

NAPBC Annual Report September 2009





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Dear Colleagues,

On behalf of the National Accreditation Program for Breast Centers (NAPBC) Board of Directors and countless additional volunteers, it is my privilege to introduce the first annual report of our organization.

A little over four years ago, a multidisciplinary group of 12 professionals met in Chicago at the invitation of the American College of Surgeons to discuss the concept of developing a national organization to oversee a large but unknown number of breast centers in the United States. That meeting was the beginning of a politically complex journey punctuated by significant hurdles. Those hurdles were eventually overcome through perseverance, because we knew creating this type of organization was the right thing to do for our patients.

The NAPBC Board consists of representatives from 16 key professional organizations in breast health and is supported by five working committees and talented staff at the American College of Surgeons, including Connie Bura, Cindy Burgin, and Tenisha Granville. All of our multidisciplinary Board and committee members are highly regarded and widely recognized experts in diseases of the breast.

Ensuring the highest quality of evaluation and management for patients with benign or malignant diseases required an evidence-based or consensus-developed set of processes and standards and a survey process to monitor compliance and guarantee consistent, high-quality care. The Board initially considered a three-tiered level of accreditation that allowed a wide variety of breast center models to participate. Eventually, a single level of accreditation was adopted by the Board to ensure inclusiveness of centers able to either provide or refer their patients to 17 key elements of care, as well as meeting the 27 standards established by the NAPBC Board.


Three hard-working years later, the NAPBC program was launched. An exemplary electronic Survey Application Record (SAR) provides efficient entry for breast centers intending to receive accreditation. Twenty-one trained physicians with a major interest in breast diseases conduct an on-site triennial survey.

The response in the practicing community has been nothing less than spectacular. Nearly 1,100 breast centers, ranging from large academic medical centers to small, interdisciplinary practices have expressed interest in the NAPBC. Close to 100 centers in 27 states have received accreditation, with another 100 centers scheduled for survey.

The NAPBC was founded to raise the standard bar and provide continuous quality improvement for our patients. I believe this first annual report supports attainment of these goals, thanks to the dedication and hard work of our Board, committees, staff, and the breast centers in the United States that have been accredited or are working toward accreditation.

Sincerely,

David P. Winchester, MD, FACS
Chair, NAPBC Board of Directors

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- ▶ The National Accreditation Program for Breast Centers (NAPBC) is a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation, and patient and professional education.



- Develop, by consensus, criteria for breast centers and a survey process to monitor compliance.
- Strengthen the scientific basis for improving quality care.
- Establish a National Breast Disease Database to report patterns of care to effect quality improvement.
- Reduce the morbidity and mortality of breast cancer by improving access to screening and comprehensive care, promoting risk reduction and prevention, and advocating for increased access and participation in clinical trials.
- Expand programs of quality improvement measurement and benchmark comparison.



CHAIRS

David P. Winchester, MD, FACS, Chair
Cary Kaufman, MD, FACS, Vice-Chair

MEMBERS

Rache M. Simmons, MD, FACS

Christy Russell, MD
Robert Smith, PhD

David P. Winchester, MD, FACS
Jay K. Harness, MD, FACS
Richard Fine, MD, FACS

Benjamin O. Anderson, MD, FACS
Blake Cady, MD, FACS

Helen Pass, MD, FACS
Shawna C. Willey, MD, FACS

Sandra M. Swain, MD
Antonio C. Wolff, MD, FACS

AFFILIATION

*NorthShore University HealthSystem, Evanston, IL
Bellingham Breast Center, Bellingham, WA*

ORGANIZATION

American Board of Surgery (ABS)

The New York Presbyterian Hospital, New York, NY

American Cancer Society (ACS)

*USC Norris Cancer Center, Los Angeles, CA
American Cancer Society, Atlanta, GA*

American College of Surgeons (ACoS)

*NorthShore University HealthSystem, Evanston, IL
St. Joseph Hospital Comprehensive Breast Center, Orange, CA
Advanced Breast Care of Georgia, Marietta, GA*

American Society of Breast Disease (ASBD)

*University of Washington School of Medicine, Seattle, WA
Brookline, MA*

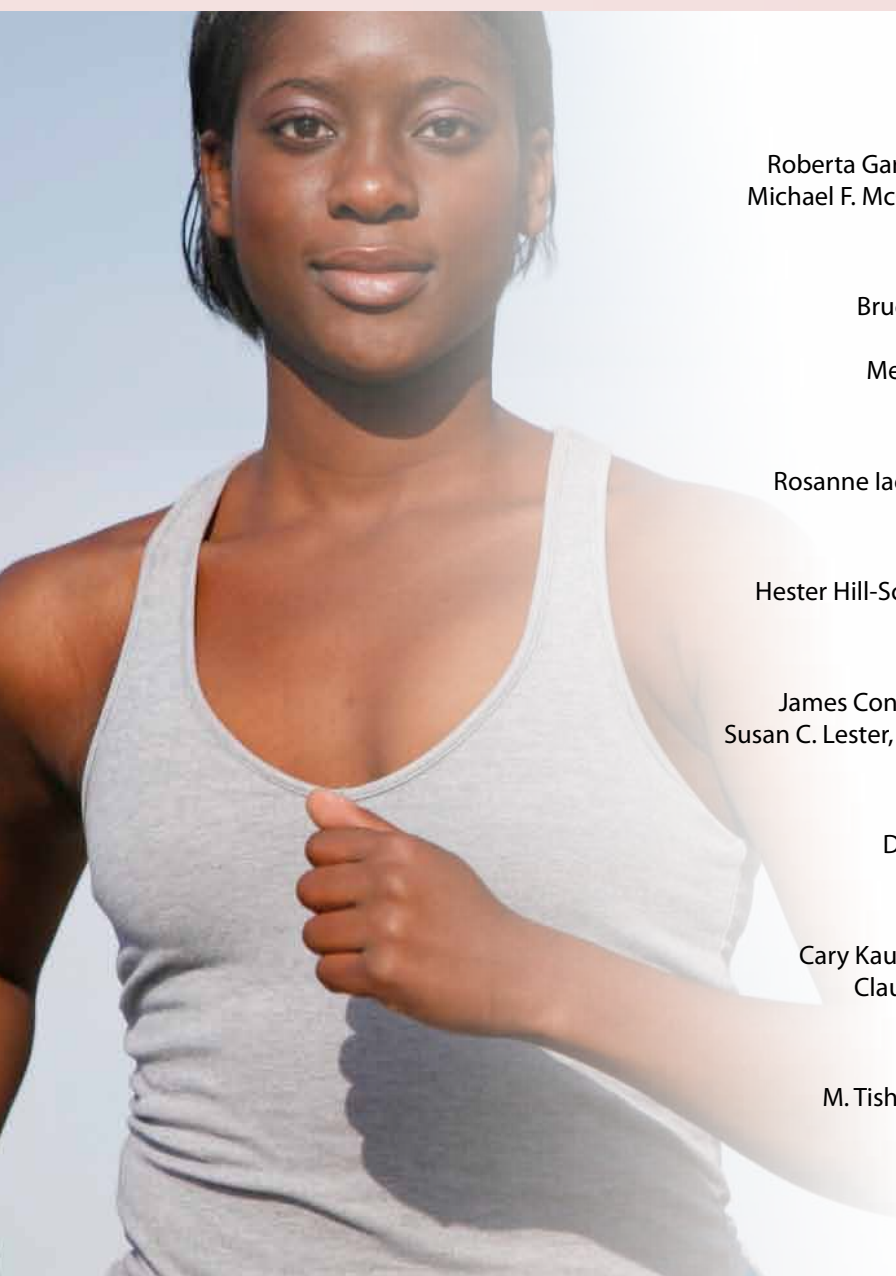
American Society of Breast Surgeons (ASBS)

*Lawrence Hospital, Bronxville, NY
Betty Lou Ourisman Breast Health Center, Georgetown University Hospital,
Washington, DC*

American Society of Clinical Oncology (ASCO)

*Washington Cancer Institute at Washington Hospital Center, Washington, DC
Johns Hopkins Kimmel Cancer Center Breast Program, Baltimore, MD*

(NAPBC Board Members continued on next page)



MEMBERS

Roberta Gartside, MD, FACS
Michael F. McGuire, MD, FACS

Bruce G. Haffty, MD

Meena Moran, MD

Rosanne Iacono, RNC, MSN

Hester Hill-Schnipper, LICSW

James Connolly, MD, FCAP
Susan C. Lester, MD, PhD, FCAP

Donna Goss, CTR

Cary Kaufman, MD, FACS
Claudia Z. Lee, MBA

M. Tish Knobf, RN, PhD

ORGANIZATION

American Society of Plastic Surgeons (ASPS)

*New Image Plastic Surgery Associates, McLean, VA
UCLA and St. John's Health Center, Santa Monica, CA*

American Society for Therapeutic Radiology and Oncology (ASTRO)

*Cancer Institute of New Jersey, UMDNJ Robert Wood Johnson Medical School, New Brunswick, NJ
Backus Hospital, Norwich, CT*

Association of Cancer Executives (ACE)

Jefferson Breast Care Center, Philadelphia, PA

Association of Oncology Social Work (AOSW)

Beth Israel Deaconess Medical Center, Boston, MA

College of American Pathologists (CAP)

*Beth Israel Deaconess Medical Center, Boston, MA
Brigham and Women's Hospital, Boston, MA*

National Cancer Registrars Association (NCRA)

William W. Backus Hospital, Norwich, CT

National Consortium of Breast Centers (NCBC)

*Bellingham Breast Center, Bellingham, WA
C. Z. Lee and Associates, Hudson, NY*

Oncology Nursing Society (ONS)

Yale School of Nursing, New Haven, CT

(NAPBC Board Members continued on next page)



MEMBERS

V. Suzanne Klimberg, MD, FACS
 Scott H. Kurtzman, MD, FACS

Mahmoud El-Tamer, MD, FACS
 Nora Hansen, MD, FACS
 Paula Kim
 Shahla Masood, MD, FCAP
 Forrest Lee Tucker, MD, FCAP

ORGANIZATION

Society of Surgical Oncology (SSO)

*University of Arkansas, Little Rock, AR
 Waterbury Hospital, Waterbury, CT*

Members-at-Large

*Columbia University Medical Center, New York, NY
 The Lynn Sage Comprehensive Breast Center, Chicago, IL
 Translating Research Across Communities, Vista, CA
 University of Florida Health Sciences Center, Jacksonville, FL
 Virginia Biomedical Laboratories, LLC, Wirtz, VA*

MEMBERS

Connie Bura, Administrative Director
 Cindy Burgin, Manager
 Tenisha Granville, Program Coordinator

STAFF

American College of Surgeons (ACoS)

*American College of Surgeons, Chicago, IL
 American College of Surgeons, Chicago, IL
 American College of Surgeons, Chicago, IL*



ACCESS AND UTILIZATION STRATEGIC PLANNING **Paula Kim, Chair**

The Access and Utilization Strategic Planning Committee directs the activities of the NAPBC by developing strategies to increase program awareness across health care sectors to support the NAPBC mission of improved quality breast care.

- Amy Bonoff *The National Breast Cancer Coalition, New York, NY*
 Ester Cabrales *Breast Cancer Network of Strength, Chicago, IL*
 Hester Hill-Schnipper, LICSW, BCD, OSW-C *Association for Oncology Social Work, Boston, MA*
 Cary Kaufman, MD, FACS *Bellingham Breast Center, Bellingham, WA*
 Claudia Z. Lee, MBA *C. Z. Lee and Associates, Hudson, NY*
 V. Suzanne Klimberg, MD, FACS *University of Arkansas, Little Rock, AR*
 M. Tish Knobf, RN, PhD *Yale School of Medicine, New Haven, CT*
 Mary Plock *Miregal, LLC, Valencia, CA*
 Mary Lou Smith, JD *Research Advocacy Network, Naperville, IL*
 Elizabeth Thompson *Susan G. Komen for the Cure, Dallas, TX*
 Jean T. Stevenson, MD, FACS *Case Western Reserve University, Cleveland, OH*
 Saskia R. J. Thaidens, RN *National Lymphedema Network, Oakland, CA*
 Stephanie VanWinkle *American Cancer Society, Atlanta, GA*

EDUCATION AND DISSEMINATION **Shahla Masood, MD, FCAP, Chair**

The Education and Dissemination Committee directs the activities of the NAPBC's educational offerings by defining and developing programs and resources to address the educational needs of the NAPBC's constituents in support of the NAPBC Standards and survey process.

- Roberta Gartside, MD, FACS *New Image Plastic Surgery Associates, McLean, VA*
 Rosanne Iacono, RNC, MSN *Jefferson Breast Care Center, Philadelphia, PA*
 Judy Kneece, RN, OCN *EduCare North, Charleston, SC*
 Janet Osuch, MD, FACS *Michigan State University, East Lansing, MI*
 Helen Pass, MD, FACS *Lawrence Hospital, Bronxville, NY*
 Randy E. Stevens, MD *The Cancer Program at White Plains Hospital Center, White Plains, NY*
 Debu Tripathy, MD *USC/Norris Comprehensive Cancer Center, Los Angeles, CA*

(NAPBC Committee and Members continued on next page)

INFORMATION TECHNOLOGY AND OUTCOMES Mahmoud El-Tamer, MD, FACS, Chair / Robert Smith, PhD

The Information Technology and Outcomes Committee directs the activities of the NAPBC related to the identification and/or development of a viable data collection instrument to measure quality improvement for NAPBC-accredited breast centers.

- Richard Bleicher, MD, FACS *Fox Chase Cancer Center, Philadelphia, PA*
 Stephen B. Edge, MD, FACS *Roswell Park Cancer Institute, Buffalo, NY*
 Donna Goss, CTR *William W. Backus Hospital, Norwich, CT*
 Kevin S. Hughes, MD *Massachusetts General Hospital, Boston, MA*
 Meena Moran, MD *William W. Backus Hospital, Norwich, CT*
 Peter Ravdin, MD *The University of Texas Health Sciences Center, San Antonio, TX*
 Lisa Sclafani, MD, FACS *Memorial Sloan-Kettering Cancer Center, New York, NY*
 Forrest Lee Tucker, MD, FCAP *Virginia Biomedical Laboratories, LLC, Wirtz, VA*
 Eric B. Whitacre, MD, FACS *Tucson, AZ*
 David P. Winchester, MD, FACS *NorthShore University HealthSystem, Evanston, IL*

STANDARDS AND ACCREDITATION Scott Kurtzman, MD, FACS, Chair

The Standards and Accreditation Committee directs the activities of the NAPBC by developing a process for identifying, defining, and reviewing the NAPBC Standards, and oversees the NAPBC application process to determine final accreditation designation.

- James Connolly, MD, FCAP *Beth Israel Deaconess Medical Center, Boston, MA*
 Nora Hansen, MD, FACS *Lynn Sage Comprehensive Breast Center, Chicago, IL*
 Cary Kaufman, MD, FACS *Bellingham Breast Center, Bellingham, WA*
 Claudia Z. Lee, MBA *C. Z. Lee and Associates, Hudson, NY*
 Arthur Lerner, MD, FACS *The Dickstein Cancer Treatment Center, White Plains, NY*
 Michael F. McGuire, MD, FACS *UCLA and St. John's Health Center, Santa Monica, CA*
 Barbara Rabinowitz, PhD *Creative Solutions, Southport, NC*
 Merrick Ross, MD, FACS *University of Texas MD Anderson Cancer Center, Houston, TX*

(NAPBC Committee and Members continued on next page)



QUALITY IMPROVEMENT AND MEASUREMENT **Benjamin O. Anderson, MD, FACS, Chair**

The Quality Improvement and Measurement Committee directs the NAPBC's quality improvement activities by identifying and defining appropriate measures to support the quality improvement efforts as defined by the NAPBC Board and reflected in the NAPBC Standards Manual.

- Robert W. Carlson, MD *Stanford Comprehensive Cancer Center, Stanford, CA*
 Richard Fine, MD, FACS *Advanced Breast Care of Georgia, Marietta, GA*
 Bruce G. Haffty, MD *Cancer Institute of New Jersey, UMDNJ, New Brunswick, NJ*
 Nora Hansen, MD, FACS *Lynn Sage Comprehensive Breast Center, Chicago, IL*
 Jay K. Harness, MD, FACS *St. Joseph Hospital Comprehensive Breast Center, Orange, CA*
 Julio Ibarra, MD, FACP *Orange Coast Memorial Medical Center, Fountain Valley, CA*
 Cary Kaufman, MD, FACS *Bellingham Breast Center, Bellingham, WA*
 Krystyna Kiel, MD *Northwestern Memorial Hospital, Chicago, IL*
 Christy Russell, MD *USC Norris Cancer Center, Los Angeles, CA*
 Lorraine Tafra, MD, FACS *The Breast Center at the Anne Arundel Medical Center, Annapolis, MD*
 Forrest Lee Tucker, MD, FCAP *Virginia Biomedical Laboratories, LLC, Wirtz, VA*
 David P. Winchester, MD, FACS *NorthShore University HealthSystem, Evanston, IL*



Richard Berk, MD, FACS	<i>Illinois</i>
Anees B. Chagpar, MD, FACS	<i>Kentucky</i>
Lori Chapleskie, MD	<i>Pennsylvania</i>
James Connolly, MD, FACS	<i>Massachusetts</i>
James R. Daniel, MD	<i>Virginia</i>
Mahmoud El-Tamer, MD, FACS	<i>New York</i>
Robert M. Flanigan, MD, FACS	<i>Illinois</i>
Nora Hansen, MD, FACS	<i>Illinois</i>
James L. Hoehn, MD, FACS	<i>Wisconsin</i>
Patricia Rae Kennedy, MD, FACS	<i>Indiana</i>
Julie Kepple, MD	<i>Wisconsin</i>
Scott Kurtzman, MD, FACS	<i>Connecticut</i>
Roberto E. Kusminsky, MD	<i>West Virginia</i>
Donna-Marie Manasseh, MD, FACS	<i>Connecticut</i>
Shahla Masood, MD, FCAP	<i>Florida</i>
Daniel P. McKellar, MD, FACS	<i>Ohio</i>
Forrest Lee Tucker, MD, FCAP	<i>Virginia</i>
Leopold M. Waldenberg, MD*	<i>North Carolina</i>
Michael Wertheimer, MD, FACS	<i>Massachusetts</i>
David P. Winchester, MD, FACS	<i>Illinois</i>
Kathy Yao, MD	<i>Illinois</i>

**Deceased*



ALASKA

Fairbanks Memorial Hospital
Fairbanks, AK

CALIFORNIA

Breast Center at the Moores
UCSD Cancer Center
University of California,
San Diego
La Jolla, CA

Oncology Associates of San Diego
San Diego, CA

CONNECTICUT

The Breast Center at
Greenwich Hospital
Greenwich Hospital
Greenwich, CT

Stamford Hospital's Women's
Breast Center
Tully Health Center
Stamford, CT

Women's Center for
Breast Health
Hospital of Saint Raphael
New Haven, CT

DISTRICT OF COLUMBIA

Center for Breast Health at
Washington Cancer Institute
Washington Hospital Center
Washington, DC

The Sullivan Center for
Breast Health
Sibley Memorial Hospital
Washington, DC

FLORIDA

Lakeland Regional Cancer Center
Lakeland Regional Medical
Center
Lakeland, FL

Mount Sinai Comprehensive
Breast Center
Mount Sinai Medical Center
Miami Beach, FL

GEORGIA

WellStar Breast Health
Continuum of Care
WellStar Kennestone Hospital
Marietta, GA

HAWAII

The Women's Health Center
Breast Program
The Queen's Medical Center
Honolulu, HI

ILLINOIS

NorthShore University
HealthSystem Comprehensive
Breast Center
NorthShore University
HealthSystem
Evanston, IL

OSF Saint Francis Center for
Breast Health
OSF Saint Francis Medical Center
Peoria, IL

LOUISIANA

Pennington Cancer Center at
Baton Rouge General
Baton Rouge General Medical
Center
Baton Rouge, LA

MASSACHUSETTS

Cambridge Breast Center
Cambridge Health Alliance
Cambridge, MA

MARYLAND

The Aiello Breast Center
Baltimore Washington
Medical Center
Glen Burnie, MD

Breast Health Center
Union Hospital
Elkton, MD

Fairway to Life Breast
Care Center
University of Maryland
Medical Center
Baltimore, MD

Sandra and Malcolm Berman
Comprehensive Breast
Care Center
Greater Baltimore
Medical Center
Baltimore, MD

MICHIGAN

Comprehensive Breast Care
Center
Beaumont Hospital
Royal Oak and Troy, MI

St. John Health Breast
Care Program

St. John Hospital and
Medical Center,
Grosse Pointe Woods, MI

St. John Macomb
Oakland Hospital
Warren, MI

Providence Hospital and
Medical Center
Southfield, MI

Providence Park Hospital
Novi, MI

(NAPBC-Accredited Centers continued on next page)



MINNESOTA

Abbott Northwestern Hospital's
Piper Breast Center
Abbott Northwestern Hospital
Minneapolis, MN

MISSOURI

St. John's Mercy Breast Center
St. John's Mercy Medical Center
St. Louis, MO

NEW JERSEY

Leslie Simon Breast Care and
Cytodiagnosis Center
Englewood Hospital and
Medical Center
Englewood, NJ

Saint Peter's University Hospital
New Brunswick, NJ

NEW YORK

Carol M. Baldwin Breast
Care Center
Stony Brook University
Medical Center
Stony Brook, NY

NORTH CAROLINA

Breast Care Center
Wake Forest University Baptist
Medical Center
Winston-Salem, NC

The Breast Center at Blumenthal
Cancer Center
Carolinas Medical Center
Charlotte, NC

Carolina Breast Care Center
Greenville, NC

Rex Comprehensive
Breast Center
Rex Hospital
Raleigh, NC

NORTH DAKOTA

MeritCare/Roger Maris
Cancer Center
MeritCare Hospital
Fargo, ND

OHIO

Breast Health Center,
Moll Pavilion
Fairview Hospital
Cleveland, OH

Riverside Methodist Hospital
Columbus, OH

Samaritan Breast Center
Good Samaritan Hospital
Dayton, OH

PENNSYLVANIA

Breast Care Specialists, PC
Sacred Heart Hospital, Westfield
Hospital, St. Luke's Hospital
Allentown, PA

Breast Center at Rosenfeld
Cancer Center
Abington Memorial Hospital
Abington, PA

Breast Health Services
Lehigh Valley Health Network
Allentown, PA

Comprehensive Breast Center
Bryn Mawr Hospital
Bryn Mawr, PA

Fox Chase Cancer Center
Philadelphia, PA

Geisinger Wyoming Valley
Medical Center
Geisinger Health Systems
Wilkes Barre, PA

Jefferson Breast Care Center
Thomas Jefferson University
Hospital
Philadelphia, PA

Mercy Suburban Breast Program
Mercy Suburban Hospital
Norristown, PA

Paoli Breast Health Center
Paoli Hospital
Paoli, PA

Penn State Hershey
Breast Center
Penn State Hershey
Medical Center
Hershey, PA

RHODE ISLAND

The Comprehensive
Cancer Center
Rhode Island Hospital
Providence, RI

The Miriam Hospital
Breast Center
The Miriam Hospital
Providence, RI

SOUTH CAROLINA

Palmetto Health Breast Center
Palmetto Health
Columbia, SC

TENNESSEE

Mroz Baier Breast Care Clinic
Memphis, TN

TEXAS

Texas Cancer Clinic Breast
Cancer Program
San Antonio, TX

(NAPBC-Accredited Centers continued on next page)



VIRGINIA

- Advanced Diagnostic Breast Center
Henrico Doctors' Hospital
Richmond, VA
- Center for Breast Health
Thomas Johns Cancer Hospital at CJW Medical Center
Richmond, VA
- Center for Breast Health
Virginia Hospital Center
Arlington, VA
- Centra Comprehensive Breast Program
Centra
Lynchburg, VA
- Dorothy G. Hoefler Comprehensive Breast Center
Sentara CarePlex Hospital
Newport News, VA
- Inova Breast Care Institute
Inova Fairfax Hospital
Falls Church, VA
- Sentara Leigh Comprehensive Breast Center
Sentara Leigh Hospital
Norfolk, VA
- Women's Imaging Pavilion
Sentara Williamsburg Regional Medical Center
Williamsburg, VA

WASHINGTON

- Bellingham Breast Center
Bellingham, WA

WISCONSIN

- Comprehensive Breast Health Center
Aurora BayCare Medical Center
Green Bay, WI
- Comprehensive Breast Health Center
Aurora Medical Center of Oshkosh, Inc.
Oshkosh, WI
- Comprehensive Breast Health Center
Aurora Memorial Hospital of Burlington
Burlington, WI
- Comprehensive Breast Health Center
Aurora Sinai Medical Center
Milwaukee, WI
- Comprehensive Breast Health Center
Aurora St. Luke's Medical Center
Milwaukee, WI
- Comprehensive Breast Health Center
Aurora West Allis Medical Center
West Allis, WI
- Franciscan Skemp Center for Breast Care
Franciscan Skemp Healthcare
La Crosse, WI
- Froedtert and Medical College of Wisconsin Breast Center
Froedtert Hospital
Milwaukee, WI
- Marshfield Clinic Breast Care Center
Marshfield Clinic
Marshfield, WI
- Norma J. Vinger Center for Breast Care
Gundersen Lutheran Medical Center
La Crosse, WI
- Wheaton Franciscan Cancer Care Center All Saints
Racine, WI

The following outline provides a description of breast services recommended by the NAPBC.

1. INTERDISCIPLINARY CONFERENCE

- History and findings
- Imaging studies
- Pathology
- Pre- and posttreatment interdisciplinary discussion

2. DATA MANAGEMENT

- Data collection and submission

3. PATIENT NAVIGATION

- Facilitates navigation through the system for the patient

4. SURVIVORSHIP PROGRAM

- Follow-up surveillance
- Rehabilitation
- Health promotion/risk reduction

5. PATHOLOGY

- Report completeness/CAP protocols
- Radiology-pathology correlation
- Prognostic and predictive indicators
- Gene studies (if available)

6. IMAGING

- Screening mammography (digital or analog)
- Diagnostic mammography (additional views beyond screening mammography and workup of a clinical abnormality)
- Ultrasound
- Breast MRI

7. NEEDLE BIOPSY

- Needle biopsy—palpation-guided
- Image-guided—stereotactic
- Image-guided—ultrasound
- Image-guided—MRI

8. SURGICAL CARE

- Surgical correlation with imaging/concordance
- Preoperative planning after biopsy for surgical care
- Breast surgery: lumpectomy or mastectomy
- Lymph node surgery: sentinel node/axillary dissection
- Post initial surgical correlation/treatment planning

9. RADIATION ONCOLOGY CONSULTATION/TREATMENT

- Whole breast irradiation with or without boost
- Regional nodal irradiation
- Partial breast irradiation treatment or protocols
- Palliative radiation for bone or systemic metastasis
- Stereotactic radiation for isolated or limited brain metastasis

(NAPBC Program Components continued on next page)



10. MEDICAL ONCOLOGY CONSULTATION/TREATMENT

- Hormone therapy
- Chemotherapy
- Biologics
- Chemoprevention

11. NURSING

- Nurses with specialized knowledge and skills in diseases of the breast

12. GENETIC EVALUATION AND MANAGEMENT

- Genetic risk assessment
- Genetic counseling
- Genetic testing

13. EDUCATION, SUPPORT, AND REHABILITATION

- Education (nurse) along continuum of care (pretreatment, during, posttreatment)
- Psychosocial support
- Individual support
- Family support
- Support groups
- Symptom management
- Physical therapy (for example, lymphedema risk reduction practices and management, shoulder ROM)

14. PLASTIC SURGERY CONSULTATION/TREATMENT

- Tissue expander/implants
- TRAM/latissimus flaps
- DIEP flap/free flaps (if available)

15. RESEARCH

- Cooperative trials
- Institutional original research (not part of national trials)
- Industry-sponsored trials

16. OUTREACH AND EDUCATION

- Community education: at large (including low-income/medically underserved)
- Patient education
- Physician education

17. QUALITY IMPROVEMENT

- Continuous quality improvement through annual studies



CHAPTER 1 CENTER LEADERSHIP

Purpose: The standards establish the medical director and/or codirectors, or the interdisciplinary steering committee as the Breast Program Leadership (BPL) responsible and accountable for breast center activities.

Standard 1.1 Level of Responsibility and Accountability

The organizational structure of the breast center gives the BPL responsibility and accountability for provided breast center services.

Standard 1.2 Interdisciplinary Breast Cancer Conference

The BPL establishes, monitors, and evaluates the interdisciplinary breast cancer conference frequency, multidisciplinary attendance, prospective case presentation, and total case presentation annually, including American Joint Committee on Cancer (AJCC) staging and discussion of nationally accepted guidelines. CME credit is recommended.

Standard 1.3 Evaluation and Management Guidelines

The BPL identifies and references evidence-based breast care evaluation and management guidelines.

CHAPTER 2 CLINICAL MANAGEMENT

Purpose: The standards identify the scope of clinical services needed to provide quality breast care to patients. The managing physician is essential to coordinating a multidisciplinary team approach to patient care.

Standard 2.1 Interdisciplinary Patient Management

After a diagnosis of breast cancer, the patient management is conducted by an interdisciplinary team. Physician team members are board certified or in the process of board certification.

Standard 2.2 Patient Navigation

A patient navigation process is in place to guide the patient with a breast abnormality through provided or referred services.

Standard 2.3 Breast Conservation

A proportion of at least 50 percent (50%) of all patients diagnosed with early-stage breast cancer (Stage 0, I, II) are offered and/or treated with breast-conserving surgery, and compliance is evaluated annually by the BPL.

Standard 2.4 Sentinel Node Biopsy

Axillary sentinel lymph node biopsy is considered or performed for patients with early-stage breast cancer (Clinical Stage I, II), and compliance is evaluated annually by the BPL.

Standard 2.5 Breast Cancer Surveillance

A plan is in place for assuring follow-up surveillance of breast cancer patients.

Standard 2.6 Breast Cancer Staging

The BPL develops a process to monitor physician use of AJCC staging in treatment planning for breast cancer patients. The process and results of such monitoring are discussed among the BPL and breast center staff, and the findings are documented annually.

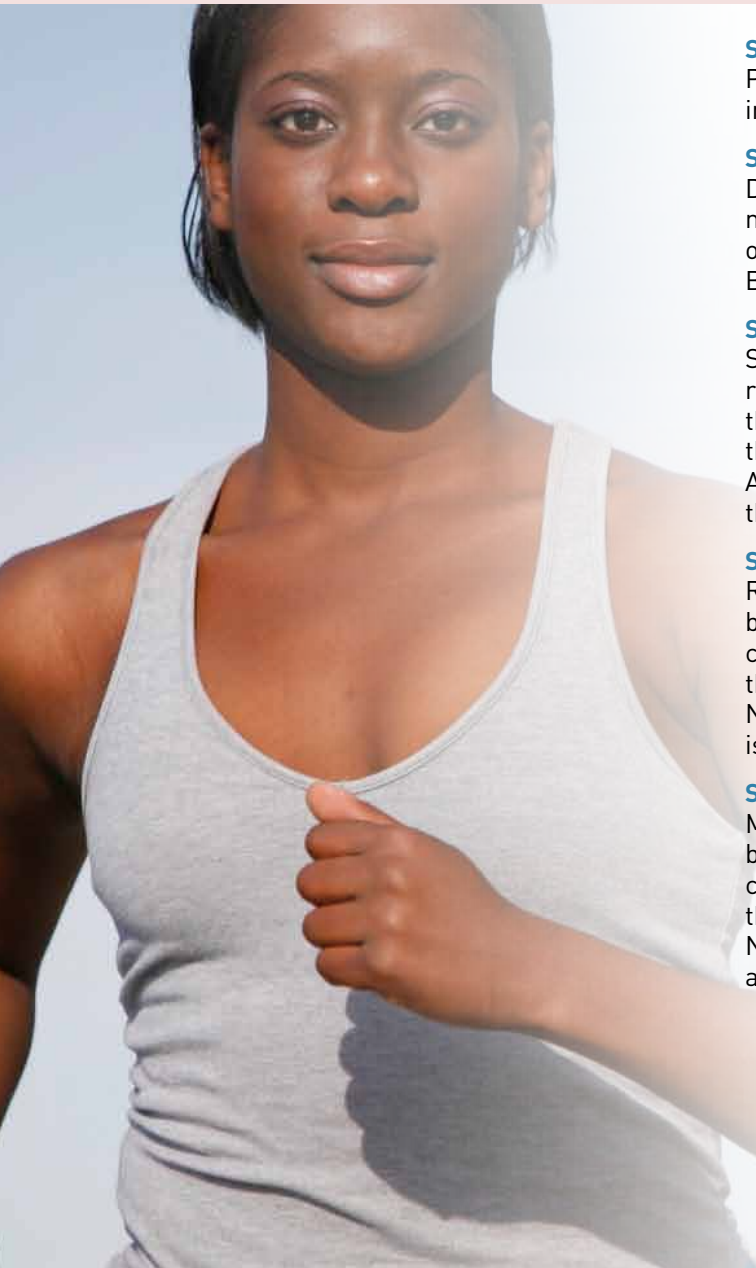
Standard 2.7 Pathology Reports

The College of American Pathologists (CAP) Cancer Committee guidelines are followed for all invasive breast cancers, including estrogen and progesterone receptors and Her2 status.

Standard 2.8 Diagnostic Imaging

Screening mammography, diagnostic mammography, and breast MRI are performed at Mammography Quality Standards Act (MQSA)-certified facilities and interpreted by MQSA-certified physicians.

(NAPBC Program Standards continued on next page)

**Standard 2.9 Needle Biopsy**

Palpation-guided or image-guided needle biopsy is the initial diagnostic approach rather than open biopsy.

Standard 2.10 Ultrasonography

Diagnostic ultrasound and/or ultrasound-guided needle biopsy are performed by an American College of Radiology (ACR)-qualified or American Society of Breast Surgeons (ASBS)-certified physician.

Standard 2.11 Stereotactic Core Needle Biopsy

Stereotactic core needle biopsy is performed by radiologists, surgeons, and other physicians under the standards and requirements developed by the American College of Radiology (ACR) and the American College of Surgeons (ACoS) or certified by the American Society of Breast Surgeons (ASBS).

Standard 2.12 Radiation Oncology

Radiation oncology treatment services are provided by or referred to radiation oncologists that are board certified or in the process of board certification, and the breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation therapy is utilized.

Standard 2.13 Medical Oncology

Medical oncology treatment services are provided by or referred to medical oncologists that are board certified or in the process of board certification, and the breast cancer quality measures endorsed by the National Quality Forum (NQF) for medical oncology are utilized.

Standard 2.14 Nursing

Nursing care is provided by or referred to nurses with specialized knowledge and skills in diseases of the breast. Nursing assessment and interventions are guided by evidence-based standards of practice and symptom management.

Standard 2.15 Support and Rehabilitation

Support and rehabilitation services are provided by or referred to clinicians with specialized knowledge of diseases of the breast.

Standard 2.16 Genetic Evaluation and Management

Genetic risk assessment, genetic education and counseling, and genetic testing services are provided or referred.

Standard 2.17 Educational Resources

Culturally appropriate educational resources are available for patients, along with a process to provide them. The materials provided are reviewed on an annual basis and adjusted for the patient population.

Standard 2.18 Reconstructive Surgery

Reconstructive surgery is provided by or referred to reconstructive surgeons that are board certified or in the process of board certification.

Standard 2.19 Evaluation and Management of Benign Breast Disease

Evaluation and management of benign breast disease follows nationally recognized guidelines.

(NAPBC Program Standards continued on next page)



CHAPTER 3 RESEARCH

Purpose: The standards promote advancement in prevention, early diagnosis, and treatment through the provision of clinical trial information and patient accrual to breast cancer-related clinical trials and research protocols.

Standard 3.1 Clinical Trial Information

Information about the availability of breast cancer-related clinical trials is provided to patients through a formal mechanism.

Standard 3.2 Clinical Trial Accrual

Two percent (2%) or more of all eligible breast cancer patients are accrued to treatment-related breast cancer clinical trials and/or research protocols annually.

CHAPTER 4 COMMUNITY OUTREACH

Purpose: The Standard ensures that breast cancer education, prevention, and early detection opportunities are provided to the community, patients, and their families.

Standard 4.1 Education, Prevention, and Early Detection Programs

Each year, two or more breast cancer education, prevention, and/or early detection programs are provided on site or coordinated with other facilities or local agencies targeted to the community, and follow-up is provided to patients with positive findings.

CHAPTER 5 PROFESSIONAL EDUCATION

Purpose: The standard promotes increased knowledge of breast center staff through participation in local, regional, or national educational activities.

Standard 5.1 Breast Center Staff Education

Professionally certified/credentialed members of the breast center participate in local (in addition to breast cancer conference attendance), state, regional, or national breast-specific educational programs annually.

CHAPTER 6 QUALITY IMPROVEMENT

Purpose: The standard ensures that breast services, care, and patient outcomes are evaluated and improved continuously.

Standard 6.1 Quality and Outcomes

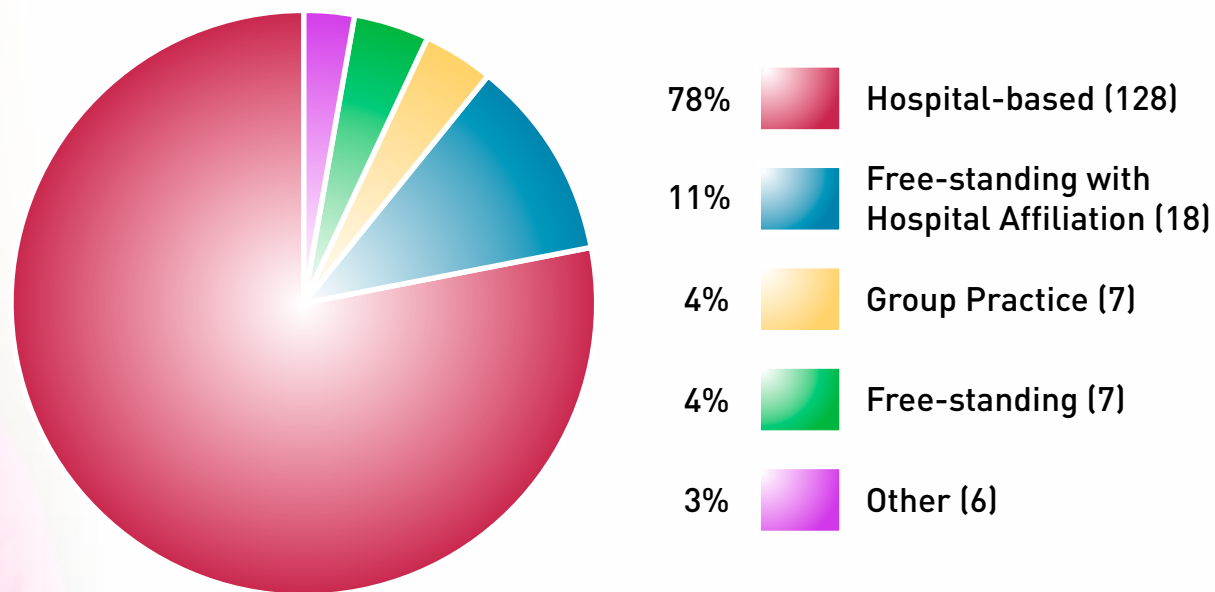
Each year, the breast program leadership conducts or participates in two or more studies that measure quality and/or outcomes and the findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee, where applicable.

NAPBC Year in Review





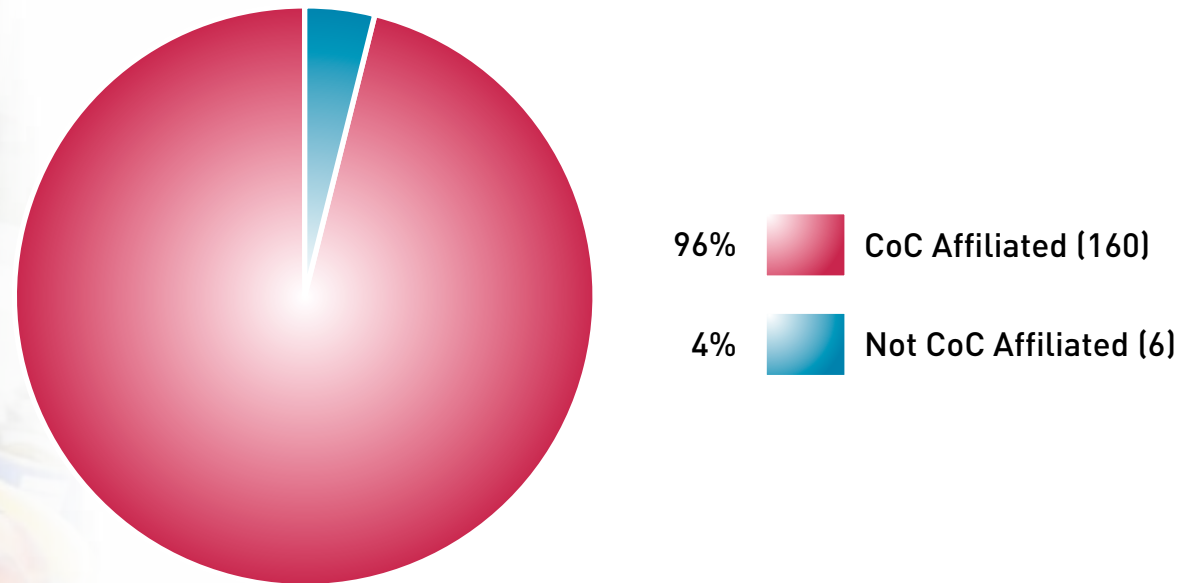
Percentage Distribution of Types of Breast Centers by Category



Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



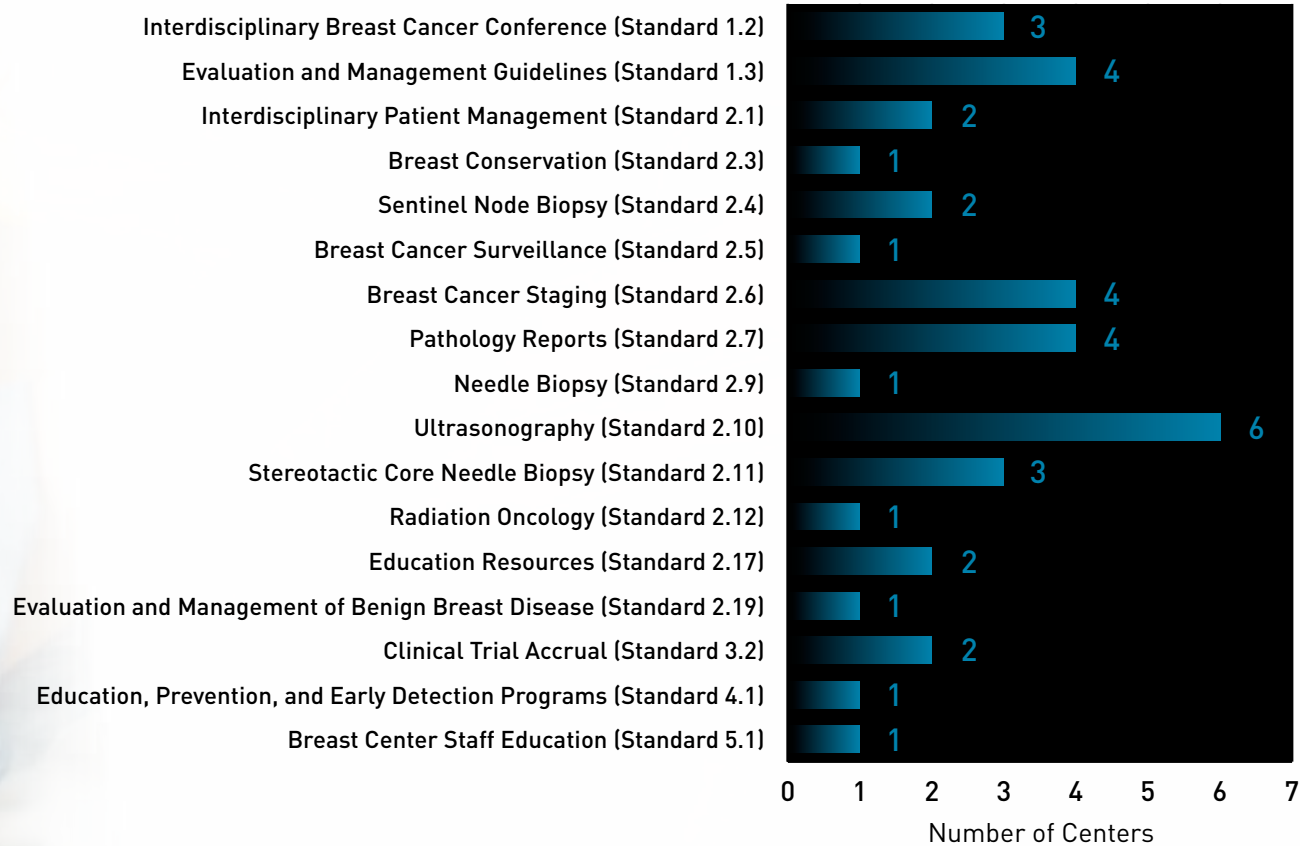
NAPBC Centers Affiliated with Commission on Cancer-Accredited Cancer Programs



Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



NAPBC Most Common Deficiencies

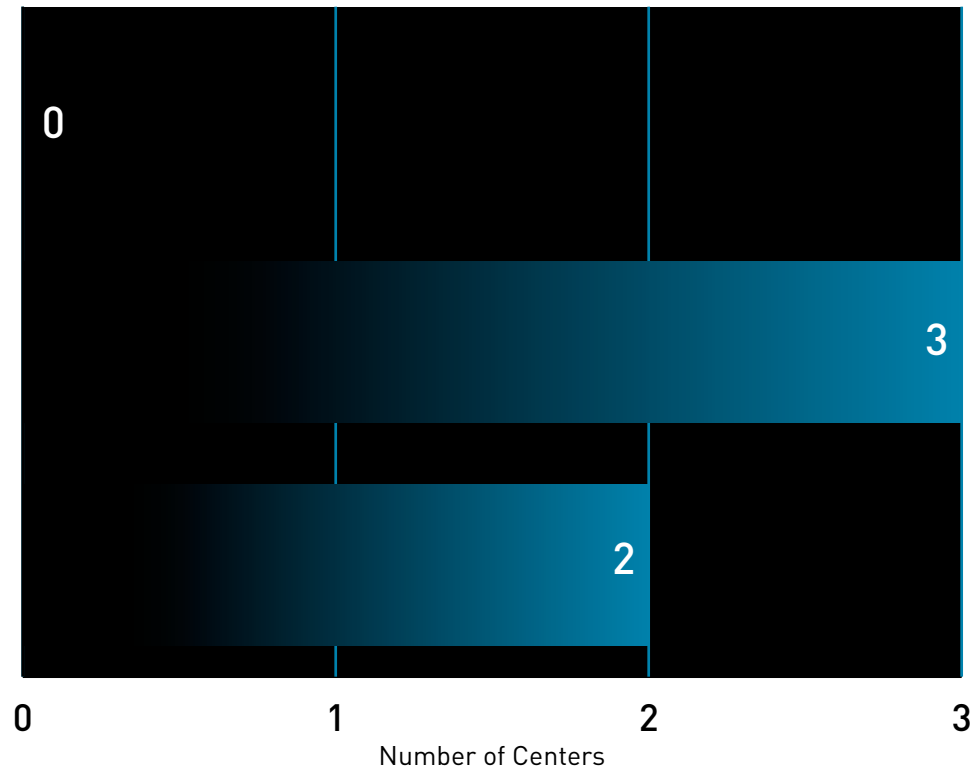


Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Number of Centers with Deficiencies in Critical Standards

- Level of Responsibility and Accountability (Standard 1.1)
- Interdisciplinary Breast Cancer Conference (Standard 1.2)
- Interdisciplinary Patient Management (Standard 2.1)



Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Standard 2.3 Breast Conservation

A proportion of at least fifty percent (50%) of all patients diagnosed with early stage breast cancer (Stage 0, I, II) is offered and/or treated with breast conserving surgery, and compliance is evaluated annually by the BPL.

Total Patient Population	22,908
Total Number of Patients Receiving Breast Conserving Surgery	15,446
Average Percent of Patients Treated with Breast Conserving Surgery	68%

Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Standard 2.4 Sentinel Node Biopsy

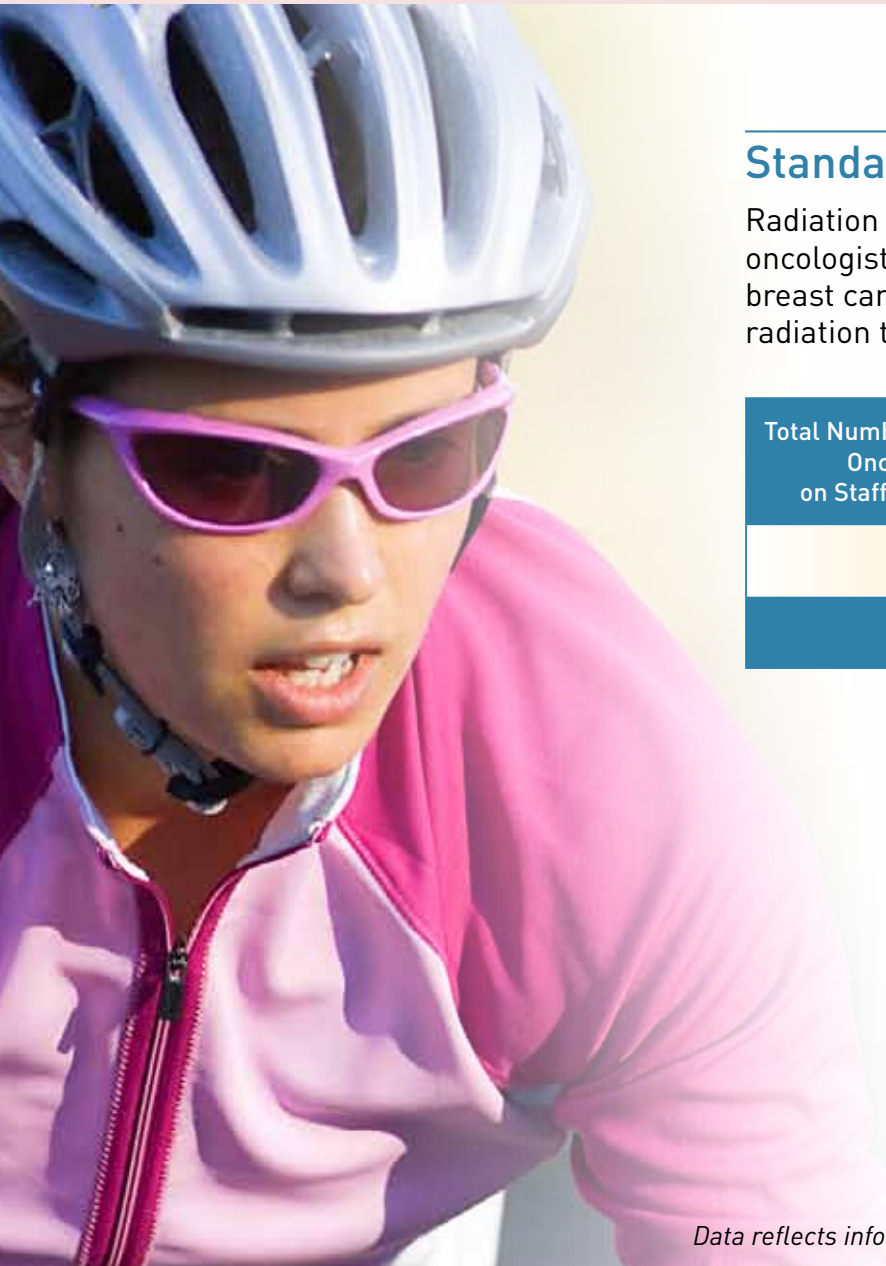
Axillary sentinel lymph node biopsy is considered or performed for patients with early stage breast cancer (Stage I, II), and compliance is evaluated annually by the BPL.



- 65% ■ Sentinel Node Biopsies Performed (13,520)
- 20% ■ Axillary Lymph Node Dissections (4,323)
- 15% ■ Positive Sentinel Node (3,263)

Total Patient Population = 17,796

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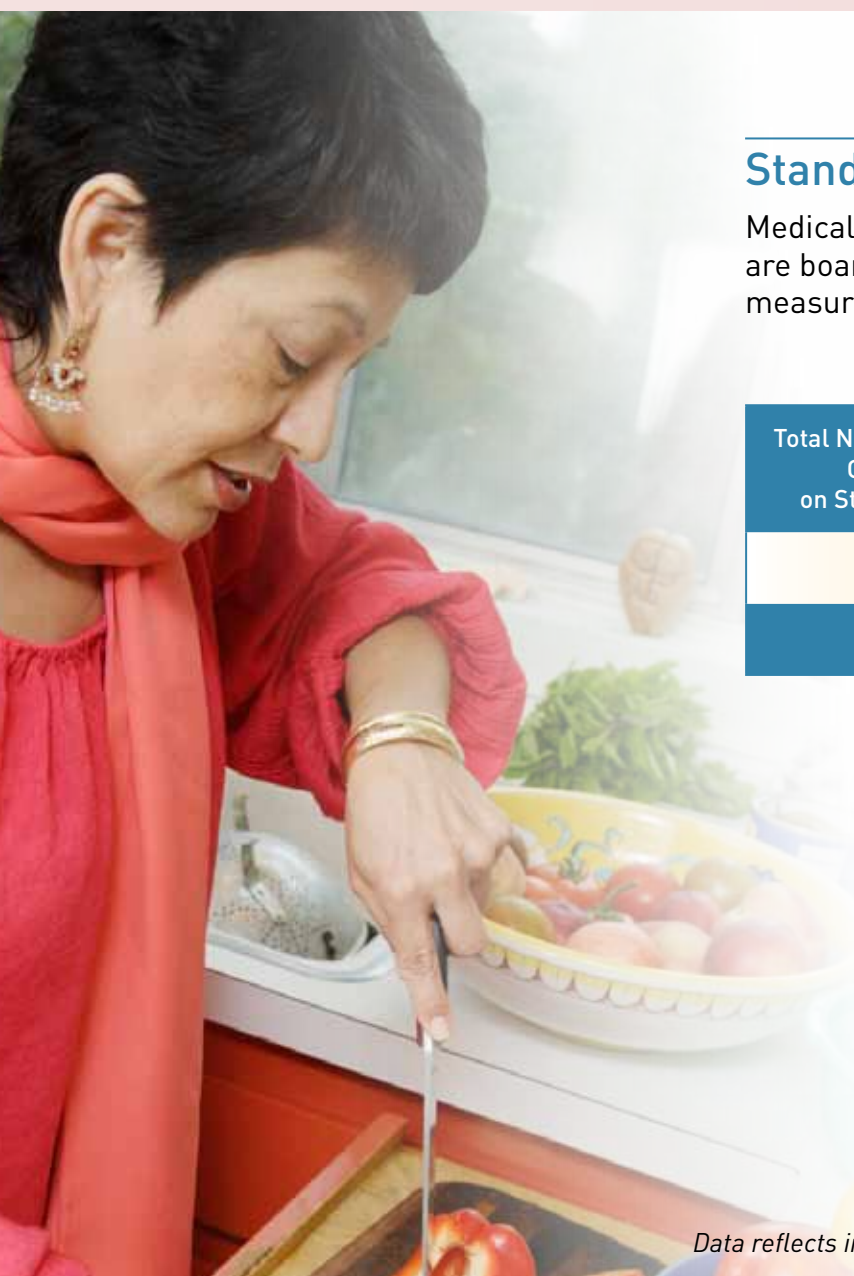


Standard 2.12 Radiation Oncology

Radiation oncology treatment services are provided by or referred to board radiation oncologists that are board certified or in the process of board certification, and the breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation therapy is utilized.

Total Number of Radiation Oncologists on Staff or Referred	Total Number of Radiation Oncologists Participating in PAAROT	Total Number of Radiation Oncologists NOT Participating in PAAROT	Total Number of Radiation Oncologists Planning to Participate in PAAROT
412	75	206	115
18%		56%	

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Standard 2.13 Medical Oncology

Medical oncology treatment services are provided by or referred to medical oncologists that are board certified or in the process of board certification, and the breast cancer quality measures endorsed by the National Quality Forum (NQF) for medical oncology are utilized.

Total Number of Medical Oncologists on Staff or Referred	Total Number of Medical Oncologists Participating in QOPI	Total Number of Medical Oncologists NOT Participating in QOPI	Total Number of Medical Oncologists Planning to Participate in QOPI
696	239	275	96
34%		35%	

Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Standard 3.2 Clinical Trial Accrual

Two percent (2%) or more of all eligible breast cancer patients are accrued to treatment-related breast cancer clinical trials and/or research protocols annually.

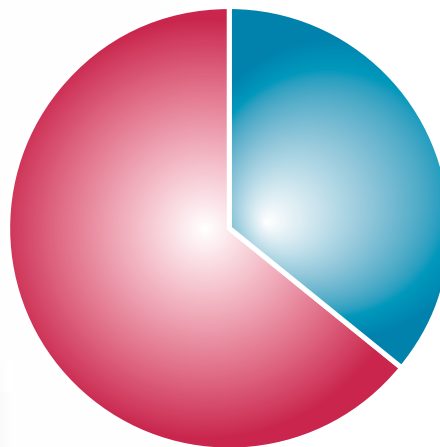
Research Activity/Group	Number of Centers Participating
American College of Surgeons Oncology Group (ACOSOG)	40
Cancer and Leukemia Group B (CALGB)	49
Eastern Cooperative Oncology Group (ECOG)	79
Institutional Original Research	64
National Surgical Adjuvant Breast and Bowel Project (NSABP)	80
National Cancer Institute Sponsored Cooperative Group Outreach Program (CCOP)	27
North Central Cancer Treatment Group (NCCIG)	20
Pharmaceutical Company Sponsored Research	65
Radiation Therapy Oncology Group (RTOG)	49
Southwest Oncology Group (SWOG)	50
Technology Trials	24

Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Standard 4.1 Education, Prevention, and Early Detection Programs

Each year, two or more breast cancer education, prevention, and/or early detection program(s) are provided on site or coordinated with other facilities or local agencies targeted to the community and follow-up is provided to patients with positive findings.



- 64% ■ Centers that provided more than two Education, Prevention, and Early Detection Programs (106)
- 36% ■ Centers that did not provide more than two Education, Prevention, and Early Detection Programs (60)

Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



Standard 6.1 Quality and Outcomes

Each year the breast program leadership conducts or participates in two or more studies that measure quality and/or outcomes and the findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee, where applicable.

TOP 10 QUALITY AND OUTCOME STUDIES REPORTED BY NAPBC-ACCREDITED CENTERS

- 1 Electronic Quality Improvement Packet (eQuIP) – American College of Surgeons (ACoS)
- 2 Cancer Program Practice Profile (CP3R) – American College of Surgeons (ACoS)
- 3 Performance Assessment for the Advancement of Radiation Oncology Treatment (PAAROT) – American Society for Therapeutic Radiology and Oncology (ASTRO)
- 4 Quality Oncology Practice Initiative (QOPI) – American Society Clinical Oncology (ASCO)
- 5 National Quality Measures for Breast Centers (NQMBC) – National Consortium of Breast Centers (NCBC)
- 6 Mastery of Breast Surgery Program American Society Breast Surgeons (ASBS)
- 7 NCCN Quality Measures for Breast Cancer National Comprehensive Cancer Network (NCCN)
- 8 Her2 Neu Analysis (local study)
- 9 SLN in Breast Cancer Study (local study)
- 10 Time from Diagnostic Mammogram to Biopsy (local study)

Data reflects information gathered from 166 centers that are accredited or in the process of being accredited by the NAPBC.



2008–2009 Financial Report*

REVENUE		FY 2009
Survey/Accreditation Fee	\$	480,000
Educational Programs		0
Publication Sales		36
Total Revenue	\$	480,036
EXPENSES		
Staffing (2 FTE)		108,716
Survey Expenses		92,300
Meetings		62,834
Exhibits		37,434
Promotional/Marketing		47,484
General Operations		32,017
Total Expenses	\$	380,785
Indirect Expenses (37.2%)		141,652
Total Expenses	\$	522,437
Expenses in Excess of Revenue		(42,401)

**For Fiscal Year Ended June 30, 2009*

<http://www.accreditedbreastcenters.org>

Now that you've seen our 2009 annual report, click on the link above to visit our Web site and see what we're doing in 2010.



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