2013
NAPBC Annual Report
100 Years of Quality Programs
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Message from the NAPBC Chair

On behalf of the National Accreditation Program for Breast Centers (NAPBC), a quality program of the American College of Surgeons, I am excited to share with you this Annual Report. The data in this report was gleaned from information shared by breast centers seeking accreditation or re-accreditation in their Survey Application Report (SAR). I know that you will find the information valuable and share this with your staff and other interested parties.

Over the past 12 months the NAPBC continued to see an increased in the number of centers seeking initial or re-accreditation. During this increase, our staff and Board continue their commitment to provide all NAPBC-accredited centers with the support they need while looking for ways to add value and increase services to our breast centers.

Earlier this year, the NAPBC held a strategic planning session, which resulted in eight specific areas of focus:

– Brand Leadership
– Organizational Survival/Stability
– Evidence/Data-Based Value
– American College of Surgeons and the Commission on Cancer Relationship

Going forward, our energy will be directed toward improving the value to our accredited centers as well as developing new and valuable tools that our centers may utilize. Recently, we have obtained the breast cancer database from the National Cancer Data Base of the Commission on Cancer. We hope to mine the data for the benefit of our accredited centers as well as demonstrate the value of accreditation.

As we look toward the future, we will continue our commitment to you and work to help ensure the highest quality of care for patients with breast disease. Regardless of the financial and structural changes that will occur to organized medicine, the comprehensive care of the breast cancer patient will remain a vital and necessary goal for all of us. The NAPBC will be a leader and at the forefront of achieving that goal. Thank you for your support and all that you do to support your community and your patients.

Please contact me or a member of the NAPBC Board or staff with any questions or comments you might have.

Cary S. Kaufman, MD, FACS
Chair, National Accreditation Program for Breast Centers
NAPBC Vision
The National Accreditation Program for Breast Centers (NAPBC) is recognized as the comprehensive authority for multidisciplinary excellence and accreditation in breast care.

NAPBC Mission
The National Accreditation Program for Breast Centers is dedicated to the improvement of quality care and outcomes of patients with disease of the breast through evidence-based standards and patient and professional education.

NAPBC Goals and Objectives
• 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 Data Base 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.
How Centers Heard about the NAPBC

Data reflects information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012–8/31/2013
n=186 programs
1 Commission on Cancer (CoC) of the American College of Surgeons
NAPBC-Accredited Centers Affiliated with Medical School

Data reflect information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012-8/31/2013
n=186 programs

58% Centers not affiliated with medical school (107)

42% Centers affiliated with Medical School (79)
NAPBC-Accredited Centers Affiliated with the Commission on Cancer (CoC)

Data reflect information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012-8/31/2013
n=186 programs
2012: 7% Not CoC Affiliated; 93% CoC Affiliated
2011: 9% Not CoC Affiliated; 91% CoC Affiliated
2010: 5% Not CoC Affiliated; 95% CoC Affiliated
2009: 4% Not CoC Affiliated; 96% CoC Affiliated

92% CoC Affiliated (172)
8% Not CoC Affiliated (14)
Geographic Distribution of NAPBC Accredited Centers
(547 accredited centers April 2014)

NAPBC accredited centers can be found in 48 states, including Alaska and Hawaii, plus Puerto Rico.
Distribution of Breast Centers by Center Type

- 83% Hospital-based
- 11% Free-standing with Hospital Affiliation
- 2% Group Practice
- 3% Other
- 1% Free-standing
## Center Resources and Services Provided or Referred

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>PROVIDED</th>
<th>REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdisciplinary Breast Cancer Conference</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Nursing</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Data Management</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Patient Navigation</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Needle Biopsy (Core Preferred)</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Surgical Care</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Imaging</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Pathology</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Outreach and Community Education</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Medical Oncology Consultation/Treatment</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Education, Support, and Rehabilitation</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Radiation Oncology Consultation/Treatment</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Plastic Surgery Consultation/Treatment</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Research</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Survivorship</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Genetic Evaluation and Management</td>
<td>66%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Accredited Centers with a Breast-Specific Database

- 73% No Breast Cancer Specific Database
- 27% Breast Cancer Specific Database
Top 10 Most Cited Deficiencies

2.19 Evaluation and Management of Benign Breast Disease
2.10 Ultrasonography
2.11 Sterotactic Core Needle Biopsy
5.1 Breast Center Staff Education
3.2 Clinical Trial Accrual
2.6 Breast Cancer Staging
2.18 Reconstructive Survey
2.16 Genetic Evaluation and Management
2.9 Needle Biopsy
2.12 Radiation Oncology
1.2 Interdisciplinary Breast Cancer Conference

(August 2012–September 2013)
Breast Program Leadership Composition

- 2% A single individual
- 8% A multidisciplinary team of 1–5 individuals
- 68% A multidisciplinary team of 10 or more individuals

Breast Program Leader Specialty

- 55% Surgery
- 19% Other
- 10% Medical Oncology
- 8% Radiology
- 4% Administration
- 2% Pathology
- 2% Radiation Oncology
- 2% Pathology
- 2% Radiation Oncology
Total Number of Breast Cancer Cases Reported
9/1/2012 – 8/31/2013

- 2% (≥1001 cases)
- 4% (≤50 cases)
- 16% (51–100 cases)
- 38% (250–1000 cases)
- 40% (101–250 cases)
Interdisciplinary Breast Conference Frequency

- 55% Weekly
- 33% Every other week or twice monthly
- 7% Cases included in weekly cancer conference
- 5% Other

Portion of Total Breast Cancer Cases Discussed at Breast Conference

- 85% 76–100%
- 2% 51–75%
- 7% 26–50%
- 5% 0–25%
- 1% Other
Most Commonly Utilized Management and Treatment Guidelines

- 97% National Comprehensive Cancer Network (NCCN)
- 1% American College of Radiology (ACR)
- 1% Adjuvant Online
- 1% Other
Surgeons Listed on Breast Center Roster

- 11% None
- 7% Single surgeon
- 26% Between 5–10 surgeons
- 55% Between 2–5 surgeons

Fellowship-Trained Breast Surgeons

- 37% Fellowship trained breast surgeon
- 63% Not a fellowship trained breast surgeon
Radiologists Listed on Breast Center Roster

- 7% 1 Radiologist
- 14% ≥ 10 Radiologists
- 36% Between 5–10 Radiologists
- 43% Between 2–5 Radiologists

Fellowship-Trained Breast-Imaging Radiologist

- 62% Fellowship trained breast-imaging radiologist
- 38% Not a fellowship trained breast-imaging radiologist
Number of Patient Navigators on Staff (Average 2.7)

Data reflect information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012-8/31/2013
n=178 programs
Specialty of Primary Patient Navigator

- 91% Nurse
- 5% Full-time non-professional
- 2% Social work
- 1% Physician Assistant
- 1% Not applicable
Standard 2.3
Breast Conservation Rate

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

66%
Treated with Breast Conserving Surgery / Lumpectomy

34%
Masectomy
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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total caseload of Stage 1, 2 breast cancer patients</td>
<td>24,023</td>
</tr>
<tr>
<td>Total number of patients with sentinel node biopsies performed (84% of total cases)</td>
<td>20,203</td>
</tr>
<tr>
<td>Total number of positive sentinel node biopsies</td>
<td>3,880</td>
</tr>
<tr>
<td>Percent positive sentinel node biopsies</td>
<td>19.20%</td>
</tr>
<tr>
<td>Of total number of positive sentinel node biopsies, number of axillary LN dissections performed (62% of positive sentinel node patients)</td>
<td>2,402</td>
</tr>
<tr>
<td>Total number of axillary dissections performed as an initial procedure without prior sentinel node biopsy (7% of total caseload Stage 1, 2 breast cancer patients)</td>
<td>1,653</td>
</tr>
<tr>
<td>Total number of axillary dissections performed (17% of total caseload)</td>
<td>4,055</td>
</tr>
</tbody>
</table>

Of total number of positive sentinel node biopsies, number of axillary LN dissections performed (62% of positive sentinel node patients) 2,402
Total number of axillary dissections performed as an initial procedure without prior sentinel node biopsy (7% of total caseload Stage 1, 2 breast cancer patients) 1,653
Total number of axillary dissections performed (17% of total caseload) 4,055
Standard 2.15 – Support and Rehabilitation Services

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

<table>
<thead>
<tr>
<th>SUPPORT AND REHABILITATION SERVICES</th>
<th>PROVIDED</th>
<th>REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional Counseling</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Psychosocial Screening and Support</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Lymphedema</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Support Groups</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Standard 2.16 – Genetic Evaluation and Management

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

<table>
<thead>
<tr>
<th>GENETIC EVALUATION AND MANAGEMENT</th>
<th>PROVIDED</th>
<th>REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Assessment</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Genetic Risk Assessment</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Genetic Testing</td>
<td>72%</td>
<td>45%</td>
</tr>
<tr>
<td>Genetic Education and Counseling</td>
<td>67%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Each year the Breast Program Leadership (BPL) 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.
American Society of Plastic Surgeons (ASPS)

Tracking Operations and Outcomes for Plastic Surgeons (TOPS)

- Not participating in TOPS
- Participating in TOPS
- Planning to participate in TOPS

Bar chart showing:
- 296 not participating
- 65 participating
- 41 planning to participate
Synoptic Reporting

Data reflect information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012-8/31/2013
n=178 programs

1% Pathology reports do not include synoptic reporting

99% Pathology reports include synoptic reporting
American Society of Breast Surgeons
Mastery of Breast Surgery Program

- Not participating in the Mastery of Breast Surgery Program: 402
- Participating in the Mastery of Breast Surgery Program: 117
- Planning to participate in the Mastery of Breast Surgery Program: 75
National Consortium of Breast Centers

National Quality Breast Measures for Breast Centers (NQMBC) Program

Data reflect information gathered from centers that are accredited by the NAPBC
Timeframe: 9/1/2012-8/31/2013
n=178 programs

25%
Participating in NQMBC (45)

75%
Not participating in NQMBC (133)
NAPBC Program Components

1. Imaging
2. Needle Biopsy
3. Pathology
4. Interdisciplinary Breast Cancer Conference
5. Patient Navigation
6. Genetic Evaluation and Management
7. Surgical Care
8. Plastic Surgery Consultation and Treatment
9. Nursing
10. Medical Oncology Consultation and Treatment
11. Radiation Oncology Consultation and Treatment
12. Data Management
13. Research
14. Education, Support, and Rehabilitation
15. Outreach and Education
16. Quality Improvement
17. Survivorship Program

NAPBC Critical Standards

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 and individual attendance, prospective case presentation, and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines.

Standard 2.1 – Interdisciplinary Patient Management
After a diagnosis of breast cancer the patient management is conducted by an interdisciplinary team.

*Centers must comply with ALL critical standards in order to move forward in the accreditation process.

To see full list of NAPBC Standards, please visit:
https://www.facs.org/quality-programs/napbc/standards
NAPBC Member Organizations

Winning health care partnerships draw on individual strengths. Our NAPBC member organizations are dedicated to a collaborative process to achieve a single, national standard for the quality of care provided to the breast cancer patient. Each organization currently has at least one representative that sits on the NAPBC Board.

American Board of Surgery  
American Cancer Society  
American College of Radiology, Commission on Breast Imaging  
American College of Radiology Imaging Network  
American College of Surgeons  
American Institute of Radiological Pathology  
American Society of Breast Disease  
American Society of Breast Surgeons  
American Society of Clinical Oncology  
American Society of Plastic Surgeons  
American Society for Radiation Oncology  
Association of Cancer Executives  
Association of Oncology Social Work  
College of American Pathologists  
National Cancer Registrars Association  
National Consortium of Breast Centers  
National Society of Genetic Counselors  
Oncology Nursing Society  
Society of Breast Imaging  
Society of Surgical Oncology

Collaborating Partners

American Cancer Society  
myBCTeam  
National Lymphedema Network  
Research Advocacy Network  
Susan G. Komen for the Cure®  
Translating Research Across Communities
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cary S. Kaufman, MD, FACS</td>
<td>Chair, National Consortium of Breast Centers</td>
</tr>
<tr>
<td>James Connolly, MD, FCAP</td>
<td>Vice-Chair, College of American Pathologists</td>
</tr>
<tr>
<td>Amy Alderman, MD</td>
<td>Representing: American Society of Plastic Surgeons</td>
</tr>
<tr>
<td>Douglas W. Arthur, MD</td>
<td>Representing: American Society for Radiation Oncology</td>
</tr>
<tr>
<td>Jay A. Baker, MD</td>
<td>Representing: American College of Radiology Imaging Network</td>
</tr>
<tr>
<td>Paul Baron, MD, FACS</td>
<td>Representing: American College of Radiology Imaging Network</td>
</tr>
<tr>
<td>Richard J. Bleicher, MD, FACS</td>
<td>Representing: American College of Surgeons</td>
</tr>
<tr>
<td>Anees Chagpar, MD, FACS</td>
<td>Representing: American College of Surgeons</td>
</tr>
<tr>
<td>Judy Destouet, MD</td>
<td>Representing: American College of Radiology Imaging Network</td>
</tr>
<tr>
<td>Carl J. D’Orsi, MD, F</td>
<td>Representing: ACR American College of Radiology Imaging Network</td>
</tr>
<tr>
<td>Lori Goldstein, MD</td>
<td>Representing: American Society of Clinical Oncology</td>
</tr>
<tr>
<td>Teresa Heckel, BSBA, RT(R)(T),</td>
<td>Representing: Association of Cancer Executives</td>
</tr>
<tr>
<td>Ronda Henry-Tilman, MD, FACS</td>
<td>Representing: American Cancer Society</td>
</tr>
<tr>
<td>Cheryl Herman, MD</td>
<td>Representing: American College of Radiology Breast Imaging</td>
</tr>
<tr>
<td>Julio A. Ibarra, MD</td>
<td>Representing: American Society of Breast Disease</td>
</tr>
<tr>
<td>Peter M. Jokich, MD</td>
<td>Representing: Society of Breast Imaging</td>
</tr>
<tr>
<td>Scott H. Kurtzman, MD, FACS</td>
<td>Representing: Society of Surgical Oncology</td>
</tr>
<tr>
<td>Jessica Leung, MD</td>
<td>Representing: Society of Breast Imaging</td>
</tr>
<tr>
<td>Allison L. Laidley, MD, FACS</td>
<td>Representing: American Society of Breast Surgeons</td>
</tr>
<tr>
<td>J. Leonard Lichtenfeld, MD, MACP</td>
<td>Representing: American Cancer Society</td>
</tr>
<tr>
<td>Shannon M. MacDonald, MD</td>
<td>Representing: American Society for Radiation Oncology</td>
</tr>
<tr>
<td>Michael F. McGuire, MD, FACS</td>
<td>Representing: American Society of Plastic Surgeons</td>
</tr>
<tr>
<td>Krista Nelson, MSW, LICSW, OSW-C</td>
<td>Representing: Association of Oncology Social Work</td>
</tr>
<tr>
<td>Barbara Rabinowitz, PhD, MSW, RN</td>
<td>Representing: National Consortium of Breast Centers</td>
</tr>
<tr>
<td>Ruth O’Regan, MD</td>
<td>Representing: American Society of Clinical Oncology</td>
</tr>
<tr>
<td>Jean Rosiak, MSN, RN, ANP-BC</td>
<td>Representing: Oncology Nursing Society</td>
</tr>
<tr>
<td>Gordon F. Schwartz, MD, FACS</td>
<td>Representing: American Society of Breast Disease</td>
</tr>
<tr>
<td>Jean F. Simpson, MD, FCAP</td>
<td>Representing: College of American Pathologists</td>
</tr>
<tr>
<td>Hester Hill Schnipper, LICSW, BCD, OSW-C</td>
<td>Representing: American Institute of Radiological Pathology</td>
</tr>
<tr>
<td>Dana H. Smetherman, MD, FACR</td>
<td>Representing: American Institute of Radiological Pathology</td>
</tr>
<tr>
<td>Randy Stevens, MD</td>
<td>Representing: Member-at-Large</td>
</tr>
<tr>
<td>David Winchester, MD, FACS</td>
<td>Representing: American College of Surgeons</td>
</tr>
<tr>
<td>Scott M. Weissman, MS, LGC</td>
<td>Representing: National Society of Genetic Counselors</td>
</tr>
<tr>
<td>Gary Whitman, MD, FACR</td>
<td>Representing: American Institute of Radiological Pathology</td>
</tr>
<tr>
<td>Shawna C. Willey, MD, FACS</td>
<td>Representing: American Society of Breast Surgeons</td>
</tr>
<tr>
<td>Joanne Zeller, MBA, CTR</td>
<td>Representing: National Cancer Registrars Association</td>
</tr>
</tbody>
</table>
NAPBC Committee Structure

**Advocacy and Outreach Committee**
Advocates for patient-centered care and informs the public, patients, and the health care community about the NAPBC mission to improve the quality of breast care.

Hester Hill Schnipper, LICSW, BCD, OSW-C, Chair
Mary Lou Smith, JD, Vice-Chair

**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.

Randy Stevens, MD, Chair
Colette Salm-Schmid, MD, FACS, Vice-Chair

**International Committee**
Developed as a result of interest expressed by multiple countries about the multidisciplinary structure of the NAPBC and its quality improvement objectives and is dedicated to elevating the quality of breast health care throughout the world by promoting education, research, coordinated care delivery, and intellectual collaboration among health care leaders, physicians, scientists, researchers, government agencies, and patient advocate organizations, where economically feasible and culturally appropriate.

Michael F. McGuire, MD, FACS, Chair

**Quality Improvement and Information Technology Committee**
Directs the activities of the NAPBC’s quality improvement activities by identifying and defining appropriate measures to support the quality improvement efforts and identification and/or development of a viable data collection instrument to measure quality improvement for NAPBC-accredited breast centers as defined by the NAPBC Board and reflected in the NAPBC Standards Manual.

Julio Ibarra, MD, Chair
Richard Bleicher, MD, FACS, Vice-Chair
Katharine Yao, MD, FACS, Vice-Chair
NAPBC Central Office Staff

Karen Pollitt, Senior Manager
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Tenisha M. Granville, Program Specialist
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Steffanye Hawbaker Mack, Education Administrator
shawbakermack@facs.org

Susan Rubin MPH, Business Development Manager
srubin@facs.org

David P Winchester, MD, FACS, Medical Director,
Cancer Programs
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