

The Fast Track

to the Best in Breast Cancer Care

By Andrew Shanley



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Sometimes waiting is the hardest part. Like when a patient learns there is an abnormality on her mammogram and she needs to have a core biopsy. While the time between the mammogram and the biopsy might only be a week or two, it can feel like a lifetime to the patient.

That's why Baystate's Comprehensive Breast Center, part of the Baystate Regional Cancer Program, has implemented a new Fast Track service. Now, the time between an abnormal mammogram or breast ultrasound and biopsy can be significantly reduced, and more importantly, through coordination of care, the time from abnormal mammogram to definitive treatment is reduced.

Increased Efficiency, Exceptional Care

"Our patients are telling us they're very appreciative of this new approach," says Holly Mason, MD, director of Breast Surgery. "It shortens the time of uncertainty and anxiety, which means a lot to them."

Before the Fast Track service, when an abnormality was suspected after a mammogram, the patient discussed the findings with her physician who would order the biopsy, schedule an appointment, then review the biopsy results. If anything further was needed, such as surgical excision or assessment for risk-reducing medications, separate appointments would then be made. Weeks might pass while this process moved along.

With Fast Track, the patient's physician agrees in advance that should an abnormality be detected on the mammogram, permission is granted to perform a biopsy, if indicated. The next steps happen right away. A nurse practitioner at the Comprehensive Breast Center, either Catherine Tipton, NP, or Glenda Flynn, NP, then assumes coordination of the patient's care, completing a health history, performing a physical, and scheduling the ultrasound and core biopsy as soon as possible. Having a clinician examine the breasts prior to a biopsy to see if the lesion can be felt provides valuable information. In most cases this appointment is made for that very day or the next office day. The breast center's state-of-the-art stereotactic or ultrasound guidance equipment is used for the biopsy.

"We're not just speeding up the process," says Vivian Miller, MD, interim director of Breast Imaging. "We're also creating a seamless system of care that benefits the patient. The Comprehensive Breast Center is a place where we are able to integrate breast care between the specialties of radiology, breast surgery, and medical oncology. With Fast Track, we work along well established lines of communication between these specialties. This enables us to provide efficient and exceptional care for our patients."

Fortunately, most breast lumps and abnormal mammograms are benign. However, for those women who are found to have a high risk lesion or breast cancer, the next steps are carefully planned.

The Comprehensive Breast Center's breast surgeons, medical oncologists, and radiation oncologists work closely with each other to evaluate treatment and discuss options with each patient. Each newly diagnosed patient's treatment recommendations are reviewed at a weekly Multidisciplinary Breast Pathology Conference during which expert radiologists provide second

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opinions on breast imaging, and breast pathologists review details from biopsy and surgical specimens under the microscope. The multidisciplinary group of clinicians provides consensus as to treatment options, which may also include clinical trials.

The lines of communication also remain open between the patient's referring physician and the Comprehensive Breast Center clinicians.

"Not only are we committed to providing each patient with a timely, meticulous level of care according to 'best practice' guidelines, we are equally committed to keeping the referring providers informed and involved," says Grace Makari-Judson, MD, medical director of the Comprehensive Breast Center. "This benefits everyone, but most especially, the patient."

A Patient's Perspective

For Sharon Motyl it was a terrifying case of déjà vu. Five years before, she'd been diagnosed with uterine

cancer. She'd overcome that challenge, but now was facing the possibility of breast cancer.

It began with a routine annual mammogram at Baystate's Comprehensive Breast Center for the 55-year-old Chicopee resident. The results of the exam raised concern with the radiologist who read it, so the staff contacted Ms. Motyl advising her to return for an additional mammogram. "They got me in quickly," she says. "In fact, it was the very next day."

But when the second mammogram couldn't provide a conclusive result, Ms. Motyl needed an ultrasound. "Again, I wanted to do it right away," she says. And because her doctor had agreed to have her be part of

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CBC Director Addresses New Mammography Guidelines

Grace Makari-Judson, MD, medical director of the Baystate Regional Cancer Program's Comprehensive Breast Center, issued a statement regarding the mammography screening guidelines suggested by the United States Preventive Task Force Service (USPTFS). Part of that statement reads:

Refer a Patient

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the Comprehensive Breast Center's Fast Track service, that speedy ultrasound test was possible.

The ultrasound showed what looked like a cyst, but not with complete certainty. A biopsy was needed for confirmation. "I was very upset," Ms. Motyl recalls. "I'm a cancer survivor. I thought, 'Oh, here I go again.'" But everyone at the center was just so good to me. It made such a difference. They were so compassionate, so professional, so comforting. They took all the time needed to explain everything to me."

Again, Ms. Motyl appreciates how quickly the Comprehensive Breast Center staff was able to schedule a needle biopsy, which was performed the

next day. The final result was that the cyst was benign and she could rest easy.

Ms. Motyl says the experience was emotionally difficult and her fear was great, but she feels incredibly fortunate that the Fast Track service allowed her to move through the process so rapidly. And she felt lucky to be a patient at the Comprehensive Breast Center. "I just knew they would take care of me," she says. "I knew I'd be okay no matter what the biopsy showed. Absolutely everybody there was just wonderful, from beginning to end."

"The Comprehensive Breast Center does not accept these recommendations and continues to follow guidelines as put forth by the American Cancer Society and others. **We recommend:**

- Yearly screening mammogram starting at age 40 with no upper age limit.
- Yearly clinical breast exam to be performed yearly starting at age 30.
- Regular breast self exam. Women should be taught signs and symptoms of cancer.

"Over 40 years of research has supported an unequivocal reduction in the risk of death for women undergoing screening mammography. Although the USPTFS report states this reduction to be 15 percent overall, some recent studies support up to a 48 percent reduction in the risk of death for women undergoing regular screening mammography. Over the past decade, we have witnessed a 2-3 percent per year reduction in the risk of women dying from breast cancer. This accomplishment is due in part to better treatments, but screening makes a substantial contribution.

"The average size of a breast cancer diagnosed today is significantly smaller than cancers diagnosed 20 years ago. Mammography should not be limited to high risk women, since 70 percent of breast cancers are diagnosed in those with no risk factor other than their age and being female."

To read Dr. Makari-Judson's entire statement, visit baystatehealth.org/cbc. To schedule a patient for a mammogram, call 413-794-2222.