Welcome to the Project BRA ECHO Series

Project BRA

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

Guest Speakers:
Sharla Smith, PhD, MPH
Crystal Doran, Breast Health Navigator

Topics:
Cultural Sensitivity 101
Establishing a Workflow for Breast Cancer Risk Assessment

Project ECHO®
MCA Masonic Cancer Alliance
The University of Kansas Cancer Center
early detection works
Susan G. Komen.

Agenda

Time	Presentation	Presenter
12:00 – 12:10 pm	Welcome & Overview of Session	Catie Knight, MPH
12:10 – 12:30 pm	Didactic: Project BRA	Lauren Nye, MD Jennifer Klemp, PhD
12:30 – 12:55 pm	Case Study & Establishing Clinical Workflow for Breast Cancer Risk Assessment	Lauren Nye, MD Crystal Doran
12:55 – 1:00 pm	Wrap-up, Announcements, & Homework	Catie Knight, MPH

Conflict of Interest Disclosure

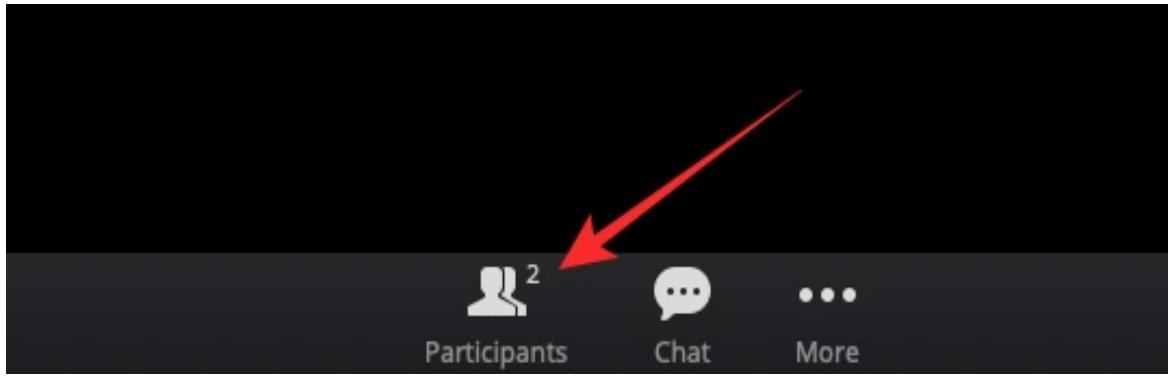
- **The following presenters and/or planning committee members do not have any financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:** Sharla Smith, PhD; Catie Knight, MPH; Mary Beth Warren, MS, RN

- **The following presenters and/or planning committee members do have financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:**

Jennifer Klemp, PhD, MPH received honoraria for consulting and speaking from Pfizer and honoraria for consulting from Astra Zeneca. Lauren Nye, MD is a member of the External Advisory Board for Myriad Genetics and Biotheranostics.

Continuing Education Attendance

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



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

Continuing Education Credit & Certificate of Attendance

- **APRN/Nurses**: The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

- **Physicians:** The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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

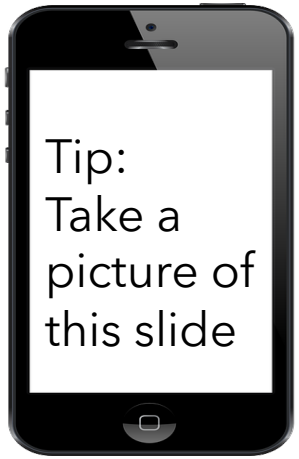
- **Social Workers:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 1.0 hours credit applicable for relicensure of LASWs, LBSWs, LMSWs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

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

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

Instructions for Obtaining CEUs or Certificate of Attendance

SIGN IN CODE 66half



The deadline to enter the sign in code is June 21, 2021 at 5:00 PM
Please note—this is a **firm** deadline.

Use the sign in code to document your attendance and access the evaluation.
Choose one of the following ways to enter the sign in code, complete the course evaluation:

- Text to (828) 295-1144

OR

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

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

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

Funding Source

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

MCA
MASONIC CANCER ALLIANCE
Outreach Network of The University of Kansas Cancer Center

THE UNIVERSITY OF KANSAS
CANCER CENTER
NCI
Designated Cancer Center

susan g. komen.

Recording

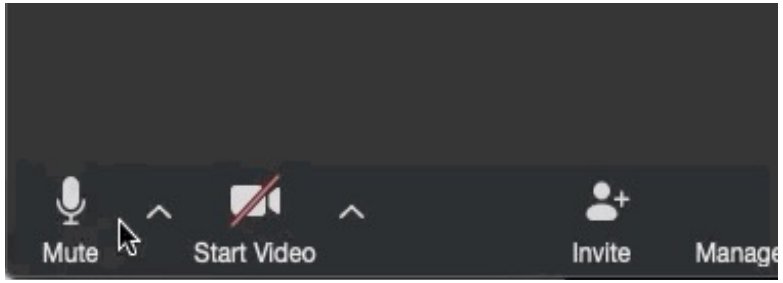
This ECHO session will be recorded for educational and quality improvement purposes.

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

ECHO Clinic Tips

TESTING 1, 2, 3
Test both audio & video in advance

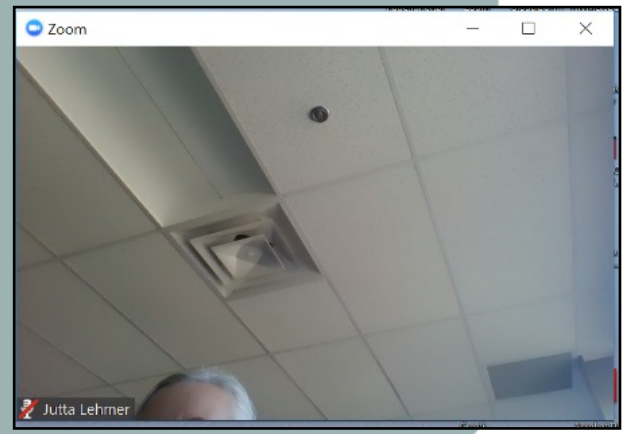
MUTE YOURSELF
when you're not speaking.



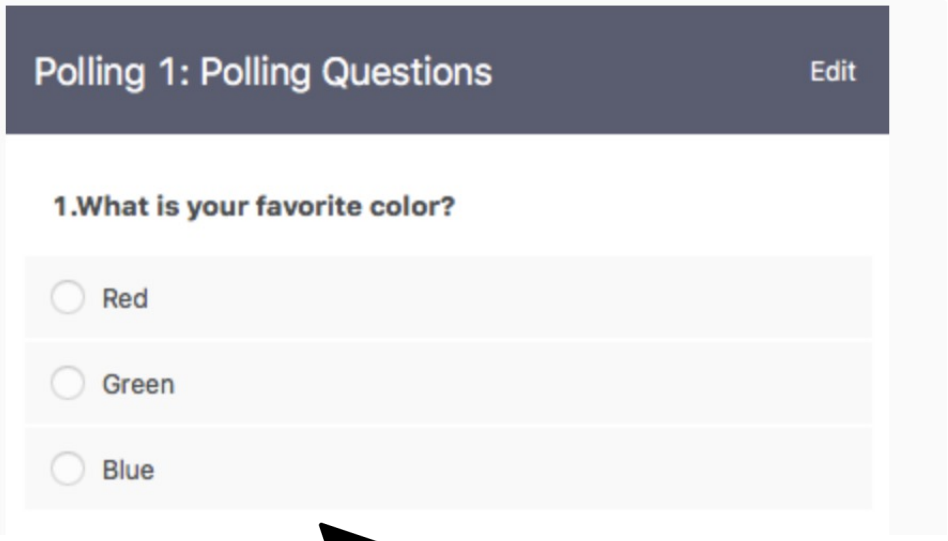
PARTICIPATE
Speak clearly, use the chat box, and actively engage.

Project ECHO®

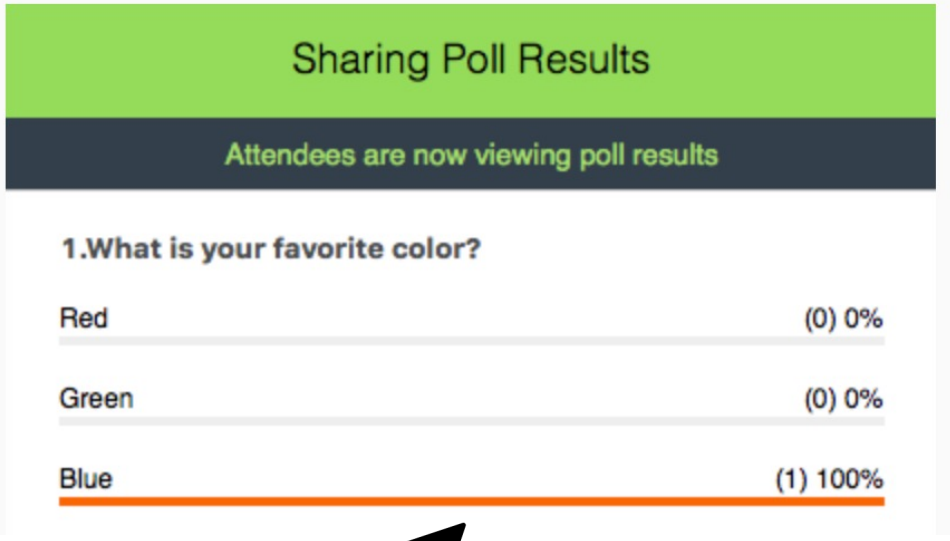
CAMERAS ON
Well-lit faces are more engaging!



Polling Questions



Answer the poll question



See real-time results

It’s nice to meet you!

Please be sure your name appears in your Zoom box.

Learning Objective

Design clinic workflow model for breast cancer risk assessment.

Project BRA Team

Lauren Nye, MD
Breast Cancer Prevention Center
KU Cancer Center

Jennifer Klemp, PhD, MPH
Director Cancer Survivorship
KU Cancer Center

Catie Knight, MPH, CHES
Research Project
Manager
KU Cancer Center

Early Detection Works

Community Advisory Board

Project BRA is funded by a community grant from Susan G. Komen.

What we know…

- Breast Cancer <u>incidence is similar</u> between Black and White women in Kansas, however **Black women are 42% more likely to die from the disease**. Latinas have a lower rate of breast cancer, but it is the leading cause of death for Latina women.

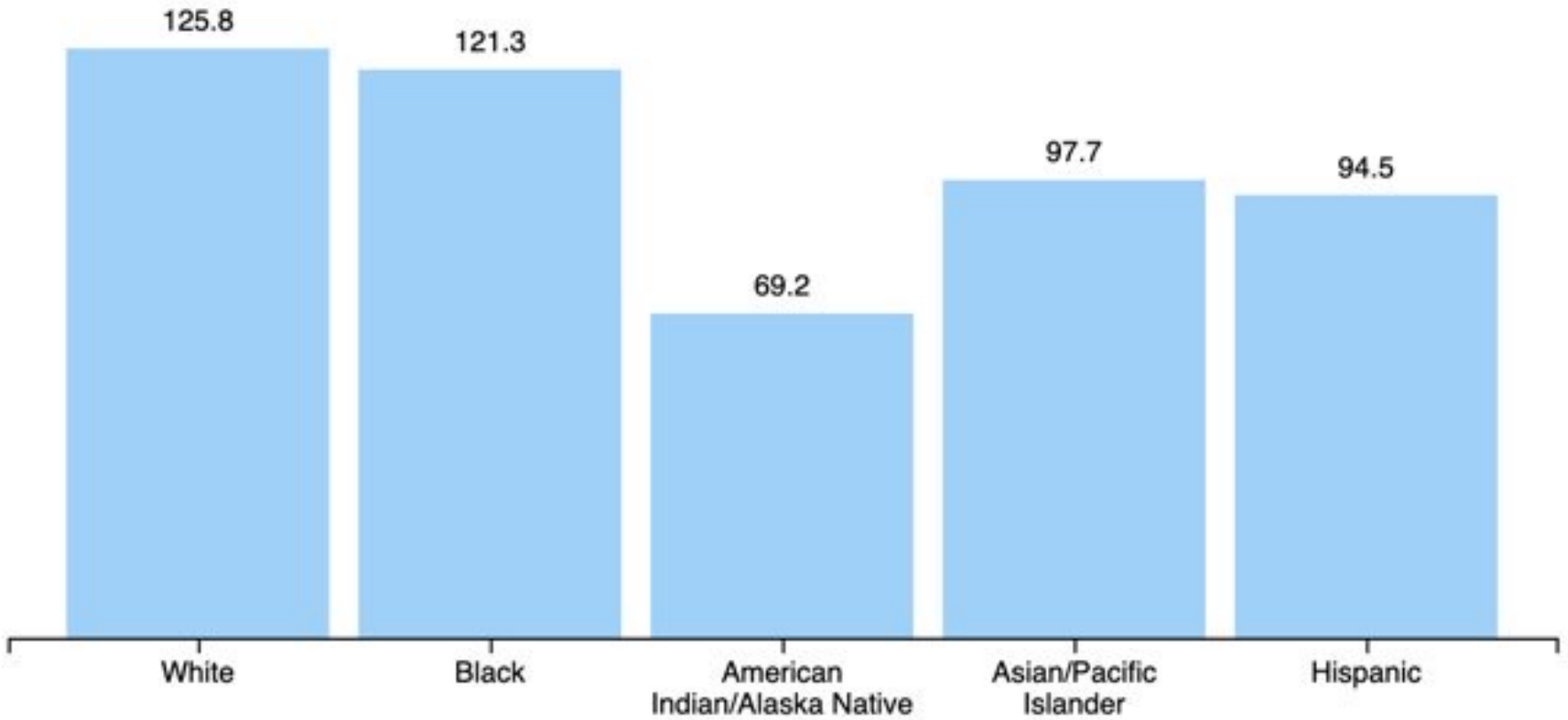
- Lower screening rates are thought to contribute to the inequity, and in models **where screening is equal, there is no difference in survival**.

- **Lack of knowledge and perception of risk/screening are barriers to screening**. There is discrepancy between how providers perceive they have communicated risk/screening and patient's perception of early screening options.

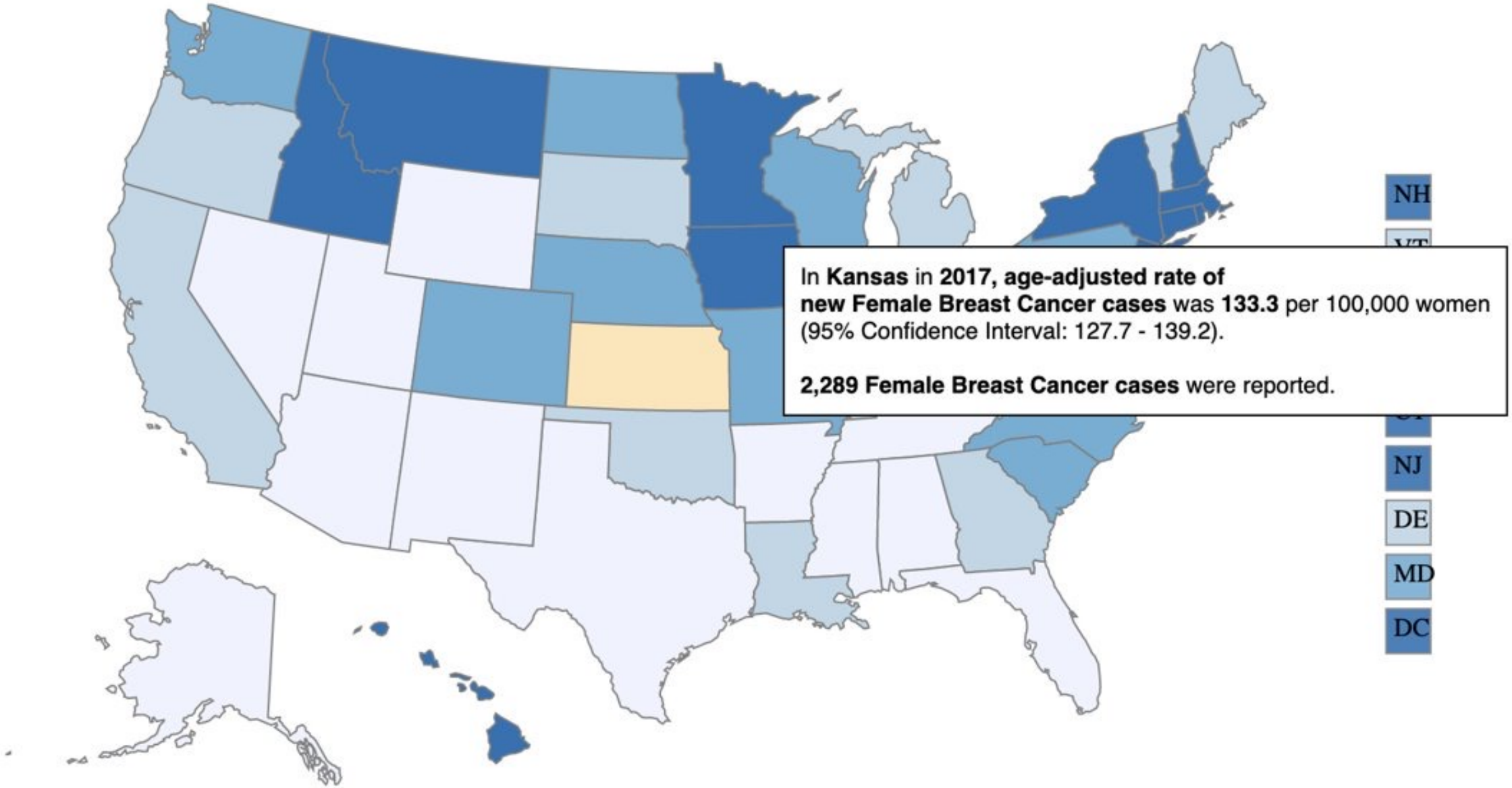
Rate of New Cancers by Race/Ethnicity, Female

Female Breast
Rate per 100,000 women

Chart | Table | Export



CDC.gov


In **Kansas** in **2017, age-adjusted rate of new Female Breast Cancer cases** was **133.3** per 100,000 women (95% Confidence Interval: 127.7 - 139.2).
2,289 Female Breast Cancer cases were reported.
NH
NJ
DE
MD
DC

5-year Relative Survival (%) by Race, Female

Female Breast

Chart | Table | Export

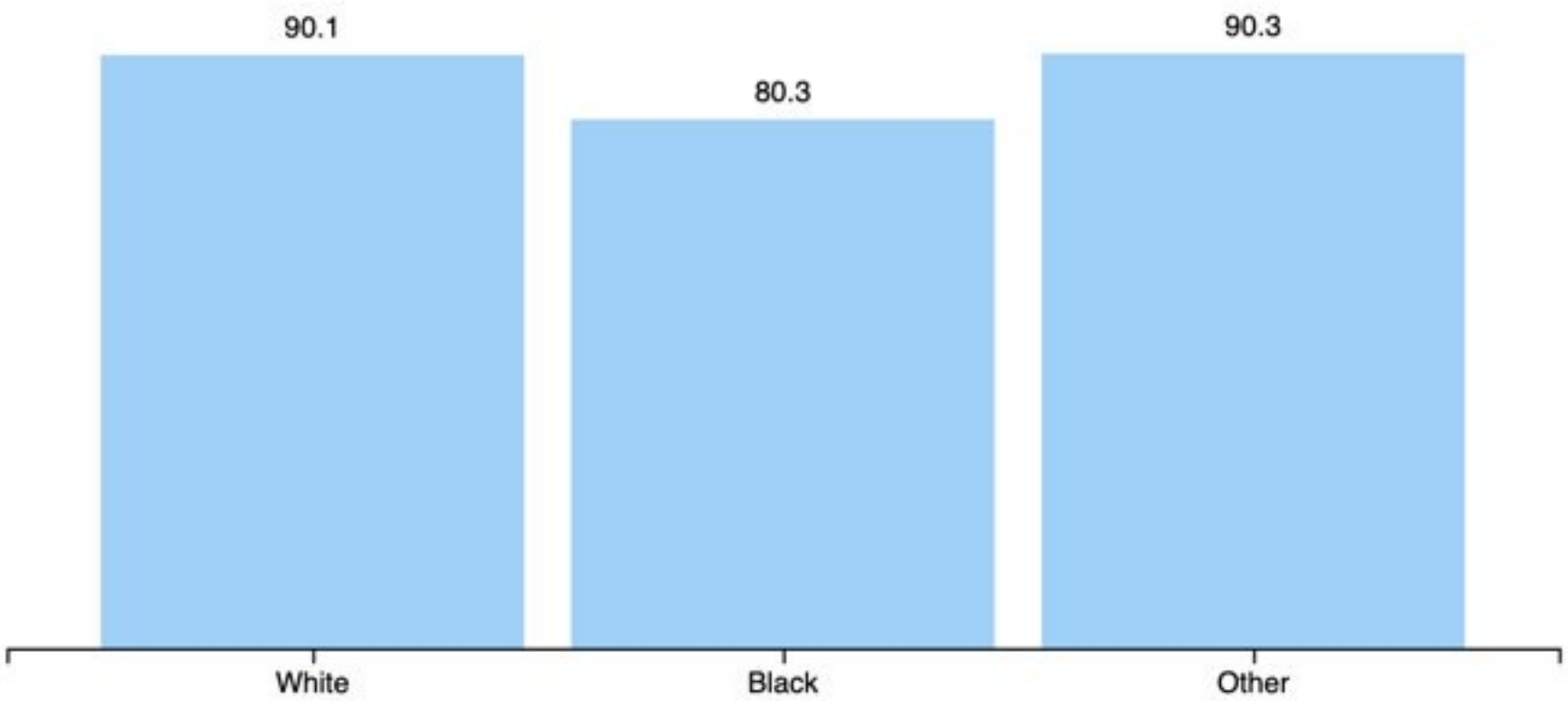


Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Kansas	1,416,658	1,951	123.2	-2.4%	378	22.2	-1.8%	692	44.5	-3.2%
Missouri	3,024,156	4,264	121.5	0.0%	890	24.2	-1.5%	1,574	45.7	-0.1%
Komen Greater Kansas City Service Area	1,117,822	1,498*	126.7*	-1.2%*	308	24.9	NA	558*	47.5*	-0.6%*
White	930,956	1,321	126.8	-1.2%	267	24.5	NA	476	46.1	-1.1%
Black/African-American	145,643	163	129.5	-1.8%	37	30.3	NA	77	60.1	0.0%
American Indian/Alaska Native (AIAN)	10,910	NA	NA	NA	SN	SN	SN	NA	NA	NA
Asian Pacific Islander (API)	30,312	NA	NA	NA	SN	SN	SN	NA	NA	NA
Non-Hispanic/ Latina	1,039,999	1,460	128.0	-1.1%	303	25.3	NA	543	48.1	-0.4%
Hispanic/ Latina	77,822	38	95.4	-1.1%	4	9.9	NA	15	37.2	-6.5%

Disparities in Breast Cancer

Risk Factors

- ✓ Socioeconomic status
- ✓ Access to screening
- ✓ Access to treatment
- ✓ Disease biology differences
- ✓ Higher stage at detection

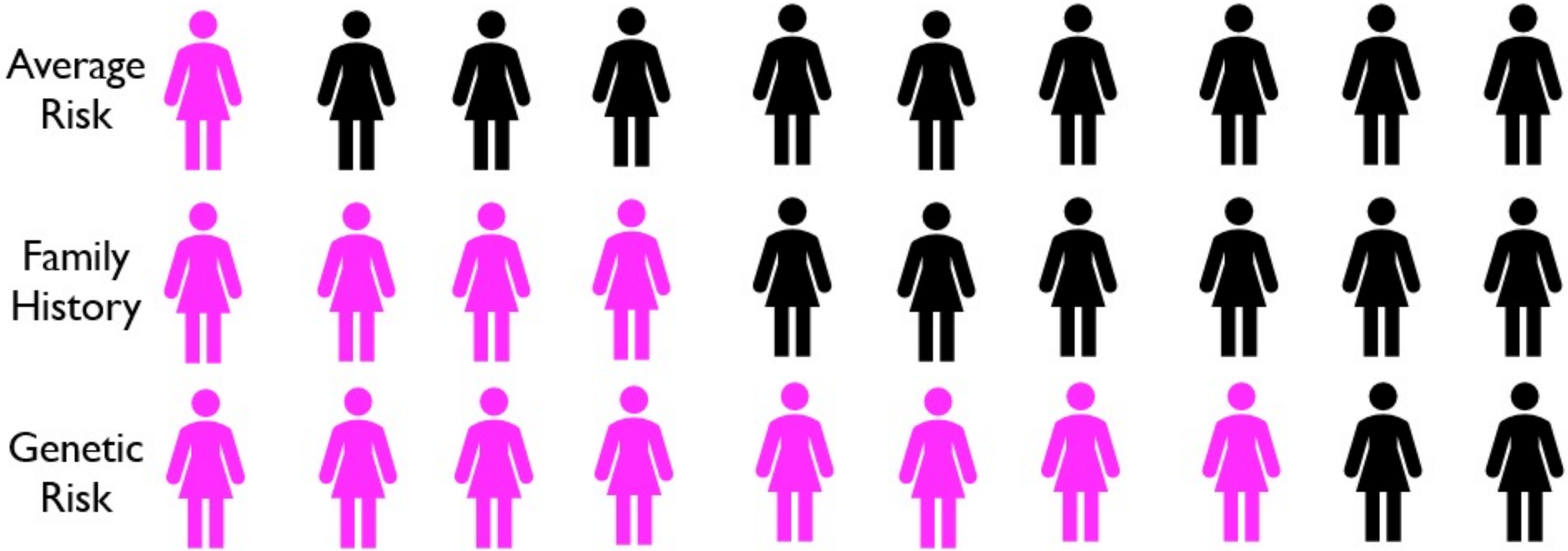
Yedjou et al, IJERPH 2017
Williams et al, Cancer 2016
Newman, Ann Surg Oncol 2017

Risk Stratified Breast Cancer Screening

Breast cancer screening that optimizes the starting age and screening modalities based on an individual's personal risk of breast cancer and considers personal history, family history and genetic risk factors.

Yedjou et al, IJERPH 2017
Williams et al, Cancer 2016
Newman, Ann Surg Oncol 2017

Perspective



Yedjou et al, IJERPH 2017
Williams et al, Cancer 2016
Newman, Ann Surg Oncol 2017

Goals

Quarterly CAB meetings with 75% attendance

Identify barriers to screening

Identify 3 strategic solutions

Final report

Evaluation

Increase providers performing breast cancer risk assessment as part of standard practice by 50%

"Patient empowerment is a process through which people gain greater control over decisions and actions affecting their own health." –World Health Organization

Timeline

March - May 2021
- CAB Meeting
- Material Development

May
- Baseline Survey / Site Visit

June - August
- ECHO Sessions
- CAB Meeting

August
- Launch Genetics Pilot

September
- Progress Report

October - November
- Post-Survey / Site Visit
- CAB Meeting

December - January 2022
- Data Extraction (EDW)

January 2022 - February 2022
- Data Analysis
- Dissemination
- CAB Meeting

March 2022
- Final Progress Report

We are here!

Case Presentations & Patient Privacy

Goal: Protect patient privacy

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

Photos used in Case Study slides are freely-usable images from Unsplash.com and not actual photos of known patients.

Case Study: Jasmine

- Age: 40-year-old
- Fam hx: maternal grandmother breast cancer at 60
- Height: 5’3” (1.6256 m)
- Weight: 135 (61.24 kg)
- Pregnancy hx: G3P2A1, age at first birth 25
- Menstrual hx: menarche at 12 y/o
- History of atypical hyperplasia

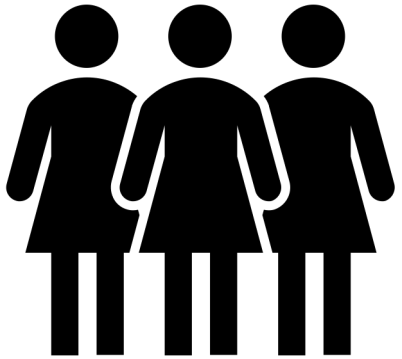
Poll Question

What would you assess Jasmine's risk to be?

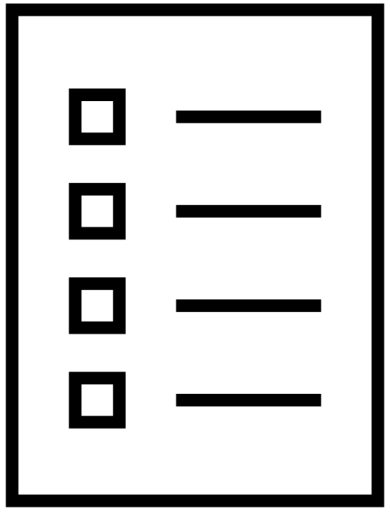
- ❑ **Average**, similar to general population risk
- ❑ **Moderate**, somewhat higher than general population risk
- ❑ **Strong**, risk is much higher than that of the general population

Have additional thoughts or questions about Jasmine?
Add it to the Chat Box!

Breast Cancer Risk Assessment Workflow Analysis



Collect



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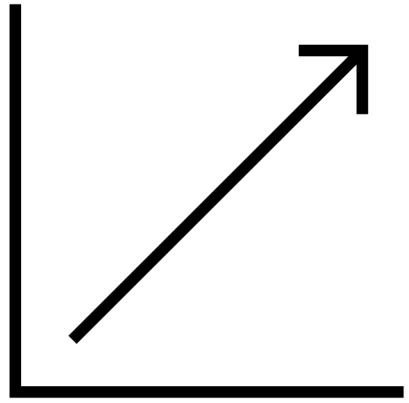


Analyze

Breast Cancer Risk Assessment Workflow Analysis

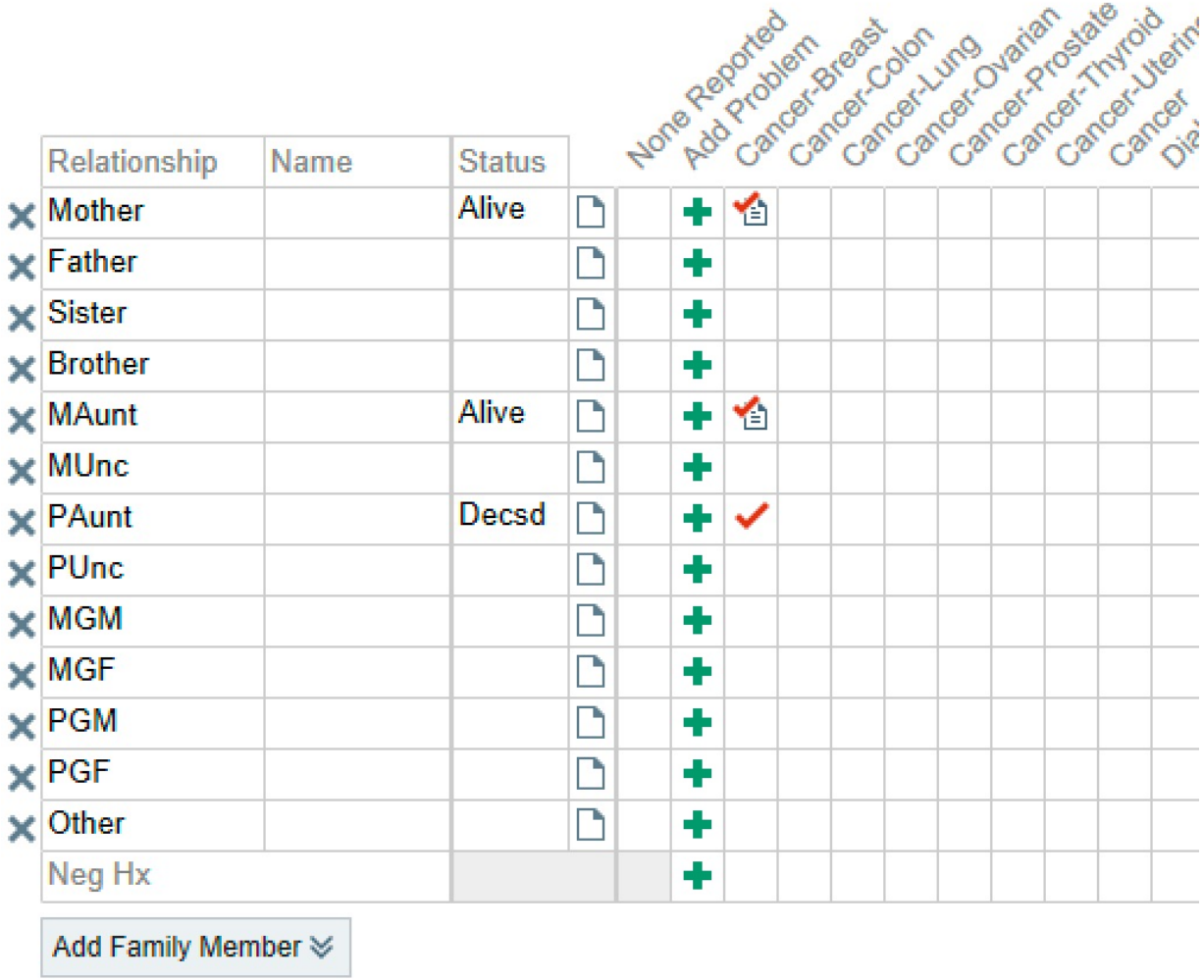
Step 1: **Assess Family History**	Location	Process	Responsible	Included in Organizational Protocol
Do you use a tool to collect family history? Yes / No				
Assess cancers diagnosed in first- or second-degree relatives, including type of cancer and age of diagnosis.				
How and when is family history documented **and updated** in the EMR?				

Jasmine
Maternal Grandmother breast cancer at age 60

Examples of Family History Collection Tools

Family History

Relationship	First Name/Initials	Living or deceased	Current Age (or age at death)	Had Cancer?
Mother		□ L □ D		□ Y □ N
Father		□ L □ D		□ Y □ N
Sisters		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
Brothers		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
		□ L □ D		□ Y □ N
Maternal Grandmother		□ L □ D		□ Y □ N
Maternal Grandfather		□ L □ D		□ Y □ N
Maternal Aunts		□ L □ D		□ Y □ N



Breast Cancer Risk Assessment Workflow Analysis

Step 2: Assess Personal History	Location	Process	Responsible	Included in Organizational Protocol
Assess hormonal risk factors: • Age of menarche/menopause • Age at first live birth/nulliparity • Exogenous hormone use • Obesity				
Assess radiographic breast density				
Does the patient have a history of prior breast biopsy?				
How and when will this information be documented **and updated** in the EMR?				

Jasmine
Menarche at 12
25 years at first live birth
Atypical hyperplasia

Breast Cancer Risk Assessment Workflow Analysis

Step 3: Choose a Risk Prediction Model	Location	Process	Responsible	Included in Organizational Protocol
Do you use a Risk Prediction Model tool to conduct risk assessments? Yes / No If so, which one? ☐ NCI Gail Model ☐ Family history-based model- IBIS Tyrer-Cuzick ☐ Other				
How and when will this information be documented **and updated** in the EMR?				

Example of Breast Cancer Risk Assessment Tool

Patient Eligibility

Does the woman have a medical history of any breast cancer or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) or has she received previous radiation therapy to the chest for treatment of Hodgkin lymphoma?

- ○ Yes
- ○ No

Does the woman have a mutation in either the *BRCA1* or *BRCA2* gene, or a diagnosis of a genetic syndrome that may be associated with elevated risk of breast cancer?

- ○ Yes
- ○ No
- ○ Unknown

Demographics

What is the patient's age?

This tool calculates risk for women between the ages of 35 and 85.

Select age

What is the patient's race/ethnicity?

Select race

What is the sub race/ethnicity or place of birth?

Select

Patient & Family History

Has the patient ever had a breast biopsy with a benign (not cancer) diagnosis?

- ○ Yes
- ○ No
- ○ Unknown

What was the woman's age at the time of her first menstrual period?

- ○ 7 to 11
- ○ 12 to 13
- ○ 14 or older

What was the woman's age when she gave birth to her first child?

Select

How many of the woman's first-degree relatives (mother, sisters, daughters) have had breast cancer?

- ○ None
- ○ One
- ○ More than one
- ○ Unknown

https://bcrisktool.cancer.gov

Example of IBIS Risk Assessment Tool (Tyrer-Cuzick)

Current Age: Current age...

Weight: Weight in kg... kg

Height:

Height in meters... meters

What was the woman's age at the time of her first menstrual period? Age at first period

Has the woman given birth to one or more children?
- (•) Unknown
- ( ) No
- ( ) Yes

Has the woman gone through menopause?
- (•) Don't Know
- ( ) No
- ( ) Yes
- ( ) In Menopause Now

Hormone Replacement Therapy (HRT) Usage?
- (•) Never
- ( ) Stopped use 5 or more years ago
- ( ) Stopped use less than 5 years ago
- ( ) Current User

BRCA Gene: Does the woman have a mutation in either the BRCA1 or BRCA2 gene?
- (•) Unknown
- ( ) Tested, Normal
- ( ) BRCA1+
- ( ) BRCA2+

Ovarian Cancer: Has the woman had OVARIAN cancer?
- (•) No
- ( ) Yes

Breast Biopsy: Has the woman had a breast biopsy?
- (•) No prior biopsy / no proliferative disease
- ( ) Prior biopsy, result unknown
- ( ) Hyperplasia (not atypia)
- [ ] Atypical Hyperplasia
- [ ] Lobular Carcinoma in Situ (LCIS)

Family History:
Family history is an important factor in determining risk, especially if there is a history of breast or ovarian cancer in the woman's family.

Ashkenazi Inheritance?
- (•) No
- ( ) Yes

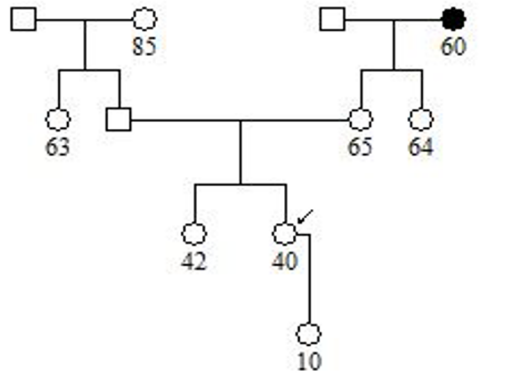
Breast Cancer Risk Assessment Workflow Analysis

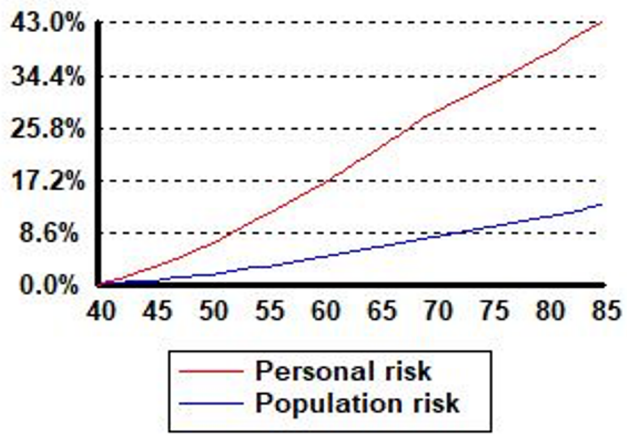
Step 4: **Interpret Risk Assessment**	Location	Process	Responsible	Included in Organizational Protocol
Who will interpret risk as *Average* or *High-Risk* to inform the screening strategy?				
How are risk assessment results communicated to the patient?				
How and when is a lifetime risk of >20% documented in the EMR?				

Project BRA

Age is 40-yrs.
Age at menarche 12-yrs.
Age at first birth 25-yrs.
Premenopausal.
Height is 1.6256 m.
Weighs 61.2347 kg.
Never used HRT.

Risk after 10 years is 6.5%.
10 year population risk is 1.6%.
Lifetime risk is 42.8%.
Lifetime population risk is 12.9%.
Probability of a BRCA1 gene is 0.06%.
Probability of a BRCA2 gene is 0.18%.
Atypical Hyperplasia diagnosed.





Copy to Clipboard
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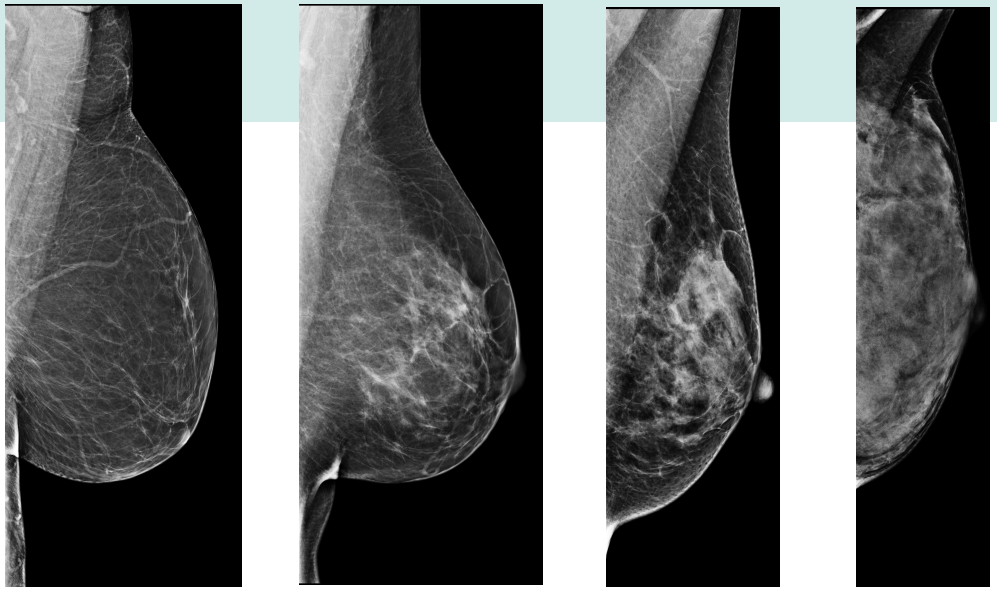
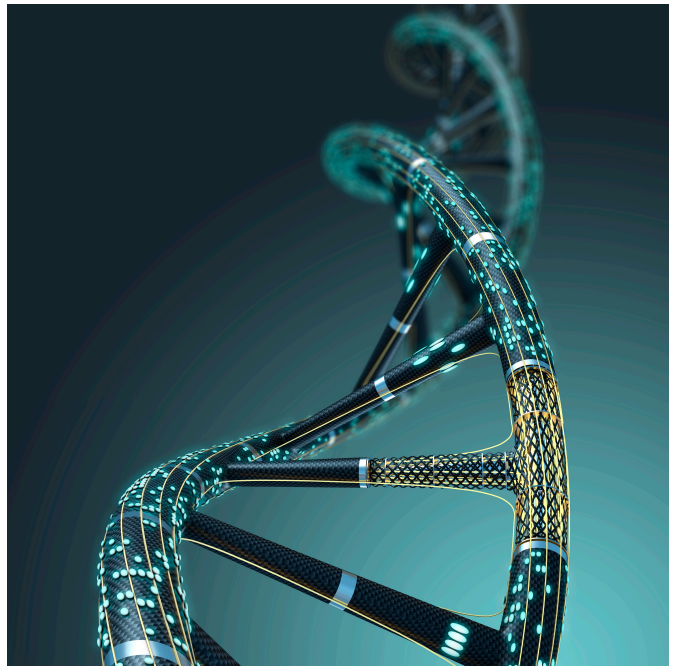
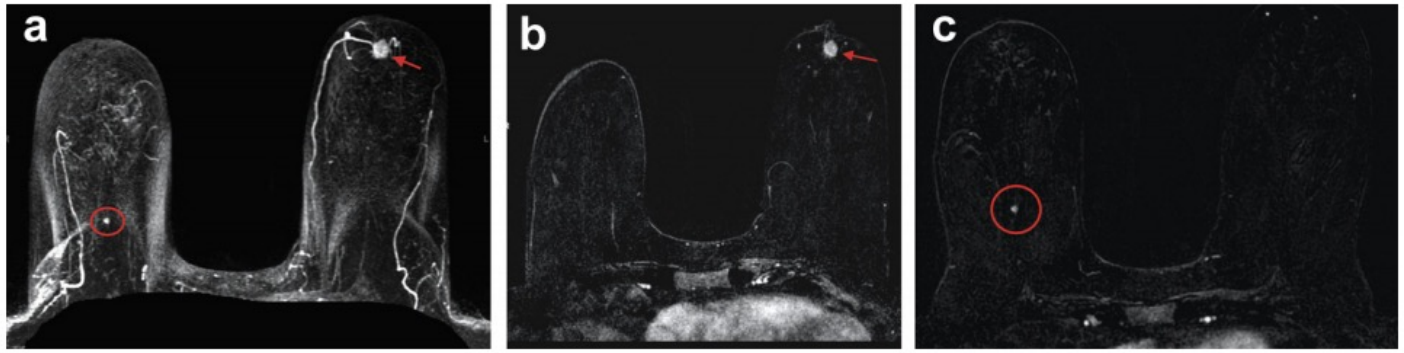


Mammogram – 2D or 3D?



Genetic Counseling Access

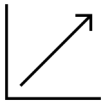


Breast MRI

KUCC High Risk Breast Clinic Workflow

Intake

- Nurse Navigator collects family, personal, and genetic history
- Documents a Nav Note in EHR



Risk Assessment

- Nurse Navigator performs initial Risk Assessment
- Report provided to Provider (MD/DO/APP) prior to patient consult

HRBC Consult

- Provider reviews history, breast density
- Documents family history in EHR
- Reviews Risk Assessment Report
- Counsels patient on risk, screening, risk reduction

Nurse Completes Visit

- Nurse orders imaging
- Places referrals
- Completes paperwork for genetic testing and collects sample

Case Study: Jasmine

Recommendations

- Annual screening mammogram, consider tomosynthesis
- Annual breast MRI
- Consider risk reduction strategies
  - Limit consumption of alcohol (no more than one drink/day)
  - Exercise, 150-300 minutes/week
  - Weight control, maintain healthy BMI (20-25)
  - Risk reduction therapy (clinical trial, Tamoxifen)
- Breast awareness
- Refer to High-Risk Breast Clinic

NCCN Guidelines on
Breast Cancer Risk Reduction, Screening and Diagnosis
https://www.nccn.org/guidelines/category_2

Discussion & Questions

Announcements

Join us for the next ECHO session on **June 29th at Noon**!

Risk Stratification and Use of Models

Speaker: Lauren Nye, MD

Guest Panelist: Denise Deboer, APRN-C

Project BRA

Wrap-Up

Don’t forget to sign-in by putting your name in the chat box.

ACTIVITY IDENTIFICATION CODE: 66half

DUE DATE: June 21, 2021 at 5:00 PM

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

You can review this presentation and materials in the Toolbox on the Kansurvive website: www.kansurvive.com