

TOPIC INFO

TOPIC:	PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER
SPEAKER:	SWATHI NAMBURI MD
TITLE:	HEMATOLOGY ONCOLOGY
AFFILIATION	NORTHWEST MEDICAL SPECIALTIES
TIME:	30 minutes

PRACTICE GAP ANALYSIS: PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER

Describe the problems or gaps in practice this activity will address:

What are you trying to change?

Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects younger women. About 11% of all new cases of breast cancer in the United States are found in women younger than 45 years of age. While breast cancer diagnosis and treatment are difficult for women of any age, young survivors may find it overwhelming.

Breast cancer is the most common cancer in women, no matter which race or ethnicity.

It is the most common cause of death from cancer among Hispanic women.

It is the second most common cause of death from cancer among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women.

What is the problem?

Early detection and treatment is still the best strategy for a better cancer outcome. Have a medical checkups and mammograms on a regular basis. The American Cancer Society recommends women ages 40 to 44 should have a choice to start yearly screening mammograms if they would like. Women ages 45 to 54 should have a mammogram each year, and those 55 years and over should continue getting mammograms every 1 to 2 years.

Reduce risk of breast cancer by modifying Lifestyle related Breast Cancer Risks

Genetic Counseling and Testing for Breast Cancer Risk

Deciding Whether to Use Medicine to Reduce Breast Cancer Risk

Tamoxifen and Raloxifene for Lowering Breast Cancer Risk

Aromatase Inhibitors for Lowering Breast Cancer Risk

Preventive Surgery to Reduce Breast Cancer Risk

How did you assess and/or measure these issues?

How was the educational need/practice gap for this activity identified? Place an X by each source utilized to identify the need for this activity.

Attach copies of documentation for each source indicated (REQUIRED)

* please make sure when selecting your needs assessment data and references that you highlight applicable components.

Method

Example of required document

	Previous participant evaluation data	Copy of tool and summary data
	Research/literature review	Abstract(s) or articles
x	Expert Opinion	Summary
	Target audience survey	Copy of tool and summary data
	Regulatory body requirements	Requirements summary
x	Data from public health sources	Abstract, articles, references
	Other (describe)	

Describe the needs of learners underlying the gaps in practice:

What are the causes of the gaps in practice? Check all that apply			
<input checked="" type="checkbox"/>	Lack of awareness of the problem,		Poor self-efficacy,
	Lack of familiarity with the guideline,		Inability to overcome the inertia of previous practice, and
	Non-agreement with the recommendations,		Presence of external barriers to perform recommendations
	Other		
Why does the gap exist? Check all that apply			
<input checked="" type="checkbox"/>	Lack of Knowledge competence		Lack of time to assess or counsel patients
	Performance-based.		Cost / Insurance/reimbursement issues
	Lack of consensus on professional guidelines		Patient Compliance Issues
	Other:		
What do learners need to be able to know or do to be able to address the gaps in practice?			
<p>The learners will learn how to reduce this gap by</p> <p>Understanding Role of chemotherapy in early stage breast cancer.</p> <p>Use of genomic predictors to personalize therapy</p> <p>Understanding about Personalization of HER2 directed therapy in early stage breast cancer</p>			

CME OBJECTIVES PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER

State at least three or more things that participants should be able to do after they participate in this CME activity. Please note these objectives should be measurable, specific, actionable and timely.

Upon completion of this activity, attendees should be able to:

- 1 Define the role of chemotherapy in early stage breast cancer.
- 2 Demonstrate the use of genomic predictors to personalize therapy
- 3 Describe the personalization of HER2 directed therapy in early stage breast cancer

The ACCME does not want you to use the words - think, understand, know, appreciate, learn, comprehend, be aware of, be familiar with, etc. as they are not measurable.

You can use words such as Analyze, Categorize, Classify, Compare, Conclude, Construct, Critique, Define, Demonstrate, Describe, Discuss, Evaluate, Identify, List, Name, Outline, Show

COMPETENCIES: PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER

What ACGME or IOM related competency is associated with this activity? (check all that apply)

<input checked="" type="checkbox"/>	Patient Care	Practice-Based Learning and Improvement	Medical/Clinical Knowledge
	Procedural Skills	Interdisciplinary Teams	Teams and Teamwork
	Communication Skills	Professionalism	Systems-based Practice
	Quality Improvement	Utilization of Informatics	Evidence-based Practice

What is the activity designed to change

- Competence** - (knowing how to do something)
- Selecting this option requires the CME activity being planned provide participants with an opportunity to:
- hear information related to advances or best practice
 - hear examples of application in practice of information presented

	<p>Performance- (actually doing something) Selecting this option requires the CME activity being planned provide participants with an opportunity to:</p> <ul style="list-style-type: none"> practice what they have learned during the CME activity receive feedback about doing what they have learned during the CME activity 							
	<p>Patient Outcomes- (actually measure change in patients) Selecting this option requires the CME activity track change in patient outcomes:</p> <ul style="list-style-type: none"> provide tangible improvements and data to support overall change to patient outcomes 							
What potential barriers do you anticipate attendees may encounter when incorporating new objectives into their practice?								
x	<table border="1"> <tr> <td>Lack of time to assess or counsel patients</td> <td rowspan="6">Other – describe:</td> </tr> <tr> <td>Cost</td> </tr> <tr> <td>No perceived barriers</td> </tr> <tr> <td>Lack of administrative support/resources</td> </tr> <tr> <td>reimbursement issues</td> </tr> <tr> <td>Insurance/</td> </tr> </table>	Lack of time to assess or counsel patients	Other – describe:	Cost	No perceived barriers	Lack of administrative support/resources	reimbursement issues	Insurance/
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Cost								
No perceived barriers								
Lack of administrative support/resources								
reimbursement issues								
Insurance/								
Describe how will this educational activity address these potential barriers and the strategies used?								

RESULTS:	PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER			
please describe the results expected (outcomes) for this activity in terms of specific improvements in patient care and/or other work related to the practice of medicine.				
	Your description			
x	<table border="1"> <tr> <td>Improvements in patient care based on evidence-based treatment</td> </tr> <tr> <td>Reduce Health care costs</td> </tr> <tr> <td>Streamline care of patients</td> </tr> </table>	Improvements in patient care based on evidence-based treatment	Reduce Health care costs	Streamline care of patients
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MEASURING YOUR SUCCESS:	PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER
<p>Will use pre-and post CME activity questionnaire to measure success. Please provide 3 questions and answers that will asked to the audience before and after your talk. The answer to these questions should be in your presentation. Please highlight the correct answer and limit your possible answers to a maximum of 4 with only one correct answer. The others can be partially correct or wrong</p>	
Question 1. Genomic predictors are used for which kind of breast cancer to assess benefit from chemotherapy?	
Answers	
1	ER+ B.HER2
2	Triple negative breast cancer
3	ER+HER2+ (Triple positive)
	<p>Feedback: Please provide a detail feedback (MOC) requirements for above questions in two groups</p> <ol style="list-style-type: none"> ER+ B.HER2 Correct Answer <ol style="list-style-type: none"> Chemotherapy decisions for other subtypes are highly specialized and there is highly likelihood for these patients to require chemotherapy than in ER+ only disease Triple negative breast cancer - Wrong Answer. ER+HER2+ (Triple positive) - Wrong Answer.

Question 2: Chemotherapy prior to surgery can help personalize treatment after surgery in which kind of breast cancer?

Answers

- 1 ER+
- 2 HER2+
- 3 Triple negative
- 4 ER+HER2+ (Triple positive)
- 5 All of the above

Feedback: Please provide a detail feedback (MOC) requirements for above questions in two groups

- 1. ER+ -- Wrong Answer.
- 2. HER2+ - Wrong Answer.
- 3. Triple negative - Wrong Answer.
- 4. ER+HER2+ (Triple positive) - Wrong Answer.
- 5. All of the above - Correct Answers.
 - a. In ER+ positive and triple negative disease, patients can be offered adjuvant Capecitabine. In HER2+ positive they can be offered a different treatment with TDM-1

Question 2: Who can be referred for germline genetic testing to assess risk for breast cancer?

Answers

- 1 Any patient with breast cancer
- 2 Patients below age 60 with triple negative breast cancer
- 3 Patients with >20% lifetime risk as predicted by Tyrer-Cuzick mode

Feedback: Please provide a detail feedback (MOC) requirements for above questions in two groups

- 1. Any patient with breast cancer Partially correct Answer.
 - a. this is recommended by breast surgery guidelines but often not covered by insurance.
- 2. Patients below age 60 with triple negative breast cancer correct answer
 - a. Correct due to high risk for BRCA and other actionable mutations that will affect surgery decisions
- 3. Patients with >20% lifetime risk as predicted by Tyrer-Cuzick mode Partially correct Answer
 - a. but also, insurance coverage issue is present and only screening MRI may be additionally covered for these patients.