

A Model Breast Care Center at George Washington University Medical Center

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In the early 1990s, women who were treated for breast cancer at the George Washington (GW) University Medical Center received excellent care from surgeons, radiation oncologists, and medical oncologists. But the care was fragmented and patients had to navigate through the continuum of care alone. Staff believed that these patients needed more comprehensive services than they were receiving, and a proposal to establish a comprehensive breast center was enthusiastically received by the chairman of the Department of Surgery. After five months of preparation and planning, GW's new Breast Care Center opened in April 1993.

GETTING STARTED

Some of GW's first tasks included developing and adopting a mission statement, naming the Breast Care Center, and designing a logo. In deference to the many benign breast conditions also needing specialty care, GW decided not to use the word cancer in the center's name.

An interdisciplinary team of experts in breast imaging, medical oncology, radiation oncology, plastic surgery, cytology, pathology, psychiatry, social work, nursing, and physical therapy was established to provide patient care. Once the team was in place, weekly breast cancer conferences were held to discuss treatment strategies for all new cases. GW's new Breast Care Center featured state-of-the-art breast imaging equipment that gave oncologists the best chance to diagnose breast cancer at its earliest and most detectable stages.

GW's Breast Care Center then developed a system to help outpatients navigate the clinic process with ease. The center's nursing assistant began scheduling all studies, including radiation and medical oncology appointments. This new approach ensured continuity of care and facilitated patient flow.

Developing the new comprehensive breast center required looking at space allocation in new ways. Previously, breast patients had been seen on the sixth floor of the outpatient center, and breast imaging services were located several floors below. For patient and staff convenience, the new Breast Care Center was placed near the imaging equipment, which facilitated easier access for the patient and promoted consultation between the radiologist and the surgeon.

Recognizing that education and information can empower a patient dealing with cancer, GW decided that its new Breast Care Center would feature a comprehensive patient resource area. After an extensive search of existing literature, the best materials were made available

in the center's new lending library, including books and videos on surgical procedures, radiation therapy, chemotherapy, and exercise. At GW's Breast Care Center, every new patient receives a packet of educational materials with information on appropriate web sites, local resources, treatment options, and more.

PSYCHOSOCIAL SUPPORT

All members of GW's multidisciplinary breast care team support each patient on the journey through cancer diagnosis, treatment, and follow-up. The center's program director meets personally with each newly diagnosed patient to provide pre-operative teaching and outline treatment options.

Each new patient also meets with a social worker who assesses the patient's psychosocial needs, as well as the needs of the patient's family. The social worker helps the patient address financial or insurance issues that may affect access to care and quality of life. Cultural factors, communication barriers, and transportation and housing issues are also explored.

During the planning of the new Breast Care Center, GW listened to patients and worked to ensure that their needs would be addressed by the new center. As a result, GW has developed a comprehensive psychosocial program that remains the foundation of the center. Some of the psychosocial support services available to patients and family members include:

- Counseling
- Crisis intervention services
- Grief counseling for family members
- Referrals for financial, transportation, insurance, or employment issues
- Education on complementary therapies, including referrals to GW's Center for Integrative Medicine.

The center also started a weekly support group for women newly diagnosed with breast cancer. Facilitated by the cancer center's program director and social worker, this support group provides excellent feedback on the types of resources and psychosocial assistance these women want. Members of the group also served to help the clinical coordinator fine-tune the program as it was being developed. For example, participants in the first support group for newly diagnosed patients suggested that GW offer a post-treatment support group that still runs today.

A very successful support group for spouses was established and continues to be offered semi-regularly, as well as an American Cancer Society's *I Can Cope* patient

support group. Future plans include starting special support groups for young survivors (women under 40), men with breast cancer, and patients with recurrent disease. A support group for women with recurrent disease has begun and the young survivors group started this May.

CLINICAL TRIALS AND NEW TECHNOLOGY

GW's Breast Care Center has come a long way since opening its doors 10 years ago. The center now employs two full-time breast surgeons, one part-time breast surgeon, a nurse practitioner, a nursing assistant, a receptionist, two administrative assistants, and a clinical

PRACTICAL TIPS FOR YOUR BREAST CENTER

- Develop a system to help patients easily navigate the clinic process.
- Place the breast care center near the imaging equipment. Not only is this convenient for your patients, but it also makes it easier for your radiology and surgical departments to consult on patient care.
- Use support groups and newly diagnosed cancer patients to learn which resources and support services your patients *really* want.
- Put together a "buddy program" to match women who are newly diagnosed with breast cancer with a "buddy" who has been treated at the breast center.

coordinator. The Breast Care Center has five exam rooms, an educational resource library, and a patient counseling room in addition to a physician's work area.

Approximately 250 breast cancer patients are seen each year in addition to women with benign breast disease. The Breast Care Center also offers risk assessment counseling, genetic testing, ductal lavage, and participates in several surgical research protocols.

The Breast Care Center encourages all patients to participate in clinical research protocols, which are managed by the nurse practitioner and the clinical coordinator. If a patient might benefit from a clinical trial or expresses interest in a specific trial, the nurse practitioner will meet with the patient and offer information about GW's clinical trials program.

Current research studies in which the Breast Care Center is participating include NSABP B-34, a clinical trial comparing adjuvant clodronate therapy vs. placebo in early-stage breast cancer patients receiving systemic chemotherapy and/or Tamoxifen; NSABP-35, a clinical trial comparing Anastrozole[®] with Tamoxifen[®] in postmenopausal patients with ductal carcinoma in situ undergoing lumpectomy with radiation therapy; and studies of breast tissue. For example, one breast tissue study examines normal and malignant breast tissue through genetic analysis to help determine what genes and mechanisms are important for development and disease of the breast. This study specifically looks at the BP1 homeobox gene.

In addition, the Breast Care Center plans to start a research study on upper extremity lymphedema rates

following surgery for breast cancer, and a study on detection of BP1 in ductal lavage specimens in patients with breast cancer. Several other studies are also underway.

In 1995 GW established a mobile mammography program, and one year later the GW Mammovan began screening women in underserved communities (within a 35-mile radius of GW) in Washington D.C., Maryland, and Virginia. The GW Mammovan is out six days per week—a minimum of three days in underserved communities and usually three days in the corporate workplace.

The Mammovan performs approximately 2,700 screening mammograms each year and is fully booked for 2004. Since the program began, more than 16,000 mammograms have been performed, and 63 early-stage breast cancers have been diagnosed.

GW continues to offer patients cutting-edge technology such as the Dilon 6800 Gamma Camera, a device that, in clinical trials, has detected some of the hardest to find cancers, including nonpalpable cancers and tumors smaller than 1 cm. This technology also shows promise for women with a family history of breast cancer who may now receive cancer-detecting scans at an earlier age. Breast MRI is also being used to evaluate dense breast tissue in women with a diagnosis of breast cancer and a strong family history of breast cancer.

In 2001 Rachel Brem, MD, the director of breast imaging and intervention at GW's Breast Care Center, began using the Dilon technology in two three-year clinical trials, the first involving 300 high-risk females and the second involving 100 patients whose clinical or mammographic findings warrant further evaluation. To date, two early-stage breast cancers have been detected that were not seen with mammography or ultrasound.

A LOOK TO THE FUTURE

Despite such advances in breast imaging technology, in 2003 Medicare reduced its reimbursement payment for a routine screening mammogram for the third consecutive year. Since most commercial insurers follow Medicare's reimbursement rates, a number of them have also reduced what they pay for routine screening mammograms. This declining reimbursement trend has resulted in a number of radiology centers discontinuing breast imaging services entirely or reducing the breast imaging services they offer.

Still, GW's Breast Care Center continues to make advances in patient treatment. The center has implemented a genetic counseling service, a breast pain clinic, and further expansion of its psychosocial support programs. GW has also applied for a grant to put together an annual retreat for cancer patients and to hire a "buddy program" coordinator. This coordinator would match newly diagnosed women with "buddies" who have been previously treated in the Breast Care Center and have volunteered to shepherd a new patient through the first stages of her illness. The buddy will support the new patient before, during, and after surgery, chemotherapy and/or radiation therapy treatment, and recovery. ☐

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