What is Multidisciplinary Breast Cancer Care?

- An integrated team approach to breast cancer treatment, with pretreatment patient evaluation by clinicians from surgery, medical oncology, radiation oncology, pathology and radiology.
Why do Multidisciplinary Care?

- Increased patient and clinician satisfaction. ¹,²
- Encourages breast conservation therapy (BCT)
  - Odds of undergoing BCT with radiation 6.7 times higher after pre-operative radiation oncology consultation.³
- Decreases in time between diagnosis and start of treatment. ⁴
- Re-review of entire case can lead to changes in management 43-52% of the time.⁵,⁶
Why we do it at Santa Clara

- Increased patient satisfaction

- Patient survey of clinic in 2008

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Did you feel the format was appropriate?</td>
<td>100%(N=76)</td>
<td>0%(N=0)</td>
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<tr>
<td>Did you feel that your questions and concerns were adequately addressed?</td>
<td>100%(N=76)</td>
<td>0%(N=0)</td>
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<tr>
<td>Would you have preferred several individual appointments instead of the group setting?</td>
<td>7%(N=5)</td>
<td>93%(N=65)</td>
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<td>Did the interdisciplinary breast clinic meet your expectations?</td>
<td>91%(N=69)</td>
<td>0%</td>
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<tr>
<td></td>
<td>(7 people answered n/a, they didn’t have expectations)</td>
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Why we do it at Santa Clara

- Encourages breast conservation therapy (BCT)
  - 72% in 2009
- Decreases time between diagnosis and treatment
  - European community goal of less than 2 wks
- Re-review of entire case can lead to management changes
- Shows improved access and enrollment in clinical trials
  - 24% of all of our breast cancer patients are enrolled in trials
How do we do it at Santa Clara?

- Two ways:
  - Multidisciplinary Breast Cancer Tumor Board (Tumor Board)
  - Multidisciplinary Breast Cancer Clinic (MDBCC)

- Oversight responsibility:
  - Breast Cancer Steering Committee (BCSC)
Our existing breast cancer care was too fragmented.

In October 2007, Dr. Ilano led discussions between chiefs about an integrated clinic and tumor board.

- Ron Ilano (Surgery)
- Ming-gui Pan (Medical Oncology)
- Samantha Seaward (Radiation Oncology)
- Format taken from university multidisciplinary clinics.
- Buy-in from pathology and women’s imaging.
- Start date of January 2008 set
- First 6 months monitored, and modified as needed
Weekly with 4-6 cases, including those from MDBCC

Participants: breast surgeon, medical oncology, radiation oncology, pathologist, radiologist, breast care coordinator, case managers, medical students, residents

Review imaging studies and pathology of each case

- Provides a built-in 2nd opinion
Multidisciplinary Breast Cancer Tumor Board

- Discuss stage-specific care recommendations
- Provide current literature updates
- Offer teaching conference for residents and medical students
- Review challenging cases requiring additional input
Multidisciplinary Breast Cancer Clinic (MDBCC)

- Weekly with 4-6 cases
- Participants: breast surgeon, medical oncology, radiation oncology, breast care coordinator, case managers, medical students, and residents
- Breast Cancer Tumor Board discusses recommendations with each patient
Each patient sees all three specialists individually for consultation during the afternoon visit.

Each patient is given an appointment for the next step (lumpectomy, sentinel node biopsy, mastectomy, chemo).

Detailed notes documented in HC.
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<th>time</th>
<th>Patients</th>
<th>Clinicians</th>
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<tr>
<td>12:30</td>
<td>Arrive, checked-in, VS&lt;br&gt;Watch video, presentations from NPs from each dept.</td>
<td>Tumor Board with lunch</td>
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<td>1:30</td>
<td>Individually sees Surgery, Medical Oncology, and Radiation Oncology</td>
<td>See patients in round robin, meet in between to discuss as needed</td>
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<tr>
<td>2:30</td>
<td>Next group arrives</td>
<td>Documentation</td>
</tr>
<tr>
<td>3:00</td>
<td>Individually sees Surgery, Medical Oncology, and Radiation Oncology</td>
<td>See patients in round robin, meet in between to discuss as needed</td>
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Breast Cancer Steering Committee

- Maihgan Kavanagh, MD - Chair, Surgical Oncology
- Anita Lee, MD - Radiation Oncology
- Minggui Pan, MD - Medical Oncology
- Debora Sawyer, MD - Gynecology
- Esther Duran, PA - Breast Care Coordinator
- Nancy Bitar-Godfrey, MD - Breast Surgery
- Faezeh Ghaffari, MD - Gynecology
- Jay Lara, MD - Breast Radiology
- Laura Hofmeister, MD - Pathology
- Lynn Huang, MD - IM/Primary Care
- Monica Santamaria, MD - Pathology
- Timothy Santoro, MD - Plastic Surgery
- Virginia Weiss, MD - Breast Radiology
- Peggy Aaron - Health Educator, Women's Clinic

- The Breast Cancer Steering Committee meets monthly
- Disseminates new information and practice standards to group
- Forum to discuss any changes or needed quality improvements
National Accreditation Program for Breast Centers (NAPBC)

- Quality improvement program (American College of Surgeons)
- For full 3-year accreditation, must meet 24 of 27 standards
- Santa Clara achieved full 3-year accreditation in May 2010
Comprehensive Cancer Care Website

- kpsantaclaracancercare.org
- Extensive tools for patient education
- Vast information regarding cancer care and services
- Practical support information
- Tips and easy-to-follow guides for medical treatment preparation
- 300+ pages of information, including 1200 links
Cancer Survivorship Program

- Cancer Survivorship website
- Cancer Survivors Day:  
  - June 12
- Health Educational programs
- Breast cancer support groups
- Partnership with community groups

~Seeds of Hope~
Cancer Survivors Day  
At Kaiser Permanente Santa Clara Medical Center

Are you a cancer survivor?  
If so you are invited to a free conference and celebration of life
Take-Home Message

Multidisciplinary breast care is:

- A patient satisfier
- A clinician satisfier
- Time well-spent
- Transferable to your hospital
- Modifiable to your needs
Video Ethnography Study
Patricia Merino Price, MPS

care management | institute
Santa Clara
Multidisciplinary Breast Clinic
Patient Experience
Video
Consider your patient’s journey

From Diagnosis to Treatment

What needs to happen

Learn I have cancer
Understand my treatment options
Weigh my options
Choose initial treatment
Make a plan and schedule next steps

SCMC Patient Steps

Care Coordinator calls me
Orient with packet and video
Meet Dept. Reps
Exam 1
Exam 2
Exam 3
Schedule treatment, follow-up

The Basics

Building confidence

My doctors discuss my case (Tumor Board)
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## A Framework for mapping to Patient Needs

Examples from Santa Clara’s MD Breast Clinic

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<td><strong>Meet Care Coordinator</strong></td>
<td><strong>While I orient, experts in my clinical team discuss my case</strong></td>
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<td><strong>Care Coordinator follows up to make sure I do, too</strong></td>
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<td>Empower patients with information and options</td>
<td>Tell me about Clinic as a next step</td>
<td>Video is concrete and starts to set expectations</td>
<td>Chance to ask some initial questions</td>
<td>Doctors offer most relevant choices for me, answer my questions, &amp; build on education iteratively</td>
<td>My personalized packet gives me info to review at home</td>
</tr>
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<td>Include patients and families in decisions</td>
<td>Ask me to bring a “person”</td>
<td>Family learns along with me Because I may still be in shock, my home team often asks questions and clarifies with and for me</td>
<td>My personal preferences and family needs can be considered in the moment</td>
<td>Family who will likely take care of me are with me as we plan together</td>
<td></td>
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<td>Help patients move forward swiftly and seamlessly</td>
<td>Clinic meets weekly</td>
<td>Tumor board gets all my doctors on the same page quickly</td>
<td>Back-to-back sessions help me and my family process iteratively in one place</td>
<td>Meeting doctors in one session, and having them coordinate in real-time, saves visits</td>
<td>Treatments &amp; labs ordered in one shot, immediately</td>
</tr>
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<td>Meet Care Coordinator</td>
<td>While I orient, experts in my clinical team discuss my case</td>
<td>Getting familiar with the people on the path</td>
<td>Doctors and other clinic team members are aligned and work together in the Central RN Station to continue team care</td>
<td>Care Coordinator follows up to make sure I do, too</td>
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What you can do:

1. **ACE your Experiences:**
   Use the framework to intentionally **Assess**, **Create**, and **Evolve** the experiences your team creates for members, families, and each other.

2. **Experiment with an Element:**
   Pick one element that inspires you from the principles framework, and try it out as a small test of change.

3. **Learn more about the Santa Clara Medical Center model.**
   This video and final report will be available on our wiki intranet site at: [https://wiki.kp.org/wiki/display/CMI/SCMC+MDBC+Case+Study](https://wiki.kp.org/wiki/display/CMI/SCMC+MDBC+Case+Study)
Mock Tumor Board

- Three cases

- Participants:
  - Breast Surgery: Susan Kutner
  - Medical Oncology: Ming-gui Pan and Joanne Schottinger
  - Radiation Oncology: Monica Ryoo
  - Plastic Surgery: Gail Mattson-Gates
  - Breast Care Coordinator: Esther Duran
  - Radiology: Virginia Weiss
  - Pathology: Balaram Puligandla
Case #1

- 37-year-old premenopausal female
- PMHX: nodular sclerosing Hodgkin's disease in 1995 at stage IIIB, treated with 6 cycles of ABVD, followed by radiation to neck, chest, axilla and abdomen
- No family hx of breast cancer
- PE: nonpalpable, normal left breast
- Imaging and core biopsy performed
Case #1 -> Imaging

Mammo: 0.8cm mass at 12 o'clock
US: 0.8cm at 11-12 o'clock
Case #1-> Path

DX:
- invasive ductal carcinoma
- grade 2
- not suspicious for angiolympathic invasion
- ER+, PR+, HER2NEU-
Case #1 Discussion

- Options?
- Next step?
Case #1 Discussion

- Patient underwent mastectomy with immediate DIEP reconstruction
  - 0.7cm breast cancer, +0/4 SLNs

- Recon options in this patient?
Case #2

- 55-year-old postmenopausal female
- PMHX: none
- PE: palpable left breast 4cm at 11 o’clock
- Imaging and core biopsy performed
Case #2 -> Imaging

US: 4cm mass
Mammo: 3.9cm mass
Case #2 -> Path

DX:
- invasive ductal carcinoma
- grade 3
- + suspicious for angiolympathic invasion
- ER-, PR-, HER2NEU-
Case #2- Discussion

- Options?
- Next step?
Pt was enrolled neoadjuvant chemotherapy clinical trial

- Required palpable mass >2cm
- Carboplatin, Gemzar, and PARP inhibitor (Bipar)

- Pre- or post-neoadjuvant chemo SLN?
- Role for axillary US?
Case #2 Discussion

- Patient underwent axillary US and core bx of an abnormal LN
  - + LN on core for breast cancer
- Neoadjuvant chemotherapy
- Patient went on to have BCT + axillary LNDx
  - CR in the breast, +4/14 LNs
- XRT to breast and nodal basins
Case #3

- 60-year-old postmenopausal female
- PMHX: none
- PE: nonpalpable, normal bilateral breasts
- Screening imaging and core biopsy performed
Case #3 -> Imaging

US: 1.5cm mass at 7o'clock
Mammo: spiculated mass at 7 o'clock
DX:
- invasive ductal carcinoma
- grade 1
- +/- suspicious for angiolympathic invasion
- ER+, PR+, HER2NEU-.
Case #3 Discussion

- Options?
- Next step?
Pt underwent needle-localized lumpectomy + SLN biopsy
PATH: 2.5cm breast cancer, + margins, +1/1 SLN with extracapsular extension (microscopic)

Next step:
- Does the patient need an axillary LN dissection? Per ACSOG Z0011
- Does the patient need axillary radiation?
- Timing of reconstruction, if needed?
Case #3 Discussion

Patient has started chemotherapy, with plan for MRM, then radiation, then delayed reconstruction.


5. *Cancer.* 2001 Apr 1;91(7):1231-7