currently available education and emotional support resources available for families facing hereditary breast cancer. The lecture will focus on how to take advantage of the many resources offered by these groups such as, identifying financial resources for the reimbursement of genetic testing. |
| 11:45 - 1:00 pm| **Lunch On Your Own**                                                                     |
| 1:00 - 1:30 pm| **Which Testing Laboratory Should I Use?**  
Jessica Everett, MS, CGC  
The number of laboratories offering genetic testing for hereditary breast cancer risk has skyrocketed within the last year. There are many factors involved when selecting a laboratory for gene analysis. This session will review the necessary elements to consider when selecting a testing lab and will also discuss multi-gene panel options offered by various providers. |
| 1:30 - 2:00 pm| **Case Presentations: Curbside Consults (Audience to submit cases)**  
Moderator: Jessica Laprise, MS, CGC  
Panel: Jessica Everett, MS, CGC; Lisa Schlager; Jennifer Scalia Wilbur, MS and Nadine M. Tung, MD  
This expert panel discussion will review challenging cases encountered in the breast cancer risk assessment clinic. Attendees will be invited to submit cases they have personally encountered which illustrate complex issues related to genetic test selection, ethics, and management in hereditary breast cancer families. |
| 2:00 - 2:30 pm| **Tumor Genomic Profiling: Technology, Clinical Implications and its Role in Risk Assessment**  
Jessica Everett, MS, CGC  
The use of genomic tumor testing in developing appropriate treatment plans continues to expand. This lecture will review genomic tumor testing technologies and the potential impact on cancer risk assessment. Challenging counseling issues related to incidental germline mutations found on tumor testing will be discussed. |
| 2:30 - 3:15 pm| **Break**                                                                                 |
| 3:15 - 3:45 pm| **Unscrambling Confusion Related to Billing for Genetic Services**  
Lily Servais, MS, LCGC  
Reimbursement for cancer genetic services can be challenging and is in constant motion with the many changes in our healthcare system. This session will review billing strategies for healthcare practitioners providing cancer counseling and the associated reimbursement. |
| 3:45 - 4:45 pm| **Making It All Happen: Methods to Identify Individuals at Increased Risk and Integrating Risk Assessment Services into Existing Work Processes**  
Moderator: Jennifer Scalia Wilbur, MS  
Panel: Jessica Laprise, MS, CGC; Jessica Everett, MS, CGC; Mary Freivogel, MS, CGC and Lily Servais, MS, LCGC  
This panel discussion will present practical considerations for implementing and integrating breast cancer risk services into a breast center environment. Presenters will share methods utilized in their breast centers commenting on the benefits and limitations of their processes. |
Positioning Boot Camp  **Tuesday, March 17, 2015**  
Louise Miller, RT(R)(M); Amy Chatten, MPH; Fabiola Perez, RT(R)(M); Kim Flood, RT(R)(M); Kelley Trulove, AART, RM, CT, Consultant; Jade deGuzman, MD

Mammography professionals will be presented with the most current techniques and advances used in mammography positioning for the detection of breast cancer, including implementation, presentation of proper positioning techniques and the importance of each positioning. Selection of spot compression and spot-magnification according to the mammographic findings will be explained. Challenging positioning examples will be explored with ways to address issues to achieve quality images.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 9:30 am</td>
<td>Mammography Positioning: The Why and the How</td>
</tr>
<tr>
<td>9:30 - 10:15 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 10:45 am</td>
<td>Creating a Quality Improvement Program: Why it’s important</td>
</tr>
<tr>
<td>10:45 - 11:45 am</td>
<td>Additional Views</td>
</tr>
<tr>
<td>11:45 - 1:00 pm</td>
<td>Lunch On Your Own</td>
</tr>
<tr>
<td>1:00 - 2:30 pm</td>
<td>Positioning Workshop</td>
</tr>
<tr>
<td>2:30 - 3:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 4:15 pm</td>
<td>Case Review: Radiologist Technologist Collaboration</td>
</tr>
<tr>
<td>4:15 - 4:45 pm</td>
<td>Mission and Motivation</td>
</tr>
</tbody>
</table>

**WHOLE BREAST ULTRASOUND: State-of-the-Art 2015**  
**NEW!**  
**Tuesday, March 17, 2015**

Course Director: Ellen B. Mendelson, MD, FACP, FSBI, FSRU  
Faculty: Rachel Brem, MD, FACP, FSBI; Regina J. Hooley, MD, FSBI; A. Thomas Stavros, MD, FACP, FSBI, FSRU; Janice S. Sung, MD, FSBI

This half-day course, composed of didactic lectures and ending with real-time live demonstrations of invited Whole Breast Ultrasound Vendors is intended to familiarize attendees with the science behind this new application of the most commonly used diagnostic adjunctive breast imaging technology. The science validating this intended use, manner in which WBUS may fit into your practice, and practical aspects of patient management are presented to the audience.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 1:05 pm</td>
<td>Welcome and Announcements</td>
</tr>
<tr>
<td>1:05 – 1:35 pm</td>
<td>The Dense Breast and Supplemental Screening</td>
</tr>
<tr>
<td>1:35 – 2:05 pm</td>
<td>Integration of Breast US Screening into the Hectic Breast Center Workflow</td>
</tr>
<tr>
<td>2:05 – 2:35 pm</td>
<td>Whole Breast Ultrasound Methods: Handheld Physician - or Technologist Performed</td>
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<tr>
<td>2:35 – 2:50 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:50 – 3:00 pm</td>
<td>Live Demonstration: Handheld US Using Preannotated Program for Documentation</td>
</tr>
<tr>
<td>3:00 – 3:30 pm</td>
<td>Whole Breast Ultrasound Methods: 2D &amp; 3D Automated Scanning</td>
</tr>
<tr>
<td>3:30 – 4:00 pm</td>
<td>The US Screening Experience in New York City—Problems, Solutions, and Outcomes to Date</td>
</tr>
<tr>
<td>4:00 – 4:30 pm</td>
<td>Low PPV’s for Biopsy: Possible Solutions to an Impediment to Supplemental Breast Cancer Screening with US</td>
</tr>
<tr>
<td>4:30 – 5:00 pm</td>
<td>Panel Discussion: Training Needs, Certification, Accreditation, Coding, Reimbursement, Liability Issues</td>
</tr>
</tbody>
</table>

**Easy View - Post Conference Course Schedules**

**Avoid Certification and Post-Conference Scheduling Conflicts**

Reference this Certification and Post-conference course schedule for Tuesday, March 17th and Wednesday March 18th to avoid registering for courses that overlap.

<table>
<thead>
<tr>
<th>Course Duration</th>
<th>Course Name</th>
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</thead>
<tbody>
<tr>
<td>2 day course</td>
<td>Clinical Breast Examiner Certification (CBE) March 17th-18th</td>
</tr>
<tr>
<td>2 day course - Choose 1 day</td>
<td>Breast Patient Navigator Certification TEST ONLY 7:30 am – 11:30 am</td>
</tr>
<tr>
<td>½ day course</td>
<td>Whole Breast Ultrasound: State-of-the-Art 2015 1:00 pm – 5:00 pm</td>
</tr>
<tr>
<td>½ day course</td>
<td>Surviorship 8:00 am – 12 noon</td>
</tr>
<tr>
<td>½ day course</td>
<td>Sexuality 1:00 pm – 4:45 pm</td>
</tr>
<tr>
<td>½ day course</td>
<td>Digital Tomosynthesis 8:00 am – 12 noon</td>
</tr>
<tr>
<td>1 day course</td>
<td>Risk Assessment 8:00 am – 4:45 pm</td>
</tr>
<tr>
<td>1 day course</td>
<td>Positioning Boot Camp 8:00 am – 4:45 pm</td>
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<tr>
<td>1 day course</td>
<td>Freeman Breast Patient Navigator Course 8:00 am – 4:45 pm</td>
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<tr>
<td>1 day course</td>
<td>Operational Nuts and Bolts of Building a Successful Navigator Program 8:00 am – 4:45 pm</td>
</tr>
<tr>
<td>1 day course</td>
<td>Best Practices in Breast Centers: Quality from NAPBC and NQMBC 7:45 am – 5:30 pm</td>
</tr>
</tbody>
</table>
Survivorship as both a distinct phase of life and stage of cancer treatment 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. This pre-conference follows up on previous in conference symposia on these topics that NCBC has offered the past several years and takes the exploration and education on these matters to the next level.

**Critical Concerns for Breast Cancer Survivors**
Balazs I. Bodai, MD

The number of breast cancer survivors in the United States will reach 3.1 million by 2015. Many survivors feel abandoned after primary treatment yet have ongoing needs. Patients need education regarding multiple issues which include long-term side effects of treatments rendered. Long-term sequelae of therapy include risk of cardiac disease, development of lymphedema, issues regarding bone health, development of secondary malignancies and risks of deep venous thrombosis. Compliance to long-term medications also presents a significant challenge. Symptoms of recurrence (often the patient’s number one fear) must also be addressed. Survivors must also be informed of lifestyle changes which they can make to significantly decrease their rates of recurrence and increase overall disease free survival.

**Surviving 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.

**Survivors Taking Charge: Exercise and Cardiovascular Health**
M. Tish Knobf, MD

Breast cancer survivors (BCS) become physically deconditioned during primary and adjuvant therapy resulting in lower cardiovascular fitness. Physical activity can improve function, fitness, psychological well-being and is associated with improved survival outcomes. In addition, some BCS are at higher risk for cardiovascular disease (CVD) due to pre-existing risk factors such as overweight, obesity or hypertension. Regular physical activity can help maintain a healthy weight and decrease CVD risks.

**Sandwiched In: Cancer Survivors Helping their Children AND Their Parents**
Colleen Johnson, RN, NP, CN-BP

Though cancer is often thought of as a disease usually that strikes later in life, research shows that 18% of newly diagnosed cancer patients are parents to one or more minor children. Of these patients, nearly a third are taking care of children under the age of six. Approximately 46% of patients diagnosed with cancer are over the age of 70 which means that 54% of patients diagnosed are under the age of 70. Many of these patients are middle aged defined as persons age 45 to 60. Many of these individuals have responsibility for children and adult patients. Attention must be given to this unique group of individuals who may be experiencing even greater challenges. This presentation will detail some of those challenges, provide valuable statistical data, as well as potential resources and solutions to help the healthcare provider support both the patient and family.

**Listening to the Voices of Advocate Survivors: Case in Point- Breast Friends**
Becky M. Olson, BA, CN-BA

Successfully partnering with a breast advocate organization is essentially like adding another follow-up arm to your medical practice at no cost. At Breast Friends, we have been providing this service for approximately 7 of our 14 years. Whether a patient is newly diagnosed or completing their last radiation or chemo treatment, a good organization can be the hand-holder for your patients. By talking with volunteers who have completed her journey successfully, this gives hope and inspiration to the patient. We understand what it is like and they appreciate talking to someone who has been down the same path. This is also important when a patient has completed her last treatment. It’s a time they think they are looking forward to, but the moment the doctor says, “You’re done. See you in three months,” panic sets in for many. They wonder, who is watching me? What if it comes back? What do I do now? We understand that the medical clinics are focused on providing medical care and can’t continue to support the emotional needs of your patients. Our service includes a formal hand-off from the clinic to Breast Friends. This session will show you what that hand-off includes and how we do it successfully.

**Ever Evolving Resources**
Colleen Johnson, RN, NP, CN-BP

Nearly 14 million Americans are alive after being told that they have cancer. Breast cancer survivors make up almost 25% of this number. Cancer survivors often face physical, emotional, social and financial problems as a result of their diagnosis. They are also at higher risk of recurrence, a second cancer, and other health problems. Cancer survivorship affects not only the patient but their entire family. This presentation will go over the various resources available to survivors, family members (including children), and caregivers. It will give examples of the many tools including survivorship care plans; websites; resources, and other helpful sources of information that you can access for your patients.

**Questions and Answers**
Post-Conference Options

Digital Tomosynthesis  Tuesday, March 17, 2015

Gary M. Levine, MD and Brett T. Parkinson, MD

Digital Breast Tomosynthesis (DBT) is a new 3D Mammographic Technology which has been shown in clinical trials to both markedly improve breast cancer detection while at the same time decreasing the number of false positives (improved sensitivity and specificity.) This post-conference will examine the need for the benefits of DBT when compared to 2D mammography alone. The economics related to DBT will be reviewed along with the through discussion regarding the practical implementation of DBT in clinical practice, with input from 3 radiologists who are presently utilizing DBT.

Twenty workstations will be available and attendees will participate in a robust workshop in which they will read (along with the experts) a set of 50 DBT exams, including ~35 biopsy proven cancers. This course is designed for anyone considering implementing this next generation mammographic technology.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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<tbody>
<tr>
<td>8:00 - 8:05 am</td>
<td>Introductions and Opening</td>
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<tr>
<td>8:05 - 8:20 am</td>
<td>The Limitations of 2D Mammography and the Evidence for 3 D Digital Breast Tomosynthesis</td>
</tr>
<tr>
<td>8:20 - 9:30 am</td>
<td>3 D Mammography Workshop</td>
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<tr>
<td>9:30 - 10:15 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 10:45 am</td>
<td>Practical Guidance for Implementing Tomosynthesis in Clinical Practice</td>
</tr>
<tr>
<td>10:45 - 11:45 am</td>
<td>Advances in 3D Mammography</td>
</tr>
<tr>
<td>11:45 - 12:00 pm</td>
<td>Ending Comments</td>
</tr>
</tbody>
</table>

Sexuality  Tuesday, March 17, 2015

It is well documented that patients who have faced a breast cancer diagnosis have, in large numbers, experienced difficulties in their sexual lives. Though this has been noted frequently in the literature, these issues are not well addressed with the patients who need to understand and to seek aid in returning to the best ‘new normal’ that they can after diagnosis and treatment. This session will focus on the sexuality issues that can surface at points along the trajectory of their illness after a breast cancer diagnosis and treatment. Of as great a focus will be what we know about how healthcare professionals can help their patients face these issues and intervene on their own behalf to turn the tide back to an enjoyable sexual relationship.

SEXUALITY and BREAST CANCER: Dedicated to the Memory of Wendy S. Schain EdD.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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</thead>
<tbody>
<tr>
<td>1:00 - 1:30 pm</td>
<td>Impact of the Breast Cancer Experience on Sexuality</td>
</tr>
<tr>
<td></td>
<td>Michael Krychman, MD, FACOG &amp; Barbara Rabinowitz, PhD, MSW, RN</td>
</tr>
<tr>
<td></td>
<td>This brief lecture will provide an overview of the implications of cancer and its effects on female sexual function. The psychological and medical issues and ramifications will be presented. A brief treatment paradigm will also be presented.</td>
</tr>
<tr>
<td>1:30 - 2:00 pm</td>
<td>Assessing and Referring for Sexual Difficulties: Anyone Can; Everyone Must</td>
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<td></td>
<td>Anne Katz, PhD, RN</td>
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<td>In this presentation, different models of assessment for sexual difficulties will be presented so that participants can find a model that will assist them in asking about sexual challenges and then knowing when to refer.</td>
</tr>
<tr>
<td>2:00 - 2:30 pm</td>
<td>Revitalizing Your Sexual Self: Practical Tips for the Mind and Body</td>
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<td></td>
<td>Susan Kellogg Spadt, PhD, CRNP, IF, CST</td>
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<td></td>
<td>This presentation will outline behavioral interventions for women and their partners. Proven sex therapy techniques including mindfulness, massage, touch exercises, fantasy, self-talk and reprioritization will be discussed.</td>
</tr>
<tr>
<td>2:30 - 3:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 4:15 pm</td>
<td>Here’s What It Sounds Like: Mini Case Studies</td>
</tr>
<tr>
<td></td>
<td>Michael Krychman, MD, FACOG; Barbara Rabinowitz, PhD, MSW, RN; Don S. Dizon, MD, FACP; and Anne Katz, PhD, RN</td>
</tr>
<tr>
<td></td>
<td>Several cases of breast cancer patients will be presented. A diverse panel of health care professionals including sexual medicine gynecologist, medical oncologist, nurse, nurse practitioner, sexual therapist and psychologist will discuss and analyze the cases and present individualized treatment options. A hearty discussion of managements is anticipated and audience participation will be encouraged.</td>
</tr>
<tr>
<td>4:15 - 4:45 pm</td>
<td>Thinking Outside the Box: Hot Topics for Treating Sexuality Problems</td>
</tr>
<tr>
<td></td>
<td>Michael Krychman, MD, FACOG</td>
</tr>
<tr>
<td></td>
<td>This brief lecture will provide an overview of the latest and innovative interventions for the treatment of sexual problems. The participant will be introduced to complementary and alternative therapeutics, alternative forms of sexual expression as well as implications of Neuterauticals for the treatment of female sexual problems in the breast cancer patient.</td>
</tr>
</tbody>
</table>
Navigator testing is available Tuesday or Wednesday at these times:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Tests Begin</td>
</tr>
<tr>
<td>11:30 am</td>
<td>Testing Ends</td>
</tr>
</tbody>
</table>
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 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 examination 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, March 17, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00 - 7:50 am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00 - 8:15 am</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>8:15 - 8:45 am</td>
<td>Presentation of Components of a Clinical Breast Examination</td>
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<tr>
<td>8:45 - 9:30 am</td>
<td>CBE Performance Demonstration and Interaction</td>
</tr>
<tr>
<td>9:30 - 10:15 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 11:15 am</td>
<td>Case Studies</td>
</tr>
<tr>
<td>11:15 - 11:45 am</td>
<td>Examination and Scoring Review</td>
</tr>
<tr>
<td>11:45 - 1:00 pm</td>
<td>Lunch on Your Own</td>
</tr>
<tr>
<td>1:00 - 2:30 pm</td>
<td>Practice/Perform/Study Performance and Tactile Skills</td>
</tr>
<tr>
<td>2:30 - 3:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 4:45 pm</td>
<td>Practice/Perform/Study Performance and Tactile Skills</td>
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</table>

**Wednesday, March 18, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:30 - 8:00 am</td>
<td>Test Check In</td>
</tr>
<tr>
<td>8:00 - 9:00 am</td>
<td>Core Knowledge Examination</td>
</tr>
<tr>
<td>9:00 - 1:00 pm</td>
<td>Performance and Tactile Examinations</td>
</tr>
</tbody>
</table>

**EASY VIEW Post-Conference Course Schedules**

Avoid registering for overlapping courses
Exhibitors (as of print date)

Ambray Genetics
Bard Biopsy
Beekley Medical
CBLPath
City of Hope
Cordata Healthcare Innovations
Dune Medical
Equicare Health Inc.
Faxitron
Hitachi Aloka Medical
Hologic, Inc.
iCAD, Inc.
Ikonopedia
Imaging Technology News
Insight Healthcare Information Systems
Kubtec

LDV, Inc.
MagView Information Systems
Myriad Genetics Laboratories, Inc.
National Consortium of Breast Centers
PenRad Technologies Inc.
Phenogen Sciences, Inc.
Planmed, Inc.
PDC Healthcare
PTM Documents Systems
Sectra North America, Inc.
Siemens Medical Solutions USA, Inc.
Sonocine AWBUS
The Suremark Company
Tractus
VIZTEK
Volpara Solutions

Underwriters

The NCBC would like to acknowledge and thank the following underwriters for their educational grants in support of the 2015 Conference.
This is a list of underwriters as of the time of this printing.

Breakfast Symposia

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

<table>
<thead>
<tr>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
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<tbody>
<tr>
<td>7:00 am - 7:30 am</td>
<td>7:00 am</td>
<td>7:00 am TBA</td>
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<td>7:30 am - 8:00 am</td>
<td>Hologic</td>
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<tr>
<td>Phenogen Sciences, Inc.</td>
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<td>Siemens</td>
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Exhibit Schedule

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

<table>
<thead>
<tr>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
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<tbody>
<tr>
<td>Exhibit Floor Opens</td>
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<td>Break</td>
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<tr>
<td>3:15 pm - 3:45 pm</td>
<td>2:55 pm - 3:30 pm</td>
<td>3:00 pm - 3:30 pm</td>
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<tr>
<td>*Welcome Vendor Reception</td>
<td>Poster Reception</td>
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<td>5:15 pm - 6:15 pm</td>
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<tr>
<td>5:15 pm - 6:15 pm</td>
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</table>
Your Invitation
You and your breast center team are invited to submit an abstract to the NCoBC’s 25th Annual Interdisciplinary Breast Center Conference. Our anniversary conference is set to be the best yet! 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.

To Participate
To participate, email your abstract and the Abstract Application* to the NCBC office at NCBCabstracts@breastcare.org by the due date, January 16, 2015. 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 2015 Conference. The NCoBC will host a special Poster Reception on the evening of Sunday, March 15, 2015.

NCBC will invite the authors of one abstract submitted to each of the two 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, March 15, 2015. 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 January 16, 2015.

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 January 16, 2015. 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 two 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 January 30, 2015.

9. Posters or other exhibits must fit on presentation board measuring 4 ft tall x 8 ft long.

10. Authors attending the conference will be responsible for setting up their posters by 10 am Saturday, March 14, 2015 and for removing the posters by 1:30 pm on the last day of the general conference, Monday, March 16, 2015. 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 6, 2015.

Permission To Reproduce
All accepted abstracts will be placed on the NCBC conference website under “2015 Conference Abstracts”.

Deadline
All abstracts are to be submitted by midnight PST on January 16, 2015! 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.

Abstract/poster Categories
Category I - Breast Center Operations, Administration and Programs

A. Office Operations
1. Clinical Processes
2. Prospective Breast Conference: Development and Management
3. Office Procedures: Scheduling, Registration, Film Retrieval, Storage, Billing & Coding
4. Imaging Efficiency, Productivity & Profitability

B. Administration
1. Staffing: Selection Process, Justification, etc.
2. Financial Resources
3. Fund Raising

C. Programs
1. Psychosocial: Support Group, Peer Volunteers, Counseling, etc.
2. Education & Outreach
3. Patient Navigator
4. High Risk Program
5. Novel Patient Flow Algorithms

Category II - Clinical Care, Treatments and Processing

A. Radiology
1. Breast Radiology
2. Mobile Screening/Mobile Mammography
3. Novel Imaging Techniques

B. Breast Surgery
1. Minimally Invasive Surgery
2. New Approaches
3. Nodal Evaluations
4. Plastic Surgery/Reconstruction Techniques

C. Medical Oncology
1. Chemotherapy
2. Hormonal Therapy
3. Targeted or Biologic Therapy
4. Medical Decision Making

D. Radiation Oncology
1. Traditional vs. Partial Breast Radiation
2. New Radiation Technologies

E. Complementary and Alternative Care

F. Integrative, Supportive and Palliative Care
1. Nutrition
2. Exercise
3. Sexual Health

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

National Consortium of Breast Centers, Inc. Advocating for Excellence in Breast Health Care
Eleanor T. Broaddus, RN, CN-BN, CBSE
Director, Breast Imaging and Intervention
Professor and Vice Chair of Radiology
New York, NY

Harold P. Freeman Patient Navigation Institute
Director of Training/Lead Lecturer

Locksley C. Bowen, MS
Mount Sinai Beth Israel
Associate Professor of Clinical Surgery
Service Chief, Division of Breast Surgery

Susan K. Boolbol, MD, FACS
Sacramento, CA
Kaiser Permanente
Women's Health Director, Breast Cancer Survivorship Institute
Hematology-Oncology Attending Staff Physician Department of Medicine
Medical Director Breast Health Center

Kristie Bobolis, MD
Medical Director Breast Health Center Attending Staff Physician Department of Medicine
Hematology-Oncology Sutter Cancer Center Sacramento

Balazs Imre Bodai, MD
Director, Breast Cancer Survivorship Institute Women’s Health Kaiser Permanente
Sacramento, CA

Susan K. Boolbol, MD, FACS
Chief, Division of Breast Surgery
Chief, Appel-Venet Comprehensive Breast Service
Co-Director, Breast Surgery Fellowship Associate Professor of Clinical Surgery Mount Sinai Beth Israel
New York, NY

Locksley C. Bowen, MS
Director of Training/Lead Lecturer
Harold P. Freeman Patient Navigation Institute
New York, NY

Rachel Brem, MD, FACR, FSBI
Professor and Vice Chair of Radiology Director, Breast Imaging and Intervention George Washington University Hospital of Medicine

Eleanor T. Broadus, RN, CN-BN, CBSE
Breast Care Coordinator/Navigator Center for Breast Care Lexington Clinic
Lexington, KY

Terry Lynn Bucknall, CRA, BA, RT(R)(M)
Director, Women's Imaging Services
Henry Mayo Newhall Hospital
Sheila R. Veloz Breast Imaging Center
Valencia, CA

Amy Chatten, MPH
Executive Director
Mammography Directors Educators
San Diego, CA

Robert I. Cohen MSW, PhD
Consulting Psychologist
Program in Women's Oncology Women and Infants Hospital Providence, RI

Jade de Guzman, MD
Assistant Clinical Professor
Breast Imaging
University of California, San Diego Moores Cancer Center
La Jolla, CA

Don Dizon, MD, FACP
Associate Professor of Obstetrics-Gynecology & Medicine.
The Warren Alpert Medical School of Brown University Director, Oncology Sexual Health Member Gillette Center for Gynecologic Oncology Massachusetts General Hospital Cancer Center Boston, MA

Jessica N. Everett, MS, CGC
Clinical Instructor, Internal Medicine Certified Genetic Counselor Cancer Genetics Clinic University of Michigan Ann Arbor, MI

Kim Flood, RT(R)(M)
Mammography Resource Coordinator
Northwestern Medicine Lake Forest Hospital Glenview, IL

Harold P. Freeman, MD
President, COO & Founder of Harold P. Freeman Patient Navigation Institute
New York, NY

Mary E. Freivogel, MS, CGC
Certified Genetic Counselor Manager, Risk Assessment & Prevention
Invision Sally Jobe Greenwood Village, CO

Sarah M. Friedewald, MD
Co-Medical Director, Caldwell Breast Center Vice Chairman, Department of Radiology Advocate Lutheran General Hospital Park Ridge, IL

Jennifer Gass, MD, FACS
Breast Fellowship Director Co-Director, Breast Health Center Chief of Surgery Women & Infants Hospital Associate Professor of Surgery and of Gynecology and Obstetrics Warren Alpert Medical School Brown University Providence, RI

JAY K. Harness, MD, FACS
Medical Director, Breast Cancer Answers Breast Surgeon, St. Joseph’s Hospital’s Center for Cancer Prevention & Treatment Orange, CA

Susan Health, FNP-BC
Nurse Practitioner Scripps Clinic La Jolla, CA

Teresa Heckel, BS, RT(R)(T), FABC
Director National Oncology Service Line Catholic Health Initiatives Colorado Springs, CO

Dennis R. Holmes, MD, FACS
Chief Breast Surgeon and Director Los Angeles Center for Women's Health Los Angeles, CA

Regina J. Hooley, MD, FSB
Associate Professor of Diagnostic Radiology Yale University School of Medicine New Haven, CT

Melissa Hopkins, RN, BA, CN-BN
Registered Nurse Navigator Providence Portland Medical Center Safety Foundation Breast Center Portland, OR

Julio A. Ibarra, MD
Medical Director of Pathology and Breast Center at OCMCC Pathology Orange Coast Memorial Medical Center Fountain Valley, CA

Claudine Isaacs, MD
Professor of Medicine and Oncology Medical Director Fisher Center for Familial Cancer Research Co-Director Breast Cancer Program Lombardi Comprehensive Cancer Center Georgetown University Washington, DC

Nathalie Johnson, MD, FACS
Medical Director Legacy Cancer Institute Legacy Medical Group Surgical Oncology Legacy Good Samaritan Hospital Portland, OR

Colleen Johnson, RN, NP, CN-BP
Regional Director of Breast Health Services Carondelet Health System Kansas City, MO

Dianne Kane, RN, MS
Nursing Director Oncology Services Oncology Clinical Program Intermountain Medical Center Salt Lake City, UT

Anne Katz, PhD, RN
Sexuality Counselor CancerCare Manitoba Winnipeg, MI Canada

Cary S. Kaufman, MD, FACS
Associate Clinical Professor of Surgery University of Washington Medical Director Bellingham Regional Breast Center Bellingham, WA

Susan Kellogg Spadt, PhD, CRNP, IF, FCST
Director Female Sexual Medicine / Professor OB/GYN Drexel University College of Medicine, Dept. of OB/GYN Academic Urology Center for Pelvic Medicine Bryn Mawr PA and Drexel University, Philadelphia, PA

John R. Keyserlingk, MD, MSc, FRCS, FACS
Surgical Oncologist Medical Director VM (Ville Marie) Breast & Oncology Center Assistant Professor Surgery McGill University Montreal, Quebec Canada

Judy C. Kneece, RN, OCN
President EduCare Inc. Charleston, SC

M. Tish Knobf, PhD, RN, FAAN, AOCN
Professor and Chair, Acute Care/Health Systems Division Yale University School of Nursing West Haven, CT

Gerald Kolb, JD
President The Breast Group Bend, OR

Daniel B. Kopans, MD
Professor of Radiology Harvard Medical School Senior Radiologist Breast Imaging Division Massachusetts General Hospital Boston, MA

Powder Springs, GA

Michael Krychman, MD, FACOG
Executive Director of USC Center for Sexual Health and Survivorship Medicine USC Irvine Department of Obstetrics and Gynecology Associate Clinical Professor Division of Gynecologic Oncology Newport Beach, CA

Jessica Laprise, MS, CGC
Cancer Genetic Counselor Cancer Genetics & Prevention Program Women & Infants Hospital/Brown University Providence, RI
Jennifer Gass, MD, FACS  
NCoBC Conference Chair  
Breast Fellowship Director  
Co-Director, Breast Health Center  
Chief of Surgery  
Women & Infants Hospital  
Associate Professor of Surgery, and of Gynecology and Obstetrics  
Warren Alpert Medical School, Brown University  
Providence, RI

Kristie Bobolis, MD  
NCoBC Post Conference Chair  
Medical Director Breast Health Center  
Attending Staff Physician Department of Medicine, Hematology-Oncology  
Sutter Roseville Medical Center  
Roseville, CA

Gary M. Levine, MD  
President, National Consortium of Breast Centers  
Medical Director MemorialCare Breast Centers  
Long Beach Memorial, Orange Coast Memorial and Saddleback Memorial Medical Centers  
Associate Clinical Professor USC Keck School of Medicine  
Los Angeles, CA

Jennifer Scalia Wilbur, MS  
Clinical Program Manager, Cancer Genetic Counselor  
Program in Women’s Oncology  
Southport, NC

William R. Poller, MD, FACP  
Associate Professor, Department of Radiology Temple University School of Medicine  
Associate Director, Breast Care Center & Division of Breast Imaging  
Allegheny General Hospital  
Pittsburgh, PA

Barbara Rabinowitz, PhD, MSW, RN  
Founder National Consortium of Breast Centers  
National Accreditation of Breast Centers, Board  
American Society of Breast Disease, Board  
President, Creative Solutions  
Southport, NC

Tina Rizack, MD, MPH  
Assistant Professor (Clinical) of Medicine & OB/GYN  
Alpert Medical School of Brown University  
Program in Women’s Oncology  
Women & Infants Hospital  
Providence, RI

John L. Bell, MD, FACS  
Director  
UT Cancer Institute  
University of Tennessee Medical Center  
Knoxville, TN

William M. Sikov, MD, FACP  
Program in Women’s Oncology  
Women and Infants Hospital  
Associate Professor of Medicine  
Alpert Medical School of Brown University  
Providence, RI

Terry Lynn Bucknall, CRA, BA, RT(R)(M)  
Director, Women’s Imaging Services  
Henry Mayo Newhall Hospital  
Sheila R. Veloz Breast Imaging Center  
Valencia, CA

Debora Wright, RT(M), CBEC  
President  
Inner Images, Inc.  
Sherman Oaks, CA

Amy Chatten, MPH  
Executive Director  
Mammography Educators  
San Diego, CA

Belinda Zaparinuk, RT(M), BS, CBEC  
Manager  
Eisenhower Schnitzer / Novack Breast Center  
Lucy Curci Cancer Center @ Eisenhower Medical Center  
Rancho Mirage CA
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.

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.

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 (during 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 on-line, conference logistic information, exhibitor and sponsor listings and other pertinent information.

Disability Statement: If you have a disability, please contact the NCBC office by January 24, 2015 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 25th 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 Julie 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 January 31, 2015. Call the NCBC office at 574-267-8058 for your group discount code.

<table>
<thead>
<tr>
<th>Saturday March 14</th>
<th>Sunday March 15</th>
<th>Monday March 16</th>
<th>Tuesday March 17</th>
<th>Wednesday March 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast / Symposia 7:00-8:00 am</td>
<td>Breakfast / Symposia 7:00-8:00 am</td>
<td>Breakfast / Symposia 7:00-8:00 am</td>
<td>CBE Certification Day 1 Pg. 19</td>
<td>CBE Certification Day 2 Pg. 19</td>
</tr>
<tr>
<td>General Conference begins 8:15 am</td>
<td>General Conference begins 8:15 am</td>
<td>General Conference begins 8:15 am</td>
<td>BPN Certification Test Only Pg. 18</td>
<td>BPN Certification Test Only Pg. 18</td>
</tr>
<tr>
<td>Lunch with Vendors 11:45 - 1:00 pm</td>
<td>Lunch with Vendors 11:45 - 1:00 pm</td>
<td>Lunch with Vendors 11:45 - 1:00 pm</td>
<td>Building A Successful Navigator Program Pg. 11</td>
<td>Building A Successful Navigator Program Pg. 11</td>
</tr>
<tr>
<td>Lunch with Vendors 12:10 - 1:15 pm</td>
<td>Lunch with Vendors 12:10 - 1:15 pm</td>
<td>Lunch with Vendors 12:25 - 1:30 pm</td>
<td>Freeman Breast Patient Navigator Course Pg. 13</td>
<td>Freeman Breast Patient Navigator Course Pg. 13</td>
</tr>
<tr>
<td>Inspiration Award Winner 4:00 pm</td>
<td>Oral Poster Presentations 4:15 pm</td>
<td>Oral Poster Presentations 4:15 pm</td>
<td>Risk Assessment and Genetic Testing Pg. 14</td>
<td>Risk Assessment and Genetic Testing Pg. 14</td>
</tr>
<tr>
<td>Poster Reception 5:15 - 6:15</td>
<td>Poster Reception 5:45 - 6:45</td>
<td>General Conference Ends 5:00 pm</td>
<td>Positioning Boot Camp Pg. 15</td>
<td>Positioning Boot Camp Pg. 15</td>
</tr>
<tr>
<td>Vendor Reception 5:15 - 6:15</td>
<td>Vendor Reception 5:15 - 6:15</td>
<td>Vendor Reception 5:15 - 6:15</td>
<td>Whole Breast Ultrasound Pg. 15</td>
<td>Whole Breast Ultrasound Pg. 15</td>
</tr>
<tr>
<td>General Conference Ends 5:00 pm</td>
<td>General Conference Ends 5:00 pm</td>
<td>General Conference Ends 5:00 pm</td>
<td>Survivorship Pg. 16</td>
<td>Survivorship Pg. 16</td>
</tr>
<tr>
<td>Digital Tomosynthesis Pg. 17</td>
<td>Digital Tomosynthesis Pg. 17</td>
<td>Digital Tomosynthesis Pg. 17</td>
<td>Sexuality Pg. 17</td>
<td>Sexuality Pg. 17</td>
</tr>
</tbody>
</table>
The NCBC is proud to announce our 25th 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.

**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 February 13, 2015 is subject to room availability at the prevailing room rate. Hotel cancellations after February 13, 2015 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://resweb.passkey.com/go/SPNCB5](https://resweb.passkey.com/go/SPNCB5)

**Transportation**

We are pleased to announce we’ve partnered 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 NCBC 25th Annual Interdisciplinary Breast Center Conference attendees.

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

**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=NCBC2015&LOGON=GO](http://lasrescenter.hudsonLtd.net/res?USERIDENTRY=NCBC2015&LOGON=GO)
Registration Form

STEP 1: Contact Information (One Per Attendee)

NCBC Member Number

Last Name

First Name

Title/Position

Nickname on Badge

Specialty

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

Creditentials Listing on Name Badge

Institution/Company/Hospital

Address (Line 1)  □ Home  □ Work

Address (Line 2)

City/State/Zip/Country

Email Address** (Mandatory)

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

$45 for any 2015 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)

$770 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 Certification Program

Clinical Breast Examiner Certification Program

The certification 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. 7 am – 4:45 pm Wed. 7:30 am – 1 pm

☐ $895.00  Current NCBC Members - Membership Number 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, March 17th, Testing ONLY 7:30am - 11:30am.

☐ $300.00  Current NCBC Members - Membership Number Verified
☐ $450.00  Non-NCBC Members

Wednesday, March 18th, Testing ONLY 7:30am - 11:30am.

☐ $300.00  Current NCBC Members - Membership Number Verified
☐ $450.00  Non-NCBC Members

STEP 4: Select Post-Conference Courses

Whole Breast Ultrasound: State-of-the-Art 2015

Half day course March 17, 1 pm - 5 pm

☐ $150 for conference registrants  ☐ $250 for non-conference registrants

Survivorship Half day course March 17, 8 am - 12 noon

☐ $150 for conference registrants  ☐ $250 for non-conference registrants

Sexuality & Breast Cancer Half day course March 17, 1 pm - 4:45 pm

☐ $150 for conference registrants  ☐ $250 for non-conference registrants

The New Era of Breast Cancer Risk Assessment & Genetic Testing: Building and Incorporating the Latest Data into Your High Risk Clinic

Full day course March 17, 8 am - 4:45 pm

☐ $269 for conference registrants  ☐ $369 for non-conference registrants

Positioning Boot Camp Full day course March 17, 8 am - 4:45 pm

☐ $299 for conference registrants  ☐ $399 for non-conference registrants

Freeman Breast Patient Navigator Course Full day course March 17, 8 am - 4:45 pm

☐ $399 for conference registrants  ☐ $499 for non-conference registrants

Digital Tomosynthesis Half day course March 17, 8 am - 12 noon

☐ $395 for conference registrants  ☐ $495 for non-conference registrants

Operational Nuts and Bolts of Building a Successful Navigator Program Full day course March 17, 8 am - 4:45 pm

☐ $299 for conference registrants  ☐ $399 for non-conference registrants

Best Practices in Breast Centers: Quality from NAPBC and NQMBC Full day course March 17, 8 am - 5:30 pm

☐ $439 for conference registrants  ☐ $539 for non-conference registrants

Incorporating the Latest Data into Your High Risk Clinic

Full day course March 17, 8 am - 4:45 pm

☐ $439 for conference registrants  ☐ $539 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 574-267-8058.

☐ $ Late Fee - After February 15, 2015 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

☐ Visa  ☐ MasterCard  ☐ Amex  ☐ Discover

Card #  CVV#  Exp. date

Credit Card Billing Address (Street)

City

State

Cardholder signature required

Conference Cancellation

On or prior to December 31, 2014, full conference refund less a $50 processing fee will be given. If membership dues were sent, part of registration, dues are not refunded. No refunds after Jan. 1, 2015.

Easy Ways To Submit Registration

U.S. Mail  P.O. Box 1334, Warsaw, IN 46581–1334

Online  www.breastcare.org

Fed EX/UPS  1017 E Winona Ave Suite A, Warsaw, IN 46580

Fax  (574) 267-8268

Phone  (574) 267-8058

Email: conferenceinfo@breastcare.org

National Consortium of Breast Centers, Inc. Advocating for Excellence in Breast Health Care
NCBC 2015
March 14 - 18, 2015 • Paris • Las Vegas

Annual Interdisciplinary Breast Center Conference

featuring:

Earn up to 25.25 CME’s
• 10% Facility member discount
• Be Captivated by World Class Speakers.
• Reduced 159.00 hotel room rates till Feb 8th.
• Registration fees that include meals, evening receptions and syllabus.
• Time to view product demonstrations by many of our over 80 exhibiting vendors!
• Nationally accredited Navigator Certifications in the following designations: I, M, A, C, P, N

An Empowering 3 Day Conference Including: Clinical, RT, Physician, Administration and RN Tracks

Tel: 574-267-8058 • Fax: 574-267-8268 • conferenceinfo@breastcare.org • www.breastcare.org