

# Aurora BayCare Medical Center's (ABMC)

## Multi-disciplinary High-Risk Clinic (MDHRC)

Aurora BayCare Medical Center®

We are  AdvocateAuroraHealth®

10/20/21 Dr. Natalie Luehmann


# Patient pool


- Annual screening mammogram at ABMC (women  $\geq$  40 yo)
  - Right now – *only* patients with a family history of breast cancer
  - SOON (with EPIC integration) – **ALL** patients
- Outlying mammography centers
  - West Mason
- Self-referrals
- PCP referrals



# Screening mammogram


- Informational flyer

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WE ARE  Advocate Aurora Health



## MULTI-DISCIPLINARY HIGH RISK BREAST CANCER CLINIC

UNDERSTANDING AND MANAGING YOUR  
*RISK*



**WHAT IS MULTI-DISCIPLINARY HIGH RISK BREAST CLINIC?**

An opportunity for our high risk patients to meet with provider experts from multiple specialty areas with the goal of better understanding, monitoring and reducing their breast cancer risk.

PATIENTS WILL MEET WITH RISK SPECIALISTS FROM  
BREAST SURGERY, ONCOLOGY, GENETICS  
ALL IN ONE CONVENIENT APPOINTMENT TIME AND LOCATION

**HOW DO I KNOW IF I AM AT HIGH RISK?**

At your mammogram appointment today, your technologist will update your personal breast health history. This will include questions about your family history and heritage, hormone history, and results of any prior breast biopsies. Together with other data, including your age, height, weight and breast density as determined by your mammogram, this information is used to determine your risk category. If you are determined to be at high risk for breast cancer, you will be contacted by a member of the Multi-Disciplinary High Risk team with an invitation to attend the High Risk Clinic to learn more about your risk and discuss ways to work with your doctors to keep you safe.

PATIENTS WHO ARE FOUND TO BE AT AVERAGE OR LOW RISK FOR BREAST CANCER WILL RECEIVE A CONFIRMATION LETTER IN THE MAIL. PATIENTS IN HIGH RISK GROUPS CAN ALSO EXPECT A FOLLOW UP PHONE CALL.

**WHAT ARE THE RISK FACTORS FOR BREAST CANCER?**

Some of the important risk factors for breast cancer include:

- Breast Cancer in a close relative
- Genetic mutation in the family (BRCA1 or 2, CHEK2, ATM, etc.)
- Prior breast biopsy showing atypia or other high risk condition
- Ashkenazi Jewish ancestry
- History of chest wall radiation at a young age (such as for Hodgkin's Lymphoma)
- Mammographically dense breast tissue
- Obesity (high BMI)
- Late age childbearing or never bearing children; Early age at 1st period; Exogenous hormone use

# Screening mammogram

- High-risk questionnaire completed

Patient Information			
Last Name:	TEST	First Name:	TEST
Date of Birth:	1950-01-01 (71 yo)	Gender:	FEMALE
		Middle:	
		Race:	CAUCASIAN

Mastery Risk Calculator - Inputs			
Relationship	Bloodline	Cancers	Genes
Mother	Maternal	Breast Cancer (age: 47)	
Grandmother	Maternal	Breast Cancer (age: 54)	

## Physical Data

Weight (lbs): 152      Height: 5 feet 2 inches

Breast Density: BIRADS C

## Ethnicity

Ashkenazi Jewish: No

## Childbirth History

Age at first live birth: 26

## Menstrual History

Age at menarche: 13      Bilateral oophorectomy: No

Menopausal status: Post      Age at oophorectomy: NA

Age at menopause: Unknown

## Hormone Replacement Therapy

HRT usage: No-Never      Number of years taken: NA

Hormones: NA      Intended duration (years): NA

Years since taken: NA

## Biopsies

Number of Biopsies: 0      Biopsies with atypia/LCIS: None

# Risk calculation

- Patient information entered into American Society of Breast Surgeon's Mastery of Breast Surgery Risk Calculator
  - Cancer Risk Assessment (CRA) Health

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Patient Information		
Last Name: TEST	First Name: TEST	Middle:
Date of Birth: 1950-01-01 (71 yo)	Gender: FEMALE	Race: CAUCASIAN
Primary Ins.: MEDICARE TRADITIONAL - FEE FOR SE...	Secondary Ins.:	

Mastery Risk Calculator - Results		
<b>Risk of a BRCA1 or BRCA2 Mutation</b>		<i>Last Updated: Oct 17th 2021</i>
BRCAPRO	1.2%	
Tyrer Cuzick v7	1.0%	
Tyrer Cuzick v8	1.0%	
Myriad	2.6%	
<b>Risk Breast Cancer</b>		
	<b>5 Year Risk</b>	<b>Lifetime Risk</b>
BRCAPRO	2.7%	5.6%
Tyrer Cuzick v7	4.0%	12.1%
Tyrer Cuzick v8	5.1%	15.2%
Gail	3.4%	9.3%
Claus	3.3%	5.2%
<b>Risk Ovarian Cancer</b>		
	<b>5 Year Risk</b>	<b>Lifetime Risk</b>
BRCAPRO	0.5%	0.9%
<b>Other Risk Results</b>		
Tamoxifen Benefit Risk Index	-	

# Patient Letters

- Categorized based on Gail and Tyrer Cuzick thresholds
  - Moderate risk – breast clinic invitation (MD or NP visit)
  - High risk – breast clinic visit strongly suggested (MD or NP visit)
  - Very high risk – MDHRC invitation + follow-up phone call

## Moderate Risk

- Gail  $\geq 1.7$  but  $< 3\%$  and/or
- TC 15-19%

## High Risk

- Gail  $> 3\%$  and/or
- TC  $> 20\%$

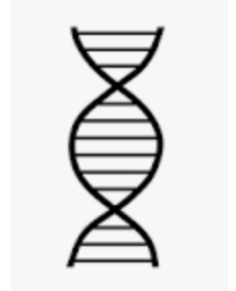
## Very High Risk

- TC  $> 25\%$

\*TC lifetime risk and Gail 5-year risk

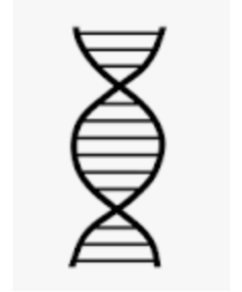
# Breast Clinic Visit

- Discussion regarding
  - \*MRI supplemental screening
  - Risk-reducing medications - with referral to medical oncology if appropriate/interested
  - \*Lifestyle interventions (healthy weight, diet, exercise, limiting alcohol, smoking cessation)
  - Genetics - referral if appropriate



# Multi-Disciplinary High-Risk Clinic

- Participants
  - Surgery
    - Supplemental MRI screening, lifestyle interventions, diet/exercise, medical weight loss referral
  - Medical oncology
    - Risk reducing medications
  - Genetics
    - Pre-test counseling and testing if interested





# MRI Screening

- NCCN recommendations for annual supplemental breast MRI screening
  - **> 20% lifetime risk**
  - [Other risk factors
    - Thoracic radiation therapy btw ages 10-30yo, LCIS/ADH/ALH, gene carriers and first-degree relatives of gene carriers → annual MRI ]
- Our practice
  - > 20% discuss – patient-led decision making, some choose every other year
  - > 25% - patient-led decision, making strongly encourage annual MRI



# Medical Weight Loss Clinic

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## MEDICAL WEIGHT LOSS PROGRAM

- Inclusion criteria
  - BMI > 27 with co-morbidity
  - BMI > 30 without co-morbidity
- Program offerings
  - Nutrition consult
    - BMI calculation, establish goals, education, diet plan
  - Follow with APP after diet established
  - If don't achieve > 10% total weight loss, discuss medication with physician
  - Bariatric surgery
  - Potential referrals – PT/OT, behavioral therapy, sleep medicine, endocrinology, GI

# Smoking Cessation

- Cessation counseling
- Assess interest in quitting
- Referrals
  - Medication
  - Aurora BayCare Smoking Cessation Program
  - Support groups



# MDHRC Outcomes



6/10/21 – 9/23/21

23 total patients

- Genetics
  - 16 met genetics criteria
  - 15 were able to see genetics
- MRI
  - 14 have had or have scheduled
  - 1 is considering
  - 2 abnormalities found
    - **1 cancer (self-referral)**
- Breast center follow-up
  - 19 plan to follow in the clinic
- Risk-reducing medications
  - 18 offered, 4 have started, others are considering
- Medical weight loss
  - 6 referrals placed
  - 2 declined

# Lessons Learned

- Establish your network/resources first
  - Genetics, medical weight loss, breast MRI
  - Physicians and/or APPs
  - Form letters (information letter, invitation letters)
- Administrator buy-in
- Establish team roles
- Start with inviting highest risk first and then increase patient pool so as not to exceed your resources
- Schedule MDHRC visit as close as possible to time of invitation
- Organize MDHRC day efficiently

# Questions/comments?