



WV MEDICAL
VILLE-MARIE MEDICAL CENTRE

GLOBAL WAR ON BREAST CANCER

The NCBC **International Delegate Program (IDP)**

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VMMEDICAL 
VILLE-MARIE MEDICAL CENTRE

John R. KEYSERLINGK:

Surgical Oncologist VM Medical, Breast & Oncology Center
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DISCLAIMER

The National Consortium of Breast Centers (**NCBC**), historically a North-American based organization, cannot claim any particular expertise in International Breast Cancer Support Programs...however, we are now **aware** of the magnitude and the urgency of the required support, and now seek advice and support from our international colleagues in offering our help in a pertinent fashion



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Letter from ASCO International Affairs
Doug Pyle, Senior Director of International Affairs

Raising Awareness of ASCO International

Each July for the past several years, ASCO has sent a survey to a random sample of its members outside the United States, asking several basic questions about their satisfaction with their ASCO membership and soliciting their suggestions about how ASCO can better serve them. Since we started this survey, the results have been remarkably consistent – mostly for the better, but with one particular area for improvement.





ASCO
International



BUILDING BRIDGES
IN GLOBAL
CANCER CARE

Volunteer Abroad!

[Sign up](#) for the International Cancer Corp and volunteer in Vietnam to share your expertise with and support medical professionals who provide cancer care.

The ASCO/Health Volunteers Overseas **International Cancer Corps** sends volunteers to hospitals in developing countries to provide clinical instruction in oncology in 1-4 week trips. Assignments are now available in Vietnam for **oncology nurses, surgical oncologists, and pathologists** for teams going March 13-26 and June 12-25. Additional trips are scheduled to Vietnam in August and December, and assignments are also available for five trips to Honduras.

Please visit www.asco.org/cancercorps or contact the [HVO program department](#) for more information.

The International Cancer Corps (ICC) is a volunteer humanitarian program that offers ASCO's member oncologists the opportunity to support cancer centers in low- and middle-income countries, share their medical expertise, and build long-term, supportive relationships with the clinicians who provide cancer care in these countries. The ICC program launched in early 2010 with the opening of a site in Tegucigalpa, Honduras, and opened sites in Ethiopia and Vietnam in 2011.

Dates	Site Location	Focus
March 13-26	Vietnam	Sarcoma/Unknown Primary
April 25-30	Honduras	Breast Cancer
June 12-25	Vietnam	Head and Neck
July 7-9	Honduras	Palliative Care Workshop
August 8-13	Honduras	Gastro Intestinal Malignancies
August 14-27	Vietnam	Upper GI and Hepatobiliary
September 5-10	Honduras	Oncology Nurse Seminar
November 7-12	Honduras	Head and Neck Cancer
December 1-15	Vietnam	Breast Cancer





The logo for the Journal of Global Oncology (jgo) is displayed. It features the lowercase letters 'jgo' in a large, dark blue, serif font. To the right of 'jgo', the words 'Journal of Global Oncology' are written in a smaller, dark blue, sans-serif font. The background of the logo area is a light blue and white map of the world.

jgo
Journal of
Global Oncology

An estimated **66** percent of cancer deaths occur in low to middle income countries and this is predicted to increase to 70 percent by the year 2030.

Connecting the Global Cancer Community



David J. Kerr 

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No man is an island, entire of itself; every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were: any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bell tolls; it tolls for thee.

Cancer Care in Africa: An Overview of Resources



Daniela Cristina Stefan 

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Could African and Low- and Middle-Income Countries Contribute Scientifically to Global Cancer Care?



Ahmed M. Elzawawy [↑]

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Could African countries, as exemplars of low- and middle-income countries (LMICs), make scientific contributions that would increase the affordability of cancer care globally?

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After four decades of effort to improve the quality of care, Robert Brook, a distinguished expert on quality, declared in 2010 "The end of the quality improvement movement: long live improving value!"¹ "Value" is broadly defined as outcomes relative to the total costs of care and encompasses effectiveness, cost-effectiveness, efficiency, quality, safety, and quality of life.¹⁻³ Value is relevant to

Implementation and Validation of Telepathology Triage at Cancer Referral Center in Rural Rwanda

**Tharcisse Mpunga, Bethany L. Hedt-Gauthier, Neo Tapela,
Irene Nshimiyimana, Gaspard Muvugabigwi, Natalie Pritchett,
Lauren Greenberg, Origene Benewe, David S. Shulman, James R. Pepon,
Lawrence N. Shulman and Danny A. Milner Jr[↑]**

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Toward a Latin American Cancer Observatory



Eduardo Cazap ↑

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Providing Pathology Support in Low-Income Countries



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Breast Cancer Screening in Low- and Middle-Income Countries: A Perspective From Malawi

Lily A. Gutnik, Beatrice Matanje-Mwagomba, Vanessa Msosa, Suzgo Mzumara, Blandina Khondowe, Agnes Moses, Racquel E. Kohler, Lisa A. Carey, Clara N. Lee and Satish Gopal

 Author Affiliations

Corresponding author: Satish Gopal, MD, MPH, UNC–Project Malawi, Private Bag A-104, Lilongwe, Malawi; e-mail: satish_gopal@med.unc.edu.

Breast cancer burden is high in low-resource countries. From 1980 to 2010, new breast cancer cases increased by more than 50% worldwide.¹ Disease burden increased even more rapidly in low- and middle-income countries (LMICs), where more than half of breast cancer cases now occur. Moreover, breast cancer disproportionately affects young women in LMICs, such that 23% of new breast cancer cases occur among women age 15 to 49 years in LMICs versus 10% in high-income countries.¹

Screening by Clinical Breast Examination in Western Kenya: Who Comes?



Naftali Wisindi Busakhala[↑], Fredrick Asirwa Chite, Juddy Wachira, Violet Naanyu, Job Wapangana Kisuya, Alfred Keter, Ann Mwangi, Evanjeline Njiru, David Chumba, Lugaria Lumarai, Penina Biwott, Ivan Kiplimo, Grieven Otieno, Gabriel Kigen, Patrick Loehrer Sr and Thomus Inui

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Abstract

Purpose More than 80% of women with breast cancer in Kenya present to medical care with established late-stage disease. We sought to understand why women might not participate in breast cancer screening when it is offered by comparing the views of a cohort of those who attended a screening special event with those of community controls who did not attend.

Development of a Breast Cancer Treatment Program in Port-au-Prince, Haiti: Experiences From the Field



Vincent DeGennaro Jr[↑], Rachel Libby, Elizabeth Patberg, Dieudina Gabriel, Samer Al-Quran, Matthew Kasher, Coy Heldermon, Karen Daily, Joseph R. Auguste, Valery C. Suprien and Judith Hurley

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Abstract

Purpose The nonprofit Project Medishare launched a breast cancer treatment program in Port-au-Prince in July 2013 to address the demand for breast cancer care in Haiti. We outline the development of the program, highlight specific challenges, and discuss key considerations for others working in global oncology.

The "**State of Oncology 2013**" report by the International Prevention Research Institute (**IPRI**), warns that the global number of new cancer cases **WILL HAVE DOUBLED BETWEEN 2008 AND 2030...**and the **great majority** will come from **underserved countries** where there is often **minimal or no access** to care

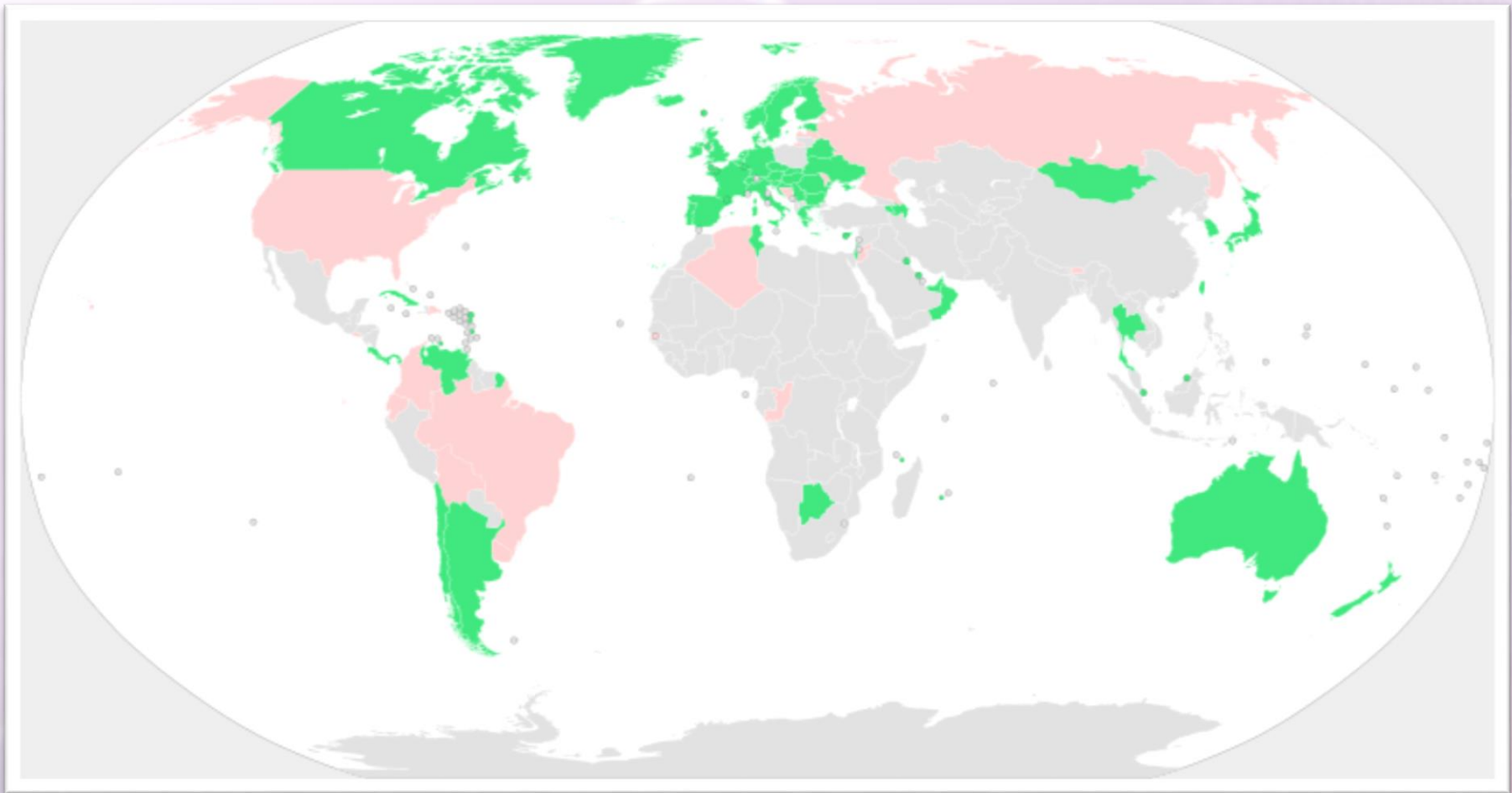
The “**State of Oncology 2013**” report by the **International Prevention Research Institute** emphasized that improving access to better breast cancer management in developing countries will:

- Be a **daunting task**.
- Will require **major funding**,
- Will require committed **partnerships** among medical organizations, foundations, pharmaceutical and technology companies.

NATIONAL CONSORTIUM OF BREAST CENTERS (NCBC)

- **INTERNATIONAL DELEGATE
PROGRAM**

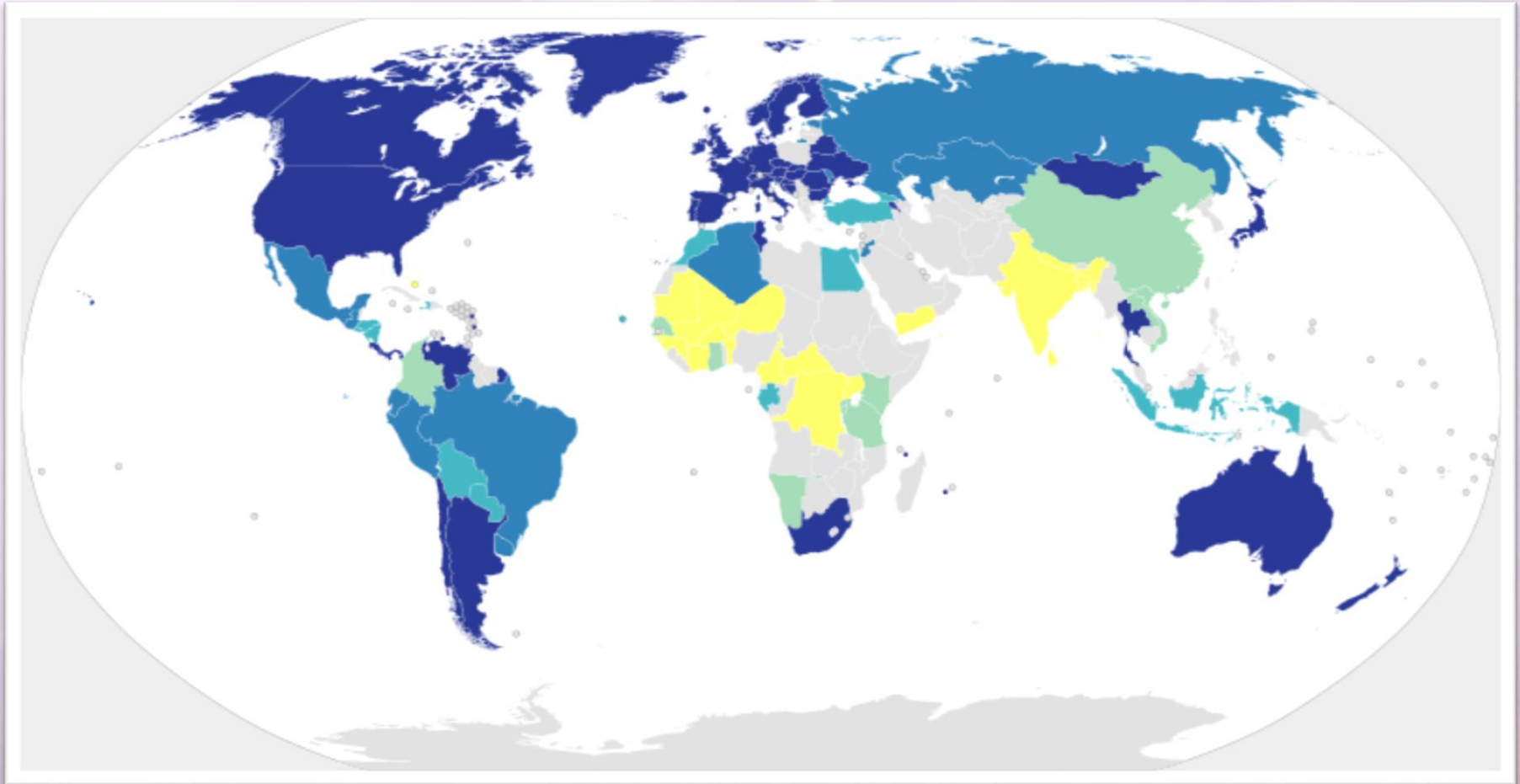
Universal health care around the world (November 2010)



Green = Nations with universal health care (*determined by proxy of $\geq 90\%$ skilled birth attendance and $\geq 90\%$ social insurance coverage*)

Pink = Nations with legislated mandate for Universal health coverage, but which **have not yet** reached thresholds above

PROPORTION OF THE POPULATION COVERED BY LAW



<10%

10-40%

40-70%

70-95%

>95%

No data

List of developing Countries

Afghanistan	China	Guyana	Malaysia	Philippines	Timor-Leste
Albania	Columbia	Haiti	Maldives	Romania	Toga
Algeria	Comoros	Honduras	Mali	Russian Federation	Tonga
American Samoa	Congo Democ. Republic of	India	Marshall Islands	Rwanda	Tunisia
Angola	Congo, Rep.	Indonesia	Mauritania	Samoa	Turkey
Argentina	Costa Rica	Iran, Islamic Rep. of	Mauritius	Sao Tome and Principe	Turkmenistan
Armenia	Côte d'Ivoire	Iraq	Mexico	Senegal	Tuvalu
Azerbaijan	Cuba	Jamaica	Micronesia, Fed. States of	Serbia	Uganda
Bangladesh	Djibouti	Jordan	Moldova	Seychelles	Ukraine
Belarus	Dominica	Kazakhstan	Mongolia	Sierra Leone	Uzbekistan
Belize	Dominican Republic	Kenya	Montenegro	Solomon Islands	Vanuatu
Benin	Ecuador	Kiribati	Morocco	Somalia	Venezuela, Bolivarian Rep. of
Bhutan	Egypt, Arab Rep.	Korea, Democ. P. Rep of	Mozambique	South Africa	Vietnam
Bolivia (plurinational State of)	El Salvador	Kosovo	Myanmar	South Sudan	West Bank and Gaza'
Bosnia and Herzegovina	Eritrea	Kyrgyz Republic	Namibia	Sri Lanka	Yemen
Botswana	Ethiopia	Lao People's Democ. Rep.	Nepal	St. Lucia	Zambia
Brazil	Figi	Lebanon	Nicaragua	St. Vincent and the Grenadines	Zimbabwe
Bulgaria	Gabon	Lesotho	Niger	Sudan	
Burkina Faso	Gambia, The	Liberia	Nigeria	Suriname	
Burundi	Georgia	Libya	Pakistan	Swaziland	
Cambodia	Ghana	Macedonia, the F.Y.R. of	Palau	Syrian Arab Republic	
Cameroon	Grenada	Madagascar	Panama	Tajikistan	
Cape Verde	Guatemala	Malawi	Papua New Guinea	Tanzania, United Republic of	
Central African Republic	Guinea		Paraguay	Thailand	
Chad	Guinea-Bissau		Peru		

About the NATIONAL CONSORTIUM of BREAST CENTERS (NCBC)

From its earliest days in 1986 the NCBC has been committed to:

- Furthering the education and collaboration of breast health professionals on the principles of interdisciplinary breast care
- Facilitating the development of programs which meet standards of “Advocating Principles of Excellence” within the industry.
- In partnership with thousands of breast health professionals, the NCBC has for 30 years provided education & collaborated in treatment protocols aimed at eradicating breast cancer

ABOUT THE NCBC

Current NCBC Mission Statement:

- Continue to be the premier organization promoting **truly interdisciplinary care** as both the ultimate and the essential model to optimize breast cancer:
- Prevention
- Detection
- Management
- Rehabilitation

NCBC'S MISSION

NCBC's Mission implies an **all-inclusive interdisciplinary** approach to the **breast treatment team**. This type of **teamwork** has led to **greater understanding** of what each clinician within the breast cancer treatment brings to the team and should **facilitate** exporting parts, or the complete model, to where it is most needed. **to deliver even better care?**

ABOUT THE NCBC

- **Nurses, Doctors**
- **Surgeons**
- **Oncologists**
- **Technologists**
- **Counselors**
- **Administrators**
- **Radiologists**
- **Pathologists,**
- **ETC**
- **Working in about 500 Breast Centers**

SHARE AND PROMOTE NCBC PROGRAMS AND EXPERTISE

Promote educational initiatives that could have an impact on breast care

- Patient Navigation
- Breast Self-Examination
- Clinical Breast Examination Training
- Select Quality Metrics: e.g.: National Quality Measures for Breast Centers (**NQMBC**)
- Breast Center Development Programs
- Newsletter, The Breast Journal and Web Resources
- Annual 5-day Comprehensive Conference

26th Annual Interdisciplinary Breast Center Conference



NCBC2016

April 9-13, 2016 • Paris Las Vegas

Up to 27.5 CME's



An Empowering 3 Day Conference

featuring:



NCBC
National Consortium of Breast Centers



ASBD
Clinical Track

clinical track April 9th - 11th, See pages 5-10 ▶

Also Includes: Clinical, RT, Physician, Administration and RN Track

- ✓ 8 Post Conference Courses
- ✓ Over 80 Exhibiting Vendors
- ✓ CBE and Navigator Certifications
- ✓ Hands-On Workshops
- ✓ World Class Speakers pgs 22-23
- ✓ 10% Facility Member Discount

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THE UNIVERSITY OF
TENNESSEE **UT**
GRADUATE SCHOOL
OF MEDICINE

Accreditation



NCBC2016

General Conference



SATURDAY April 9, 2016 Continued

General Conference

Break Outs	RT/Rad Path	Navigation/Survivorship	RN	ASBD Clinical
1:35 - 2:05 pm	<p>The Influence of Social Media on Medical Decision Making #breastcancer <i>Jane Kakkis, MD</i> The presence of instantaneous but frequently inaccurate information on social media platforms has created new challenges for patients and medical professionals. This talk will explore the various platforms for disseminating information and the potential impact on breast cancer patients and treating physicians. Strategies for integration of evidence based medicine through various social media platforms and the challenges associated with it will be discussed.</p>	<p>Learning from One Role Model-Survivorship Program <i>Tara Sanft, MD</i> Survivorship care is a dynamic that spans the time after active treatment is over throughout the remainder of a patient's life. It is no surprise that there are multiple approaches to meeting the needs of survivors. This session will focus on one institution's program development to address multiple phases of survivorship.</p>	<p>Medical Oncology 101 for the RN: History, Current and Future Practices <i>Tina Rizack, MD, MPH</i> Medical oncology has evolved dramatically over the last few years and registered nurses, new or established, need to keep up with the overall cancer care. This session will give a quick overview of the history of nursing applications and interventions to treatments to understand where current therapies stand. With the continuing evolution of treatments, prevention, and cures the future holds much more just around the corner.</p>	<p>Contralateral Prophylactic Mastectomy: Who, Why and Now What? <i>Jennifer Gass, MD, FACS</i> After a decade of surveillance validating breast conservation therapy offers an equal survival to mastectomy, across the country we are witnessing an upsurge in the most extensive operative intervention: bilateral mastectomy for unilateral breast cancer. This session will explore the latest data on who and why and suggest strategies to address.</p>
2:10 - 2:40 pm	<p>How To Best Inform Your Patient of Their Breast Density and Options <i>Richard Reitheman, PHD MD</i> Breast Density has become a central feature of the breast screening conversation for legislators, health care providers, guideline creators, insurers, radiology practices, and patients. This course will provide the fundamentals and background information which will enable us to engage in sophisticated communication with our patients, but also to understand, in some detail, the scientific, epidemiologic, and Dense Breast Mitigating Technologies (DBMT) available that provide translation to practical imaging algorithms.</p>	<p>Fertility Issues Facing Women With Breast Cancer <i>James Simon, MD</i> Decreased ovarian function following a breast cancer diagnosis results in reduced fertility whether from delay in childbearing or the adverse effects of adjuvant chemotherapy. Approaches to assessing ovarian fertility/follicular "reserve" and how to prevent/minimize the adverse effect of adjuvant chemotherapy will be reviewed.</p>	<p>Radiation Oncology 101 for the RN: History, Current and Future Practices <i>Rufus Mark, MD</i> Radiation oncology has evolved dramatically over the last few years and registered nurses, new or established, need to keep up with the overall cancer care. This session will give a quick overview of the history of nursing applications and interventions to treatments to understand where current therapies stand. With the continuing evolution of treatments, prevention, and cures the future holds much more just around the corner.</p>	<p>Modern Classification of Breast Cancer: Luminal, Triple Negative and Her2 neu <i>Shabnam Jaffer, MD</i> This course will detail the relatively new classification of breast cancer through use of genomics and compare and contrast it with the traditional histologic classification.</p>
2:45 - 3:15 pm	<p>The Wonderful Words of Dr. Oz <i>Louise Miller, RT(R)(M)</i> This lecture will explore the myths and mistruths that many of our patients have related to mammography and breast imaging. Screening guidelines, radiation exposure, the use of ultrasound, breast density, compression, our jobs as mammographers and other topics that often need clarification in the form of concise and correct information.</p>	<p>Hypoactive Sexual Desire Disorder for Breast Cancer Survivors <i>Michael Krychman, MD, FACOG</i> Women with breast cancer suffer significant loss of sexual self-esteem and decline in sexual function. Surgical removal of the breasts, radiation and chemotherapy plus cytostatic medications directly and indirectly attack the sexual response cycle. Desire treatment paradigm will be presented which will focus on a multifaceted approach to the comprehensive treatment of hypoactive sexual desire disorder in the breast cancer patient. A focus on both behavioral and sexual pharmacology will be presented.</p>	<p>Mastalgia: Patient Education <i>Melissa Hopkins RN, BA, CN-BN</i> Breast pain is a common complaint bringing many patients to the mammography center or surgeon's office for assessment. Most often diagnostic imaging is negative or benign, and the patient leaves without a satisfactory resolution to the pain. This course will give the nurse useful information for patient education and take a look at alternative reasons for breast pain and practical suggestions for moving beyond the breast pain.</p>	<p>Obesity: A National Epidemic: The Impact on Incidence, Recurrence and Survival <i>Erin Hofstatter, MD</i> Obesity has become a major public health crisis in the United States. Not only does obesity contribute to serious health conditions such as diabetes and heart disease, but growing evidence suggests a direct link of obesity to increased breast cancer risk, poorer treatment outcomes, and decreased survival. In this session, we will review the evidence surrounding the connection between obesity and breast cancer, including biologic mechanisms, diet, physical activity, weight, and energy balance. Practical lifestyle recommendations for breast cancer survivors, and those at risk for breast cancer, will be highlighted.</p>

General Conference



SUNDAY April 10, 2016 Continued

General Conference

Break Outs	RT/Imaging	Risk Assessment	Admin Track	ASBD Clinical	Sexual First Responders
11:55 - 12:25 pm	<p>Mammography of the Future: Where Do You Fit In? <i>Louise Miller, RT(R)(M)</i> This lecture will address the past and future challenges of mammographers and how those with experience can provide mentorship for new generations and those who are coming into the field and can help change the course of education and excellence in image quality and advanced technologies while at the same time providing the best in patient care.</p>	<p>Management of Postmenopausal Women at Increased Risk for Breast Cancer <i>Therese B. Bevers, MD</i> Strategies to reduce breast cancer risk in postmenopausal women at increased risk will entail a discussion of the role of preventive therapy with anti-estrogens and aromatase inhibitors.</p>	<p>National Trends in Breast Imaging Utilization and the Future <i>Deirdre Saulet, PhD</i> Explore the latest breast imaging market trends and strategies for addressing new challenges. Learn innovative strategies for improving patient outreach and education about screening. This presentation will also review how the most progressive providers across the country are differentiating their breast imaging centers from their competition, and which technologies are leading the way toward new, improved breast care.</p>	<p><i>Continued from page 7</i> and cost-effective care without compromising outcomes, by limiting testing and treatment to those patients who are most likely to benefit and sparing others the cost, inconvenience and toxicities of unnecessary care. Addressing this challenge will require a multidisciplinary approach and increased understanding of how the biology of breast cancer and precancerous breast disease impacts risk and benefit. How can we extend the 'Choosing Wisely' initiative to our centers? A multidisciplinary panel will address these issues as they pertain to their own specialties and how medical specialists and other members of the breast center team can work together to educate patients and provide high quality and cost-effective care.</p>	<p>Renegotiating Couplehood after Cancer: You, Me and Us <i>Anne Katz, PhD, RN</i> When a woman's sexuality changes after breast cancer, it impacts her primary relationship. Her partner experiences changes to his/her sexuality as a result. Relationship stress may result and prior patterns of communication may no longer be effective. This presentation will highlight the relationship changes and make suggestions for assessment and resolution.</p>
12:25-1:30 pm	Lunch With Vendors				
Break Outs	Rad Path	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
1:30 - 2:00 pm	<p>Multidisciplinary Approach Border-Line Lesions <i>Basak Dogan, MD; Savitri Krishnamurthy, MD; Henry M. Kuerer, MD, PhD & Therese B. Bevers, MD</i> Review of our experience at The University of Texas M.D. Anderson Cancer Center (UTMDACC), of correlating imaging and pathological findings to select women of low upgrade risk, in whom surgery can be deferred.</p> <p>Note: Rad Path Lecture Continues to 3:10 pm</p>	<p>Camp Hope: An Escape from Cancer <i>Sally Swift Joyce</i> This presentation will discuss the way in which this retreat was started, how it was funded and how the 3-day retreat benefits cancer patients, their families and the volunteers that attend.</p>	<p>Are We Being Reimbursed For Our Hard Work? National Reimbursement Trends <i>Deirdre Saulet, PhD</i> Breast cancer tends to be the highest volume tumor site, and breast cancer patients are often the most engaged—and vocal—consumers of cancer care. Consequently, cancer program leaders need to understand how to attract and retain this population. This presentation will share the biggest innovations in breast cancer program development, including volume and financial estimates, strategies to engage patients in their care, and treatment innovations.</p>	<p>The Promise and Pitfalls of Multiplex Genetic Panel Testing for Hereditary Breast Cancer <i>Erin Hofstatter, MD</i> With the increasing availability and decreasing cost of next-generation sequencing, genetic counseling and testing for hereditary breast cancer syndromes has become increasingly complex. This powerful tool may indeed help us to discover and better understand hereditary breast cancer syndromes. However, many fear that this rapidly developing technology has far outstripped our clinical ability to counsel patients. Hereditary breast cancer susceptibility and an outline of the available multiplex panels, will be reviewed and up-to-date summary of the literature regarding the clinical use of multiplex panels, with an eye toward both the promise and pitfalls of this technology will be presented.</p>	<p>Basic Interventions for the Most Important Sexual Organ <i>Barbara Rabinowitz, PhD, MSW, RN</i> This session will focus on the power and basic skills of talk therapy in helping survivors and their partners find their way back to a comfortable, intimate and sexual life together.</p>
Break Outs	Rad	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
2:05 - 2:35 pm	<p>Navigation Integration At the Tumor Board: Tools and Tips <i>Teresita Macarol, RT(R)(M)(QM), CN-BI</i> Tumor boards are the mainstay of multidisciplinary care but often miss the psychosocial and logistic interests of the patient. This lecture will discuss the impact and application of Navigator input at the tumor board along with reports from pathology, imaging and treatment professionals. How to incorporate Navigation as an important part of the tumor board and tools to assist you will be addressed.</p> <p>Rad Path Lecture Continues to 3:10 pm</p>		<p>Doing our Best: Customer Service Excellence Throughout the Patient Experience <i>Jacquelyn Ostrom, MA, CFRE</i> Improving the patient experience cannot be dictated or orchestrated by management. Instead, it takes the breast center's team—including techs, registration staff, coordinators and above all, radiologists identifying and tackling problems together. This session shows how a breast center can engage representatives of the team in seeking and implementing patient-centered care.</p>	<p>Lymphedema: From the Prevention to Treatment <i>Atilla Soran, MD</i> Lymphedema is the most common complication of breast cancer treatment and is a lifelong disease. Early diagnosis of LE is crucial.</p>	<p>Treating Female Sexual Dysfunctions - Lotions, Potions and Other Strange Notions <i>James Simon, MD</i> Non-pharmacologic interventions can dramatically improve sexual function in breast cancer survivors. Preliminary approaches to improving body image, reduced desire, arousal and orgasmic function will be reviewed with a focus on first responders and those without prescriptive authority.</p>

General Conference

SUNDAY April 10, 2016 Continued

Break Outs	Rad	Navigator/RN	Admin Track	ASBD Clinical	Sexual First Responders
2:40 - 3:10 pm	Rad Path Lectures Continues to 3:10 pm	Survivors Living with Metastatic Disease Colleen Johnson, RN, NP, CN-BP Metastatic breast cancer (MBC) is the most advanced stage of breast cancer. Currently there are no cures available, however ongoing treatment can control the spread of the disease and its symptoms and allow patients to thrive. Patients with MBC are often overwhelmed for multiple reasons including: their diagnosis, constant medical appointments, and fear and uncertainty about the future. At the same time research and patient testimonials show this group tends to have less psychological support compared to those with an earlier diagnosis. This presentation will focus on the critical role the health care professional plays in educating patients with MBC as well as suggestions to help improve communication and offer valuable and timely treatment decision support.	We Treasure What We Measure: Key Metrics for Any Breast Center Richard J. Bleicher, MD, FACS This session will update the participants on the key metrics that are typically evaluated nationally by accrediting organizations and why those metrics have been chosen.	Emerging Paradigm Shifts of Therapy in Early Stage Breast Cancer Lajos Pusztai, MD, D.Phil The availability of several nation-wide randomized clinical trials that were designed to improve survival in patients who have residual cancer after neoadjuvant chemotherapy with the best current standard therapies is changing the paradigm of treatment sequencing. We will discuss the prognostic importance of pathologic complete response to neoadjuvant chemotherapy and the trials that are currently accruing in different breast cancer subtypes for patients with residual cancer. I will also present results of the first immunotherapy trials in breast cancer and review the ongoing trials with these agents.	Role Play and Cases Barbara Rabinowitz, PhD, MSW, RN Moderating with Don S. Dizon, MD, FACP; Anne Katz, PhD, RN & James Simon, MD Drs. Dizon, Katz and Simon will each present case examples showcasing how the First Responder understanding and skills taught in the sessions that precede this session sound and look in real intervention circumstances. Participant interaction will help anchor what was taught during this day long course.
3:10 - 3:45 pm	Break with Vendors				
3:45 - 4:30 pm	Oral Presentations of Award-Winning Abstracts				
4:30 - 4:45 pm	Inspiration Award Presented by Cary S. Kaufman, MD, FACS				
4:45 - 5:45 pm	Tumor Board Tina Rizack, MD, MPH Moderating with Barbara Rabinowitz, PhD, MSW, RN; Ira Bleiweiss, MD; Killian E. Salerno, MD; Melissa Hopkins, RN, BA, CN-BN; Jennifer Gass MD, FACS; Jay Parikh MD, FRCPC, FACP, FRCR; William Sikov, MD, FACP; Jennifer Scala Wilbur, MS Multidisciplinary tumor boards remain a cornerstone for maintaining standards of care. This session will present real breast cancer cases found in the community. Experts from several disciplines, including a breast health navigator and a genetic counselor, will discuss complex cases. The objective of this session is to illustrate the multidisciplinary approach to this tumor board for optimizing patient care.				
5:45 - 6:45 pm	Special Event: Poster Reception with Refreshments for All Attendees				

General Conference

MONDAY April 11, 2016



NCBC International Delegates 2015

7:00 - 8:00 am	Breakfast Symposia with GE				
8:00 - 8:15 am	Membership Meeting with Jennifer Gass, MD, FACS				
8:15 - 8:45 am	Lymph Nodes: How Much Do They Matter? Ultrasound Staging Nodal Basin Jay Parikh, MD, FRCPC, FACP, FRCR The American Joint Committee on Cancer 7th edition uses the "TNM" classification to stage breast cancer. Staging is a process for finding out how much tumor burden there is in the body. The size of the tumor and spread of the tumor from which it originated are components of staging. Staging confers prognosis and helps guide clinical management of patients with breast cancer. Ultrasound is often used in the imaging and diagnosis of patients with breast cancer. In this presentation, we describe how ultrasound can be used to evaluate lymph nodes at the time of diagnosis to help quickly establish TNM staging of patients with breast cancer.				
8:45 - 9:15 am	Optimal Surgical Management of Lymph Node Positive Breast Cancer 2016 Henry M. Kuerer, MD, PhD The presence of axillary nodal metastases has a significant impact on locoregional and systemic treatment decisions. Historically, all node-positive patients underwent complete axillary lymph node dissection; however, this paradigm has changed over the last 10 years. Clinically node-negative patients with small volume disease found on sentinel lymph node sampling now commonly avoid more extensive axillary surgery. A new technique called Targeted Axillary Dissection (TAD) allows for node-positive patients who receive neoadjuvant chemotherapy a reliable way to restage the axilla while sparing women who convert to node-negative status from the morbidity of complete nodal dissection.				
9:15 - 9:45 am	Nodal Radiation: Where Do We Stand 2016 Thomas A. Buchholz, MD, FACP, FASSTRO Emerging data suggests that radiation of undissected lymphatics may decrease rates of distant metastases in selected breast cancer patients. This presentation will review recent randomized trials and place their results into strategies for patient management.				
9:45 - 10:15 am	MRI Screening and Preoperative Breast MRI Christiane Kuhl, MD Breast MRI is the most sensitive imaging modality occasionally used in breast cancer screening and is valuable in optimizing oncologic and patient valued treatment outcomes. However, in order to optimize its impact, it is essential not only perform and interpret this modality at the highest level of quality but also to use appropriate selection criteria for women benefiting from preoperative-multimodality imaging.				
10:15 - 10:45 am	Break with Vendors				

Post-Conference Options

Pursuing Excellence in Your Navigation Program: Nuts & Bolts for Every Practitioner

TUESDAY April 12, 2016

Navigators at all levels of care are often tasked with the start-up or crucial updates to their navigation program. Understanding all the main points of creating the highest standards of care are often daunting. Learning about the different aspects of navigation while providing exceptional care for your current patients can leave a navigator feeling frustrated and unsatisfied. Welcome to the program that will touch on all the main bases of navigation from nationally recognized standards of care, understanding the legalities of the profession, proving the worth of your program, and developing a needs assessment at a community, facility, and patient level. Whether you are at the beginning of your navigation development or deeply immersed in its implementation this program has something valuable for you. The speakers were specially selected for this course to do more than deliver information; participants can expect a strong educational component, interactive dialog, and a package of crucial steps to move step-by-step to program completion.

8:00 - 8:15 am	Welcome <i>Melissa Hopkins, RN, BA, CN-BN</i>
8:15 - 8:45 am	Legalities: Common Questions and Misunderstandings Explored <i>Vikki Casey</i> This segment of the presentations will discuss the concept of legal benefits, burdens and duties of navigators within a navigation system. We will discuss specific areas of concern for navigators, e.g., HIPAA, the multi-disciplinary conference, and the importance of process and documentation. Learn the importance of a "chain of command" because navigators work for many masters and planning for success includes juggling of the multiple providers is critical while offering unsurpassed care for your patients.
8:45 - 9:15 am	Understanding Quality Standards: NQMCB, NAPBC, COC <i>Amy Chatten, MPH</i> Every breast center aspires to earn highly prestigious awards as a Center of Excellence. Learn here about the similarity and differences of the various standards and the role they take in supporting and challenging your breast center to develop and maintain the highest levels of compassionate and effective care.
9:15 - 9:30 am	Break



Breast Patient Navigator Certification

TUESDAY - WEDNESDAY April 12-13, 2016

The Breast Patient Navigator Certification has been developed to set standards of achievement and the professional's role; enhance patient safety; improve the quality of care and delivery of services; and recognize professionals who advance beyond basic knowledge in a field of specialty. The Breast Patient Navigator Certification validates the medical professional's knowledge and performance standards through testing. Certification reflects an individual's achievement beyond licensure requirements and a basic level of knowledge. It exhibits dedication to validating a specific set of skills to provide enhanced care and services for patients and dients through advanced competency.

Criteria for the application to test are listed below. The NCBC Breast Patient Navigation Certification Program offers six types of Breast Patient Navigator Certifications: The Certified Navigator – Breast in Imaging, Management, Advocate, Clinical, Provider, or Nurse.

CERTIFIED NAVIGATORS – BREAST (+ Individual designation based on licensure)

CN-BI = Diagnostic Imaging/Treatment Techs (All technologists from diagnostics to treatments)

CN-BM = Management/Social Worker (All social workers and managers of navigators)

CN-BA = Advocate (All volunteers/lay navigators)

CN-BC = Clinical (All certified medical assistants, technologists, licensed practical/vocational nurses)

CN-BP = Provider (All breast care diagnosticians, nurse practitioners, physicians, physician assts, breast care PhDs)

CN-BN = RN (All registered nurses from breast care, diagnostic imaging, treatment, survivorship, genetics)

Post-Conference Options



NQBC 2016

Best Practices in Breast Centers: Quality from NQMBC[®] and NAPBC

TUESDAY April 12, 2016

NQMBC[®]
National Quality Measures for Breast Centers[™]

NAPBC
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS

Course Directors: Cary Kaufman, MD, FACS, Claudia Z. Lee, MBA, and NAPBC Representative

Breast Centers all over the country are struggling with how to implement quality metrics, patient navigation, genetic services and survivorship programs. These are all key components for both NAPBC and CoC accreditation and are being incorporated into NQMBC certification. This one-day post session will address Best Practices related to these components that select Breast Centers have developed and have demonstrated success.

7:45 - 8:00 am	Welcome and Introduction
8:00 - 8:30 am	NAPBC Breast Center Accreditation – Current and Future Value Lee Tucker MD, FCAP In this session, Dr. Tucker will offer an overview of how NAPBC accreditation adds value to a breast center. Over 500 breast centers across the country have found value in accreditation. This presentation will describe NAPBC's evolution, focus on quality and future initiatives for both national and international exposure.
8:30 - 9:00 am	NQMBC – Looking Forward to Growth on the Horizon Cary S. Kaufman MD, FACS In this session, Dr. Kaufman, will review the stages of development in which the NQMBC project is now engaged and share how these enhancements are intended to benefit attendees.



Best Practices in Breast Centers Post Conference - Presented by NQMBC and NAPBC

Best Practices in Breast Centers: Quality from NQMBC and NAPBC

Presented by the Authorities on Quality Breast Centers

NQMBC[®]

National Quality Measures for Breast Centers™

NAPBC[®]

NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS

A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS

To Breast Center Leaders:

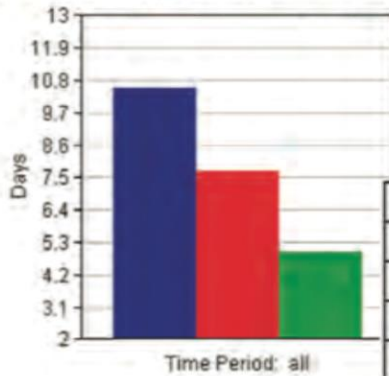
Breast Centers all over the country are struggling with how to implement:

- **Quality Metrics**
- **Patient Navigation**
- **Genetic Services**
- **Survivorship Programs**
- **Best Quality Indicators for Surgeons and Medical Oncologists**

These are all key components of high quality breast centers and are a focus of both NAPBC and NQMBC.

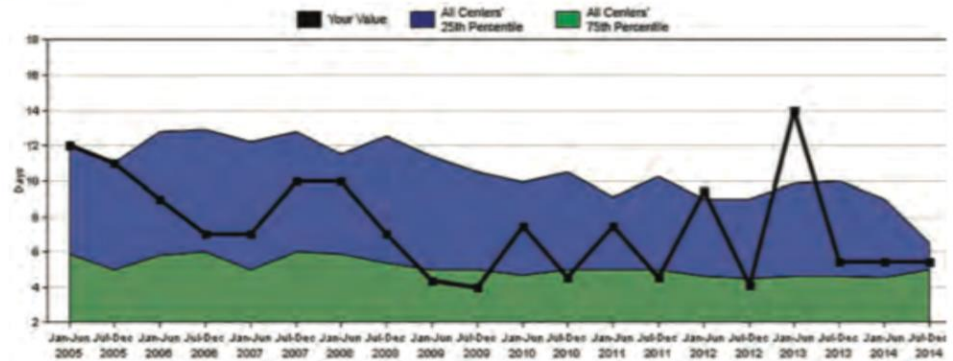
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■ Your Value
 ■ All Centers' 25th Percentile
 ■ All Centers' 75th Percentile



Sample Comparison Reports:
 A) Comparison over time
 B) Static comparison

Your Value	7.7
Your Percentile	45th
25th Percentile	10.5
Median	7.0
75th Percentile	5.0
Mean	8.20
Patient Data Pool	1,142,236



NQNBC™ A quality initiative of the National Consortium of Breast Centers



Post-Conference Options



NCBC 2016

Practical Applications of Cancer Risk Assessment, Management and Genetics for the Busy Clinician

TUESDAY April 12, 2016

The past year has witnessed rapid advances in genetic testing for hereditary breast cancer which has directly affected patient care and the genetic testing process. This course will lead attendees through a comprehensive review of the process of hereditary breast cancer risk assessment, genetic testing and the translation of this information into personalized cancer surveillance and risk reduction. Focus will be placed on incorporating the latest data and testing options that you may introduce into your high-risk clinic. This will include the implication of breast tumor genomic testing on inherited risk assessment and the controversy surrounding next-generation sequencing as it applies to cancer risk and management.

8:00 - 8:30 am	Who Carries an Increased Risk for the Development of Breast Cancer? <i>Ruth Heisey, MD</i> A review of risk factors for developing breast cancer.
8:30 - 9:00 am	Can Diet and Exercise Reduce Breast Cancer Risk? <i>Holly J. Pederson, MD</i> There is evidence that overweight or obese patients have a higher risk for postmenopausal breast cancer. Physical activity and diet are important in weight management but may independently affect breast cancer risk. The data surrounding these important areas of health will be presented.
9:00 - 9:30 am	Which Models to Use When Calculating a Patient's Familial Breast Cancer Risk? <i>Mary Freivogel, MS, CGC</i> This session will review the various breast cancer risk models, their limitations and benefits. Cases will exemplify which models are most effective based on the patient's personal risks and family history.
9:30 - 9:45 am	Break
9:45 - 10:15 am	Managing the High Risk Patient - Understanding the Role of Advanced Screening and Risk Reducing Medication <i>Sandhya Pruthi, MD</i> Management of high risk women includes intensive surveillance with Breast MRI and pharmacologic treatment with selective estrogen receptor modulators and aromatase inhibitors. Risks, benefits and limitations of these risk reducing strategies will be reviewed.

Post-Conference Options

Mammography, Ultrasound and Stereotactic Boot Camp

TUESDAY April 12, 2016

Breast Imaging professionals will be presented with the most current techniques and advances used in Mammography, Ultrasound & Stereotactic for the detection of breast cancer, including implementation, presentation of proper positioning techniques and the importance of each positioning. Trouble shooting techniques will be presented for Mammography, Ultrasound and Stereotactic. Challenging positioning examples will be explored with ways to address issues to achieve quality images.

8:00 - 10:30 am	<p>Mammography <i>Louise Miller, RT(R)(M)</i> These lectures will cover the fundamental and advanced principles of mammography positioning techniques. It is suitable for the new and experienced mammographer, as techniques are based on consistency, reproducibility and the proper use of body ergonomics guarantee improved image quality, less repeats and rejects.</p>
8:00 - 8:30 am	How correlational anatomy and physiology of the breast affect your images
8:30 - 9:45 am	Demo and Hands on CC and MLO
9:45 - 10:30 am	Demo Additional Views
10:30 - 11:00 am	Break
11:00 - 1:30 am	<p>Ultrasound <i>Deborah Ann Liebman, MD</i> An overview of how breast anatomy and pathology appear on ultrasound images. Attendees will learn how to understand the physics of ultrasound and how it applies to your images. A quick overview of how to operate the ultrasound equipment with training on how to improve your skills.</p>

Post-Conference Options



NCBC 2016

Survivorship: The Evolution of Hope for Breast Cancer Survivors

TUESDAY April 12, 2016

Survivorship has both a distinct phase of life and stage of cancer care that has been recognized beginning with The Institute of Medicine's 2005 monograph titled "From Cancer Patient to Cancer Survivor: Lost in Transition". Much research has followed on the myriad of issues that may surface and must be addressed as a person moves from active cancer treatment to survivorship. The potential issues that can surface fall into many domains (e.g. the physical, psychological, sexual, etc.) It is incumbent on all providers (both cancer care and general care providers) to be cognizant of the issues that survivors may face as well as the interventions that can offer breast cancer survivors the very best quality of life. The post conference follows up on previous in conference symposia on these topics that NCBC has offered in the past several years and takes the exploration and education on these matters to the next level, adding how the dimensions of hope are intertwined in the survivorship experience.

8:00 - 8:30 am	<p>Survivorship Overview: Where Are We Now <i>Carol P. Marcusen, MSW, LCSW, BCD</i> In the many years post the publication of "From Cancer Patients to Cancer Survivor: Lost in Transition, professionals and health organization have worked to expand services to address the needs of survivors. This session will focus on and explore what is known about what programs and services have been generated and comment on where we are now in meeting the needs of our cancer survivors.</p>
8:30 - 9:00 am	<p>Hope through the Phases and Stages <i>Elizabeth Clark, PhD, ACSW, MPH</i> Hope is a complex concept, and there is much more to hope than therapeutic hope that is based primarily on treatment outcomes. Hope is individualistic. People learn to hope, define hope, and use hope differently. Hope is not static but changes as situations and circumstances change. Regardless of phase or stage of cancer, there is always something to hope for, and as health care professionals, we have an obligation to provide a community of hope for our patients.</p>
9:00 - 9:30 am	<p>Wellness Behaviors: Survivors Transforming Hope Into Personal Actions <i>Ricki Pollycove, MD, MS</i> Women transition from "patient status," where the major focus is on treatments for optimal survival and treating the myriad symptoms that may result, to perceiving themselves as survivors. With this shift from "cancer patient" to long term optimal health, educating and motivating women in their own best interests becomes the task of excellent inter disciplinary care.</p>

THE IDP NEEDS PARTNERSHIPS

- The **IDP** , the **NCBC** and its members would require partnerships with other more experienced International associations to help fight this disease around the world
- The NCBC benefitted from the recent fusion of the **ASBD** into the **NCBC**.

State of Oncology Report

Proposal that of the NCBC initiatives, or other NCBC related multi-disciplinary expertise, could Be made available to those working in developing countries via:

- Attendance at our **NCBC Annual 5-day Conference** in Las Vegas.
- **Hands-on training** via our **500** Cooperating American Breast Centers
- **Assess projects** and expertise that could be
 - Pertinent,
 - Applicable
 - Transferable

to those countries where they could be most needed for accelerated implementation...

...how to proceed?

NCBA BOARD DECISION

The **NCBC Board** decided in the autumn of **2013** to respond to urgent international appeal by initiating and funding its **NCBC International Delegate Program (IDP)** to facilitate sharing **its pertinent** collective expertise where it is the **most needed**.

NCBC Guidelines for any new International Support Program

- **Beware** of the numerous and various local obstacles to getting the pertinent support to those who need it most
- Start slowly, with humility, listen and learn (**awareness**) from the experts who work in the local trenches.
- Gradually build a Global Interactive Network of such experts (**International Delegates**), both from **Developing** and **Developed Countries**, to explore educational and support initiatives on which to **build the Program**

**President**

Gary M. Levine, MD
 Director of Breast Imaging
 Hoag Memorial Hospital
 Presbyterian
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Marie LaFargue, MPH
 The LaFargue Group
 Redondo Beach, CA

Save These Dates!**March, 2014**

Breast Patient Navigator
 Certification
 Las Vegas, NV

Clinical Breast Examiner
 Certification
 Las Vegas, NV

For more information call:
(574)267-8058

Contributing NCBC Staff

Dara Long
 Special Projects Coordinator

This newsletter is an opportunity for members to discuss programs and products. If you would like to feature an article in the newsletter please email Dara Long at dara@breastcare.org

NCBC to LAUNCH INTERNATIONAL DELEGATE PROGRAM



NCBC to LAUNCH its INTERNATIONAL DELEGATE PROGRAM
 John Keyserlingk, MD, MSc, FRCS, FACS
 Chair, NCBC International Liaison Committee
 Surgical Oncologist & Medical Director
 VM Breast and Oncology Center
 Montreal, Quebec, Canada

HISTORY

The "State of Oncology 2013" report by the International Prevention Research Institute [IPRI] warns that the global number of new cancer cases will have doubled between 2008 and 2030. By that time, the annual death toll would reach 17 million with the vast majority coming from low- and middle-income countries – and many would be victims of absent, or delayed access to, breast cancer care.

NCBC, with over 1,000 individual members and approximately 450 breast center members, now stands ready to respond to this urgent international appeal by sharing its collective expertise with its international colleagues still facing often insurmountable obstacles.

[Read More](#)

OPPORTUNITY TO PARTICIPATE The entire NCBC membership is vigorously invited and encouraged to propose new International Delegates from any country other than the US and Canada, even from those countries that already have designated or proposed NCBC International Delegates (Argentina, Australia, Brazil, Dominican Republic, Ghana, India, Jordan, Kosovo, Mexico, Oman, South Africa, and the UAE).

The NCBC is interested in [recruiting International Delegates](#) from as many countries as possible, with special emphasis given to those Delegates from low- and middle-income countries where its involvement could expect to have the greatest positive impact on the rapidly increasing international breast cancer burden.

[Read More](#)

NCBC International Delegates receive a complementary two-year membership, and are also eligible to [compete for the 5 funding awards](#) to attend the annual NCoBC Conference in Las Vegas March 15-19 2014, as a Sponsored International Delegate.

[Read more regarding some current NCBC International Delegates](#)

NCBC International Delegate Program



Providing Physicians and Healthcare givers from
Developing Countries with the tools they need to
win the Global War on Breast Cancer

IDP PURPOSE & MISSION

- 1. Increase awareness within the NCBC Membership of International Breast Care Challenges** : to offer NCBC members, via the NCBC's network of **International Delegates**, a unique, first-hand "grass roots in the trenches" window on the tangible problems in their respective international community.
- 2. Provide funding for educational opportunities for International Delegates**, initially consisting of attending the **annual NCBC 5-Day Conference in Las Vegas**
- 3. Share and Export NCBC Programs, Expertise, Technology, etc** that are deemed by the **International Delegates** as pertinent and applicable and could then be transferred, with NCBC's assistance, to the Delegates' respective countries for accelerated implementation.

NCBC IDP MINI-FELLOWSHIP PROGRAM

- Add a **4 week Mini Fellowship** in one of the **500 NCBC North American Multidisciplinary Breast Centers** to take place just prior to the Annual Conference.
- The **International Liaison Committee** mandated to **oversee** those participating **NCBC Breast Centers** who volunteer their facilities for an **NCBC Mini-Fellowship program**, to promote total **ID integration** thus sharing **knowledge, techniques, technology, protocols** and **practices** with emphasis on **improving** global breast care.
- Related costs need to be minimized to optimize access

Who can become an IDP International Delegate

- **An NCBC International Delegate** could be a physician, nurse, technologist, administrator, educator, researcher, government regulator, etc., who is actively involved with breast care delivery and has been proposed to, and accepted by, **the NCBC International Liaison Committee** to serve as an NCBC International Delegate
- **A Sponsored NCBC International Delegate** has successfully completed **a transparent competitive process**, and has been provided funding to attend the annual NCBC Interdisciplinary Breast Center Conference.
- Additional responsibilities include:
 - Informing the Annual **NCBC** Conference participants of the **state of breast cancer** care in their respective countries via our Newsletter, an International Poster and a Presentation to the Conference
 - Helping the **NCBC** to **raise funding** to sustain this program for future International Delegates

NCBC International Delegate Benefits Include

- Receipt of the NCBC **newsletter**, the *Breast Center Bulletin*;
- **Connect** with other Delegates and **NCBC** members who have specific expertise;
- Reduced rates for **various publications**;
- **Access to breast professionals** around the country;
- **Access to the members-only section** of the website (*job descriptions & postings, member Q&As, newsletter archives*);
- Access to the **Breast Patient Navigator** website;
- **Register with the member rate** to **NCBC's** Annual Interdisciplinary Breast Conference (*includes all meals, breaks and receptions in addition to attendance of all sessions*);
- **Access to the NQMBC-Surgeons Program**, a quality initiative for individual surgeons;
- Online subscription to ***The Breast Journal***;
- Free Job posting (*Facility Membership: FM*);
- **Free listing and description of your center** or facility on **NCBC's** web page & link (FM);
- **Access to the National Quality Measures for Breast Centers**, a quality initiative, for eligible Breast Center (FM)
- **The Breast Center of Excellence Certification** through the **NQMBC™** program for eligible Breast Centers (FM);
- **A free link to your website** from your listing on **NCBC's** web page;
- **Receive 10% discount* off registration** to the **NCBC** Annual Conference for up to 5 staff (FM)



NCBC

National Consortium of Breast Centers, Inc.



January 27, 2016

Dear International Delegate,

The NCBC is happy to announce that we are now launching our annual 2016 International Delegate Program's competitive process for both **NCBC Annual Conference** and the combined 2-4 week **Mini- Fellowship & Annual Conference Awards**.

You can review the general details of the NCBC International Delegate Program Awards in a prior Breast Center Bulletin (Oct 2014) [here](#). Additional information regarding the IDP and how we raise the funding needed for this Program is also available at [IDP Funding](#).

The final number of awardees varies from year-to-year depending on the available funding, however there will be at least sufficient funding in 2016 for four **Annual Conference Awards** to cover the expenses for four of our NCBC International Delegates to attend our NCBC Annual 5-day Conference in Las Vegas from April 9th-13th 2016. In addition, at least one of these Delegates will also be provided with additional funding for a 2-4 week **NCBC Mini-Fellowship Award** at the Breast & Oncology Center of the **Ville Marie Medical & Women's Health Center** in Montreal, Canada, whose Medical staff are affiliated with both McGill University and the Université de Montréal. The funded NCBC Mini-Fellowship(s) will take place just before the Annual Conference in Las Vegas starting the next day, April 9th.

These competitive awards are limited to those of our current NCBC International Delegates who can vouch for the need of outside funding to be able to attend our Annual Conference in April, with priority be given to those Delegates from Middle and Low Income countries. **You will find further Award-related information on the Application Form attached to this email.** Please be aware that the deadline to submit a proposal is **NOW Saturday, FEBRUARY 6, 2016**. Those Delegates who have submitted the best proposals will be advised on **February 16th**, giving our NCBC staff in charge of the International Delegate Program just enough time to coordinate all the logistics involved with making their travel and lodging arrangements. We recommend that all proposals be submitted preferably in Word and preferably within 2 pages. The best Proposals will be part of our Poster sessions, and the successful Delegates will be given an opportunity to briefly address the Conference participants via a short PowerPoint presentation to inform them of how breast cancer is managed in their respective countries.

Should you wish to compete for these awards, please submit your proposal as soon as possible, particularly if you need our help regarding Visa-related issues, etc.

We look forward to receiving your proposals and hopefully to meeting as many of our NCBC International Delegates as possible, funded or not, at our annual Conference next April to further enhance our cooperative NCBC global International Delegate network.

Please contact Wendy (wendy@breastcare.org) at the home office if you have any questions or concerns.

Best wishes,

John R. Keyserlingk, MD, MSc, FRCS, FACS
Chair, NCBC International Committee
Surgical Oncologist & Ass. Prof. Surgery McGill University
Medical Director, VM Breast and Oncology Unit
Ville Marie Medical Center: www.vmm.ed.com
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NCBC International Delegate Program:

Establishing a Global Network



NCBC International Delegate Program:

Real Delegates. Real Stories



Dr. Elvis Ahmedi became a member of the NCBC and was a 2014 International Delegate from Kosovo. As a surgical oncologist, he has extensive interest in breast cancer management, including oncoplastic surgery. He is a founding Member of the Balkans Breast Cancer Initiative, a Coordinator of the Mammography Teaching and the Donation Project to Kosovo and Honorary Member of H. Lee Moffitt Cancer Center & Research Institute, and a leader in initiating breast cancer screening in his country. He is currently the Kosovo State Coordinator on Cancer Control and Head of Kosovo National Board for Cancer Control. Dr. Ahmedi stated: "I would be honoured to become an NCBC International Delegate from Kosovo. Information exchange is crucial in promoting best breast care, especially in resource-limited countries such as Kosovo."



Dr. Hilda Fernandes (Left) is Professor and Head of Pathology, and **Dr. Clement R S D'Souza** (right) is a Professor of Surgery at the Fr Muller Medical College in Mangalore, a major Medical School complex in India. Dr. Fernandes has a particular interest in Breast histopathology and immunohistochemistry and has extensively published on the importance of Fine Needle Aspiration Cytology which she introduced into her clinical setting. Dr. D'Souza is actively involved in breast cancer care for the last 20 years, including post-graduate training, particularly in onco-surgical techniques and breast cancer comprehensive management. Both are involved with setting up breast health awareness camps in rural Indian communities to promote early detection.



Dr. Hannah Simonds has been both a clinical and radiation oncologist at the Groote Schuur hospital, and part of the faculty of the University of Cape Town. Involved with breast cancer detection, treatment and management, she is particularly interested in providing input regarding breast care policies for South Africa. These include finding reasonable and pertinent adjuvant breast cancer treatment taking into consideration costs, limited resources and variable rural traditions. Hannah is now taking over a new 1-2-year breast oncology mandate in Ghana. She will provide our NCBC membership with an "in the trenches" view of African Breast Care in both countries.



Dr. Deborah Pfeiffer, MD, FASBP is a breast physician, Secretary of the Australasian Society of Breast Physicians and Medical Director of the public Breast Screen Queensland Sunshine Coast Service. This service screens over 30,000 women a year at six permanent sites, plus one mobile van. It performs over 2,000 diagnostic assessments per year with digital mammography, ultrasound and percutaneous biopsy within a multidisciplinary team environment comprising breast physicians, radiologists, surgeons, pathologists, radiographers, sonographers, and nurse counselors. Women diagnosed with breast cancer are referred externally for definitive treatment.



Dr. Zahid Al-Mandhari took over the Division of Breast Radiotherapy at the Royal Hospital in Muscat after completing his Radiation Oncology training in Canada. He is actively involved with initiating a major breast cancer screening program for Oman. In accepting to serve as the Omani NCBC International Delegate, Dr. Al Mandhari stated: "It would be an honour to join the NCBC with its noble aims. I am sure it will be most beneficial for our breast cancer patients. It will also be an eye opener on different challenges the various countries are facing, and an opportunity to share the innovative ideas to try and tackle these challenges."



Dr. Kausik Chatterjee completed his residency in Nuclear Medicine at the Tata Memorial Hospital in Mumbai, and then moved to Central India where he introduced Radioisotope Mammography and runs the only PET-CT unit in the entire area serving over 15 million people. He has been advocating usage of the gamma probe for sentinel lymph node detection in breast cancer and has applied for Government funds to buy the necessary instrument for his Oncology department. When offered to become an NCBC International Delegate he replied: "Thank you very much for offering me the complimentary membership on the National Consortium of Breast Cancer in North America, and accepting me in the advisory role. I feel deeply honored. I believe that the NCBC financial support would be of immense help for your overseas members who look forward to both share their experience as well as learn from the very esteemed members of your organization. I can speak of myself that I would very much appreciate an opportunity to attend the annual conference and Mini-Fellowship and share my experience. I look forward to gaining experience with your oncology protocols for different cancer patients, and have some hands-on training with the experts in Nuclear Medicine and PET-CT."

NCBC International Delegate Program:**Real Delegates. Real Stories**

Dr. Elvis Ahmedi became a member of the NCBC and was a 2014 International Delegate from Kosovo. As a surgical oncologist, he has extensive interest in breast cancer management, including oncoplastic surgery. He is a founding Member of the Balkans Breast Cancer Initiative, a Coordinator of the Mammography Teaching and the Donation Project to Kosovo and Honorary Member of H. Lee Moffitt Cancer Center & Research Institute, and a leader in initiating breast cancer screening in his country. He is currently the Kosovo State Coordinator on Cancer Control and Head of Kosovo National Board for Cancer Control. Dr. Ahmedi stated: "I would be honoured to become an NCBC International Delegate from Kosovo. Information exchange is crucial in promoting best breast care, especially in resource-limited countries such as Kosovo."

NCBC International Delegate Program:**Real Delegates. Real Stories**

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NCBC International Delegate Program: Positive Impact of the IDP Training Opportunities



Nigeria (*Issac Alatise, Surgical Oncologist*)

"During my NCBC Mini-Fellowship under Dr. Gass and her team, I participated actively in the medical and surgical breast clinics and operating theatre at the Women and Infants hospital in Providence, Rhode Island... this hands-on experience will help me establish a dedicated breast fellowship in Nigeria... as a trainer at one of the leading centres in Nigeria, I will make sure this new information will be integrated into our training program... my patients will have a well-informed doctor to treat them, and my students a better informed teacher to teach them."



Haiti (*Bette Gabbrien, Oncology Nurse*)

"...it is not enough to express my heartfelt appreciation for the personal and financial support that made possible my participation in the annual NCBC Breast Cancer Conference as an International Delegate... shared approaches by learning from the Delegates from other countries provided new insights into the programs and solution to international problems regarding access, medical training and palliative care... the burden of cancer is shifting from the First World to the Third World... by the end of the conference, practitioners in surgical centers, outpatient clinics, university settings, hospital breast centers were already offering their collaboration in Haiti itself... offers were forthcoming for CBE training, ultrasound technology and imaging training came rolling in... we do not have a national breast health program... It is time to expand services, engage national and visiting professionals to improve education, screening, diagnostics, surgery and treatment... I have no doubt that my project for a new breast center in Haiti will come to pass with the help of the NCBC International Delegate Program, and all those who I met at the Conference..."



South Africa (*Carol-Ann Benn, Surgical Oncologist*)

"I would like to thank the NCBC for the privilege of being accepted for their International Delegate program... the content, networking opportunities and academic standards of the Annual NCBC Breast Cancer Conference were exceptional... It has been a dream to set up a formal navigation program for patients in South Africa. By receiving this award, I was able to sponsor a qualified nursing sister to attend the conference, as well as the post-conference clinical navigation program. She has passed the exam and now is the only formally qualified navigator in South Africa... this allows us the opportunity to run navigator courses and train other navigators... this meeting was pivotal in allowing like-minded specialists to set up a network of clinicians who can communicate about the problems faced and possible solutions for breast cancer in Africa, as well as look at collaborative research between different countries... I have returned inspired, humbled and determined to continue the work in South Africa and Africa for better patient care."



United Arab Emirates (*Mohammed Bashir, Surgical Oncologist*)

"...there is no doubt that your conference helped me to lead our own breast center through the accreditation process... we have recently invited the NCBC experts to come to our Center to develop our survivorship program."



China (*Ying Zhang, Medical Oncologist*)

"Having attended the NCBC conference as an International Delegate, and having learned of the disparity in breast cancer care between China and North America, I would like to do my best to improve the care of women with breast cancer in China... starting by introducing a Navigator education program based on what I learned at your conference... I thank the NCBC for having broadened my knowledge of breast cancer care... I will bring this knowledge to my Chinese colleagues and look forward to further collaboration with the NCBC International Delegate Program."



Colombia (*Jose Caicedo, Surgical Oncologist*)

"As president of the Federación Latinoamericana de Mastología, it was a great experience and a great opportunity, not only to participate in the wonderful interdisciplinary sessions on breast cancer diagnosis and treatment with a great Faculty, but also having the chance to share opinions with them... as breast cancer is the first cause in mortality in Colombia... we learned from the other International Delegates that there are many different obstacles to adequate breast care in different parts of the world... but at the end, there is always a way to do things better locally in each location with your help and advice... I congratulate the NCBC for this initiative... you have to continue with the International Delegate program so that many other international colleagues can take back to their own countries this wonderful experience for the benefit of their breast cancer patients."



Turkey (*Burcak Karaca, Medical Oncologist*)

"It was such a great experience for me to meet so many colleagues at the NCBC annual Conference, many of whom I will be collaborating with in the future... far beyond what I could imagine by the help of this wonderful organization... all of my colleagues at home were very happy to hear that I was able to present our own data from Turkey at a North American Conference. We will push for a screening program and will talk with the Governor of Izmir about this project to get his support... I believe that this international collaboration is very important..."



India (*Kausik Chatterjee, Radiation Oncologist*)

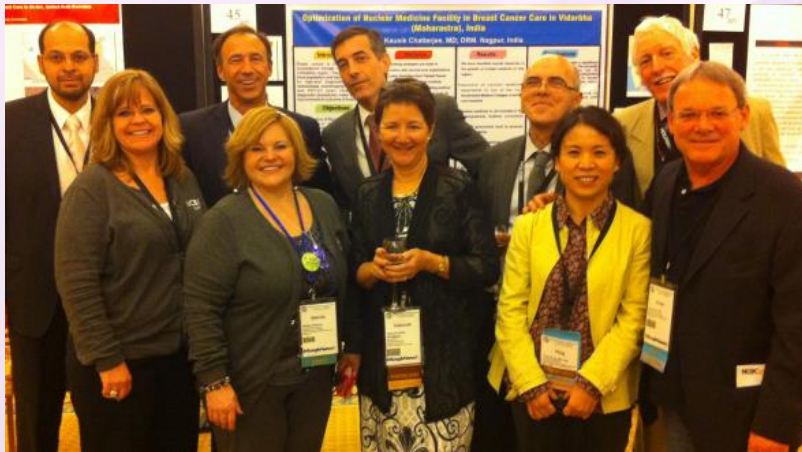
"It was a great pleasure to participate, as part of the NCBC International Delegate Program, in the NCBC Annual Breast Cancer Conference and a Mini-Fellowship at the Ville Marie Breast & Oncology Center in Montreal. I got the opportunity to work with Dr. Keyserlingk and his interdisciplinary team of medical, radiation and surgical oncologists, pathologists, and radiologists to get a first-hand experience and hands-on training in patient examination, screening, counselling and investigations, including interpreting mammography, ultrasound and MRI findings, and image-guided biopsies, surgeries and patient follow-up. Attending both the Conference and a one-month Mini-Fellowship have immensely boosted my confidence to train our social workers and nurses regarding patient navigation so we can gradually implement international quality breast cancer care to the needy and poor patients of remote areas of India. I would like to express my gratitude for giving me this opportunity."



Senegal (*Sidy Ka, Surgical Oncologist*)

"As the General Secretary of Senegalese Breast Cancer Study Group, and a breast surgeon in a teaching hospital, I am now more able to teach at a clinical and performing level. Evaluation and accreditation of breast centers and breast care practice is necessary for best performance. During the Mini-Fellowship tutored by Dr. Kevin Pope and his team at the Breast Center of Northwest Arkansas in Fayetteville, I met many physicians and they all share one preoccupation which is how to do better for patients with breast cancer. People in Senegal really need their physicians to also work in a multidisciplinary center to save more lives... I will particularly work to implement the notion of a nurse navigator and will address the Senegalese Breast Cancer Study Group to talk about my experience as an International NCBC Mini-Fellow, its program and what I learned about it."

NCBC International Delegate Program:
Attending the Annual NCBC Breast Cancer Conference provides the International Delegates with an excellent educational opportunity.



2014 International Delegates



2015 International Delegates

The **NCBC International Liaison Committee** has been mandated to ensure that ALL donated funds are both exclusively and cost-consciously used to cover the Program's travel and room & board expenses. **Thus the average cost of the combined Conference/Mini-Fellowship per Delegate is only \$7.5 K per designated Delegate, a small amount when considering the immediate impact on improving breast care in these countries.** The Program is also collecting funds for specific imaging and diagnostic technologies that can be of great importance for Delegates to provide best care.

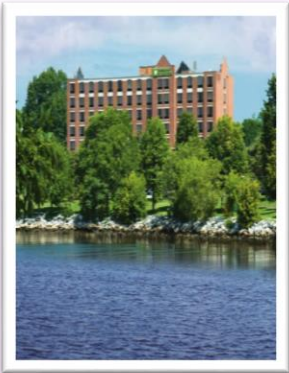
NCBC International Delegate Program:

Positive Impact of the IDP Training Opportunities

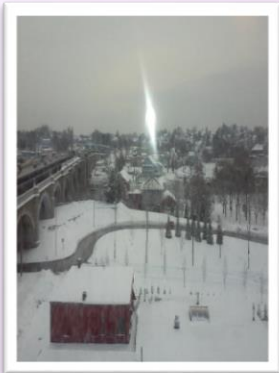


Nigeria (*Issac Alatise, Surgical Oncologist*)

“During my NCBC Mini-Fellowship under Dr. Gass and her team, I participated actively in the medical and surgical breast clinics and operating theatre at the Women and Infants hospital in Providence, Rhode Island... this hands-on experience will help me establish a dedicated breast fellowship in Nigeria... as a trainer at one of the leading centres in Nigeria, I will make sure this new information will be integrated into our training program... my patients will have a well-informed doctor to treat them, and my students a better informed teacher to teach them.”



At the hotel



At the hotel



At Airport in RI



With Lymphedema therapist



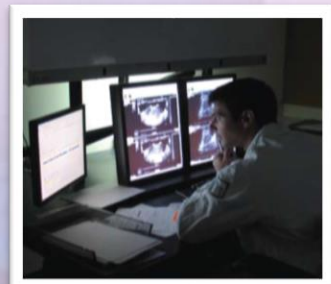
At the Tumor board



At the operating theater



At the operating theater



At the Radiology

Mini Fellowship, Woman and Infant Hospital Providence, RI



DR Jennifer Gass



With the Radiotherapist Dr. Gabeau



At the Clinic with Genetist



With the Oncologist Dr Lagere

NCBC International Delegate Program:**Positive Impact of the IDP Training Opportunities****Senegal** (*Sidy Ka, Surgical Oncologist*)

"As the General Secretary of Senegalese Breast Cancer Study Group, and a breast surgeon in a teaching hospital, I am now more able to teach at a clinical and performing level. Evaluation and accreditation of breast centers and breast care practice is necessary for best performance. During the Mini-Fellowship tutored by Dr. Kevin Pope and his team at the Breast Center of Northwest Arkansas in Fayetteville, I met many physicians and they all share one preoccupation which is how to do better for patients with breast cancer. People in Senegal really need their physicians to also work in a multidisciplinary center to save more lives... I will particularly work to implement the notion of a nurse navigator and will address the Senegalese Breast Cancer Study Group to talk about my experience as an International NCBC Mini-Fellow, its program and what I learned about it."

NCBC International Delegate Program:

NCBC Mini-Fellowships in 2015 provided the International Delegates from India, Senegal and Nigeria with the hands-on training to optimize their breast cancer care at home.



Dr. Kausic Chaterjee from India with the Onco-Plastic team at the Ville Marie Breast and Oncology Center, Montreal, Canada.



Dr. Sidy Ka from Senegal during his Mini-Fellowship at the Breast Center of Northwest Arkansas.



Dr. Isaac Alatise from Nigeria during his Mini-Fellowship in Providence, Rhode Island.

NCBC International Delegate Program:

Dr. Ernie Bodai



*Founder, Breast Cancer Research Stamp & Director of the Breast Health Center,
Kaiser Permanente*

"It has been extremely gratifying for myself and my colleagues at NCBC to share our knowledge and resources with our international delegates. Knowing that spreading the best possible breast cancer care worldwide through this program truly represents what NCBC regards as one of its greatest accomplishments."

NCBC International Delegate Program: Collaboration is Happening

The NCBC is collaborating with other International Associations such as the **“Federation of Latin American Mastology”** to achieve the best possible outcomes by bringing all breast health professionals together to improve quality of care. Breast Centers all over the world are struggling with how to implement quality metrics, patient navigation, genetic services, and survivorship programs. Sharing the acquired NCBC expertise in these areas across the world constitutes a major solution to national and global breast care challenges.



(left to right)

Dr. John Keyserlingk, *Founder*,
International Delegate Program

Dr. Jose Joaquin Caicedo, *President*, Latin
American Federation of Mastology (FLAM)

Dr. Maricio Costa, *Former President*, Latin Amer-
ican Federation of Mastology (FLAM)

Dr. Jose Prada, *President*,
Uruguay Society of Mastology

Global Solutions to seek a
WORLD WITHOUT BREAST CANCER



THE NCBC INTERNATIONAL DELEGATE PROGRAM

International Delegate Program

International Delegate
Posters and Presentations
at the
Annual
5-day NCBC Conference

How to impact Breast Cancer in Colombia



José Joaquín Caicedo, MD.
Breast Surgeon, Bogotá - Colombia
Breast Clinic, Clinica del Country
josemastologo@gmail.com

• CV

I have been working in Bogotá, Colombia for more than 20 years as Breast Surgeon, the last six at Breast Clinic, Clinica del Country

I was trained and worked at INC (National Cancer Institute) from 1992 to 2002, 6 years as Chief of Medical Education¹

I helped to create an ONG and I was its President for 5 years; currently Honorary President

From 2009 to 2013, President of Colombian Association of Mastology (ACM); now Past President²

Current President of Latin-American Federation of Mastology (FLAM) 2015-2016³

Recent book "Breast Cancer....Opportunity of life"

• Book "Breast Cancer... Opportunity of life"

19 Breast Cancer patients
Pictures and testimonies
Breast Cancer is not
synonymous of death
With adequate treatment,
you can preserve self
image.
It has helped new
diagnosed patients



• ONG

Founded in 2006⁴
More than 2.500 patients
Support, accompanying
Advocacy, Research, EDUCATION



• Breast Cancer in Colombia

- 1st cause in Incidence (35.7)
- 1st cause in Mortality (10.8)
- 32-36% cases below 50 years⁵
- Differences in treatment opportunities, depending on health system affiliation⁶
- 50% advance cases (Ib, II, IV)
- Lack of Education in Oncology in Medical Schools (Cathedral)
- It's not mandatory registry of data

• Incidence of breast cancer in women



• Incidence and Mortality in Colombia 2012



• Trends in incidence in different countries per 100,000 women



• Age



• Health affiliation system and treatment

Year between 2010-2015 and beginning of treatment

Contribution	100 days
Subsidized	100 days
Private	30 days
Special	24 days
Prepaid medicine	30 days

• Clinical Stages



• Strategies

- Early Diagnosis based on
- Education to general population (Breast)
- Education to Physicians (GP, Oncology) (Courses in Schools of Medicine)
- Training Breast Specialists (Oncologist, BC)
- ONC congresses, meetings (I, II, III, ACM, ACB)
- Breast cancer awareness (Breast)
- Clarify Multidisciplinary Breast Centers (NCBC) Centers of Excellence
- ONC (Breast)

• How can NCBC help

- Education
- Helping to certify Breast Centers
- Supporting ONG like AMEIO
- Supporting Associations like ACM and FLAM
- Project FLAM Latin American Breast Care (FLAM)

References

1. Mastology 2011 (Colombian Association of Mastology)
2. ACM (Colombian Association of Mastology)
3. FLAM (Latin American Federation of Mastology)
4. ONG (Colombian Association of Mastology)
5. Breast Cancer in Colombia (2012)
6. Breast Cancer in Colombia (2012)



BREAST CANCER IN NIGERIA SITUATION ANALYSIS AND WAY FORWARD

Olusegun Isaac Alatise (M.D)

**Obafemi Awolowo University Teaching Hospitals
complex, Ile-Ife, Nigeria; Obafemi Awolowo
University Hospital, Ile-Ife, Nigeria**

**The National Consortium of Breast Centers (NCBC) 25th Annual
Interdisciplinary Breast Center Conference, Las Vegas, March 14-18, 2014
Combined Annual Conference & NCBC Mini-Fellowship Award Recipients**



PARTNERSHIPS & COLLABORATION

To Meet Breast Health Needs Of RURAL HAITIAN WOMEN:

The St. Francis Breast Health Initiative



Bette Gebrian RN MPH PhD International Delegate 2015 Jeremie Haiti
The National Consortium of Breast Centers (NCBC) 25th Annual Interdisciplinary Breast Center Conference
Las Vegas, March 2015

CHALLENGES

- ✓ Post-surgery chemotherapy is not routinely available for women
- ✓ Radiation treatment only in the Dominican Republic, none in Haiti
- ✓ Women with advanced breast cancer are sent to the Missionaries of Charity Hospice since hospital is not equipped for palliative care
- ✓ Pain control is not well integrated into palliative care
- ✓ As demand grows, hospital partnerships need to be expanded
- ✓ There is only one surgical suite and one staff surgeon in the Government Hospital in Jeremie





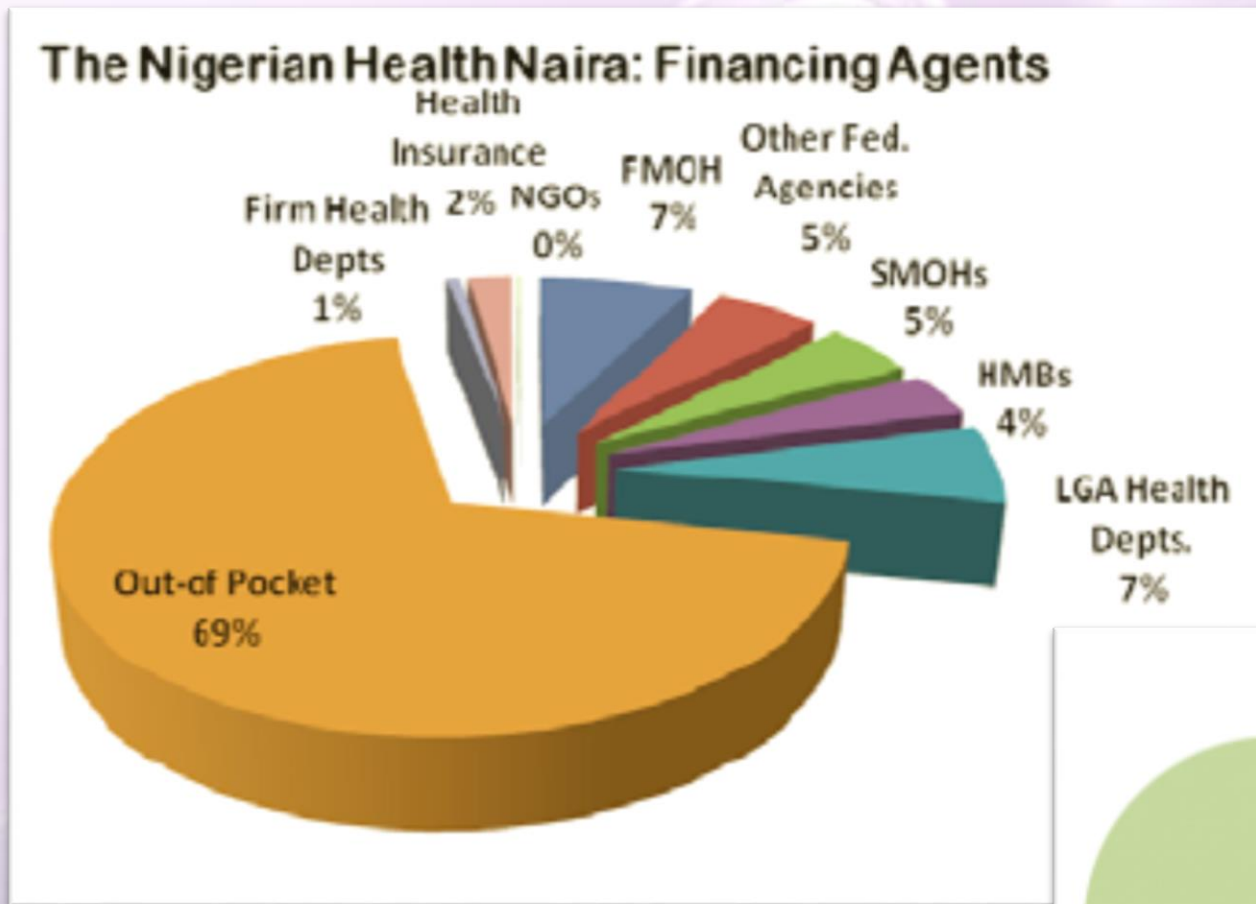
BREAST CANCER IN WEST AFRICA

Evolution of treatments between 2000 and 2014

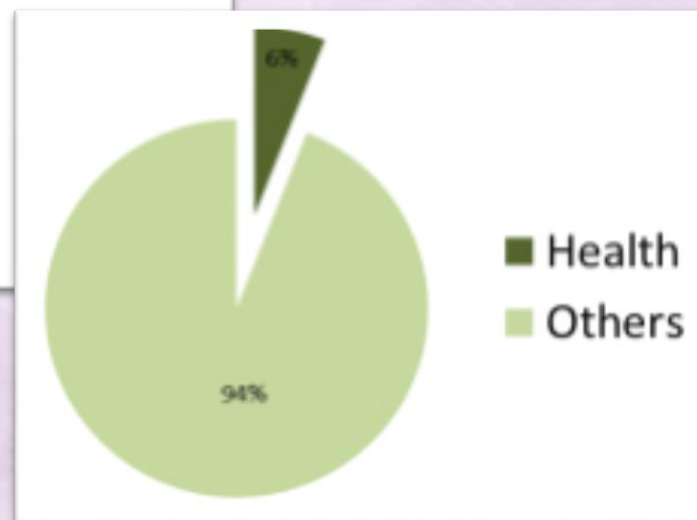
The National Consortium of Breast Centers (NCBC) 25th Annual Interdisciplinary Breast Center Conference Las Vegas, March 13-18, 2015

6th International Congress of BREAST CANCER DISEASE CENTERS 2016, Paris France

RESULTS - CHALLENGES



Health Allocation in 2014 Nigerian Budget



Health financing

2007 - 2014

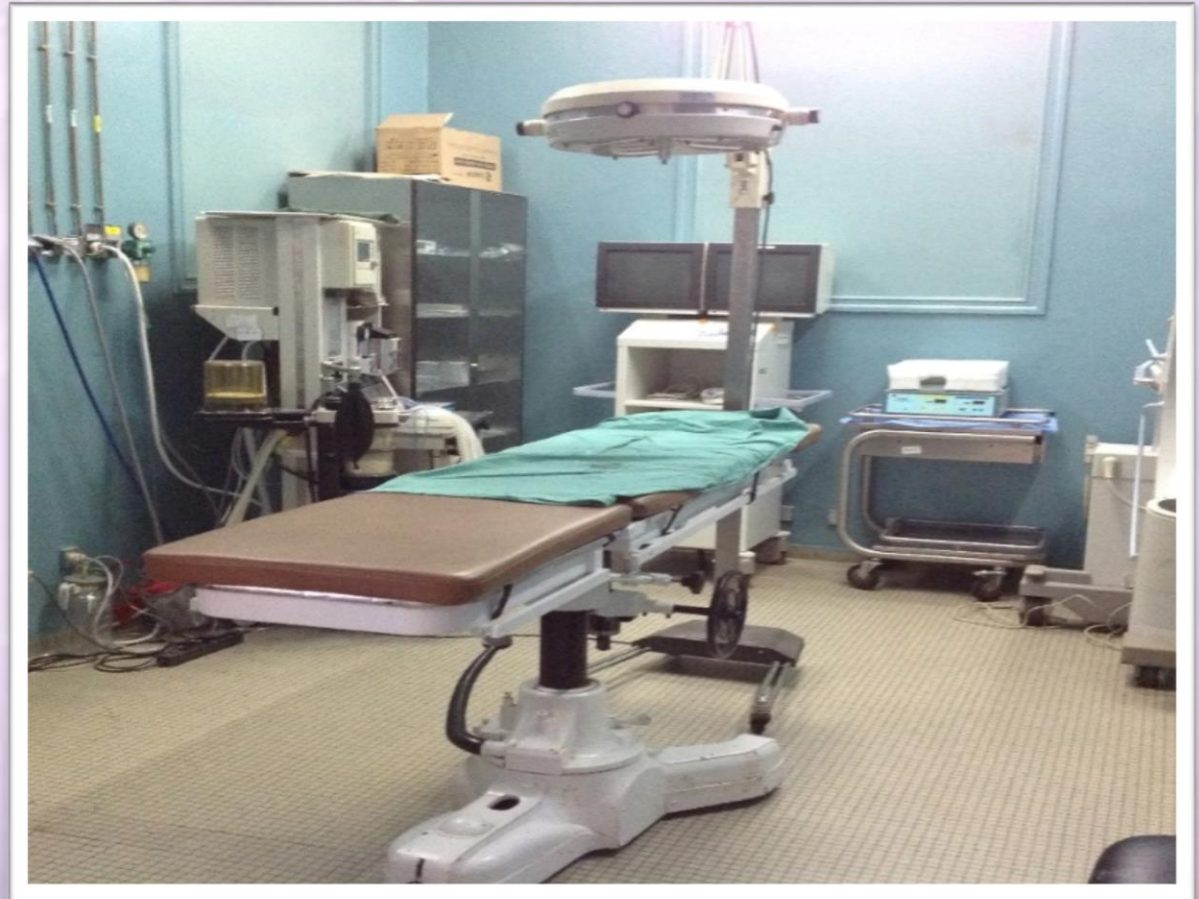


PROJECT

PROJECTS:

Breast care unit
with:

- **ONCOLOGISTS**
- **GYNECOLOGIST**
- **RADIOLOGISTS**



HOSPITAL DE CÂNCER DE BARRETOS

Fundação Pio XII



VILLE MARIE MEDICAL, BREAST & ONCOLOGY CENTER Support, Navigating, Kinesiology & Clinical Research Team with Dr Gustavo Zucca-Matthes from the Barretos Cancer Center, Brazil





AMOR

Como a fé e a solidariedade construíram o maior polo de referência nacional na luta contra o câncer







HOSPITAL
BARRETOS

CENTRO DE SAÚDE DA PEDIATRIA



APESP
Pesquisa do Estado de São Paulo

LEURY
Medicina e Saúde

MERCK

 **MPT**
Ministério Público do Trabalho

 **FINEP**
AGÊNCIA BRASILEIRA DA INOVAÇÃO

Ministério da
Ciência, Tecnologia
e Inovação

 **CNPq**
Conselho Nacional de Desenvolvimento

 **AMAZÔNIA**
FITOMEDICAMENTOS

 **DECIT**
Departamento de Ciência
e Tecnologia

 **BD**

 **QIAGEN**

the partners

...os que acreditaram no nosso sonho possível graças aos

 **Grupo**



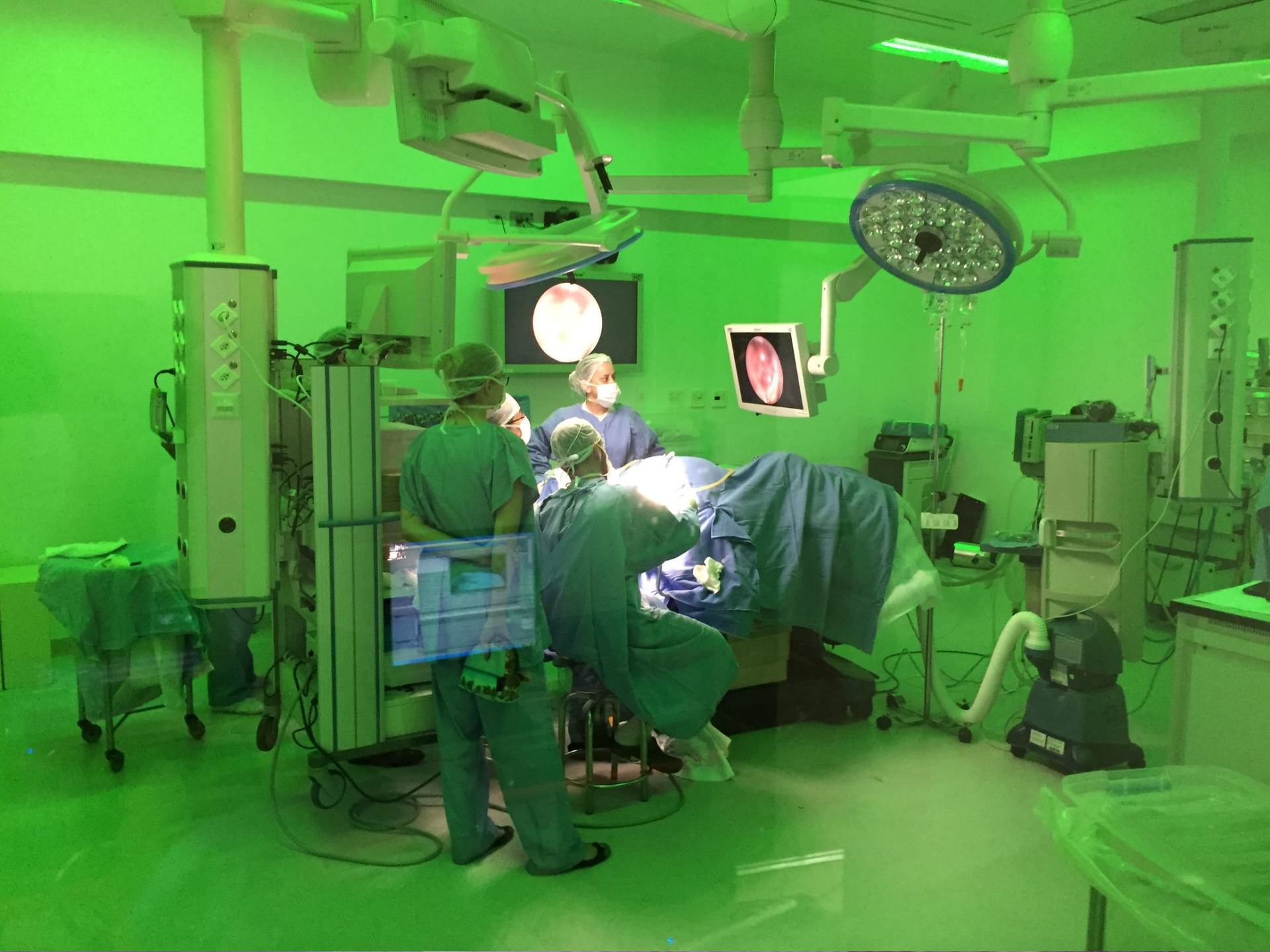


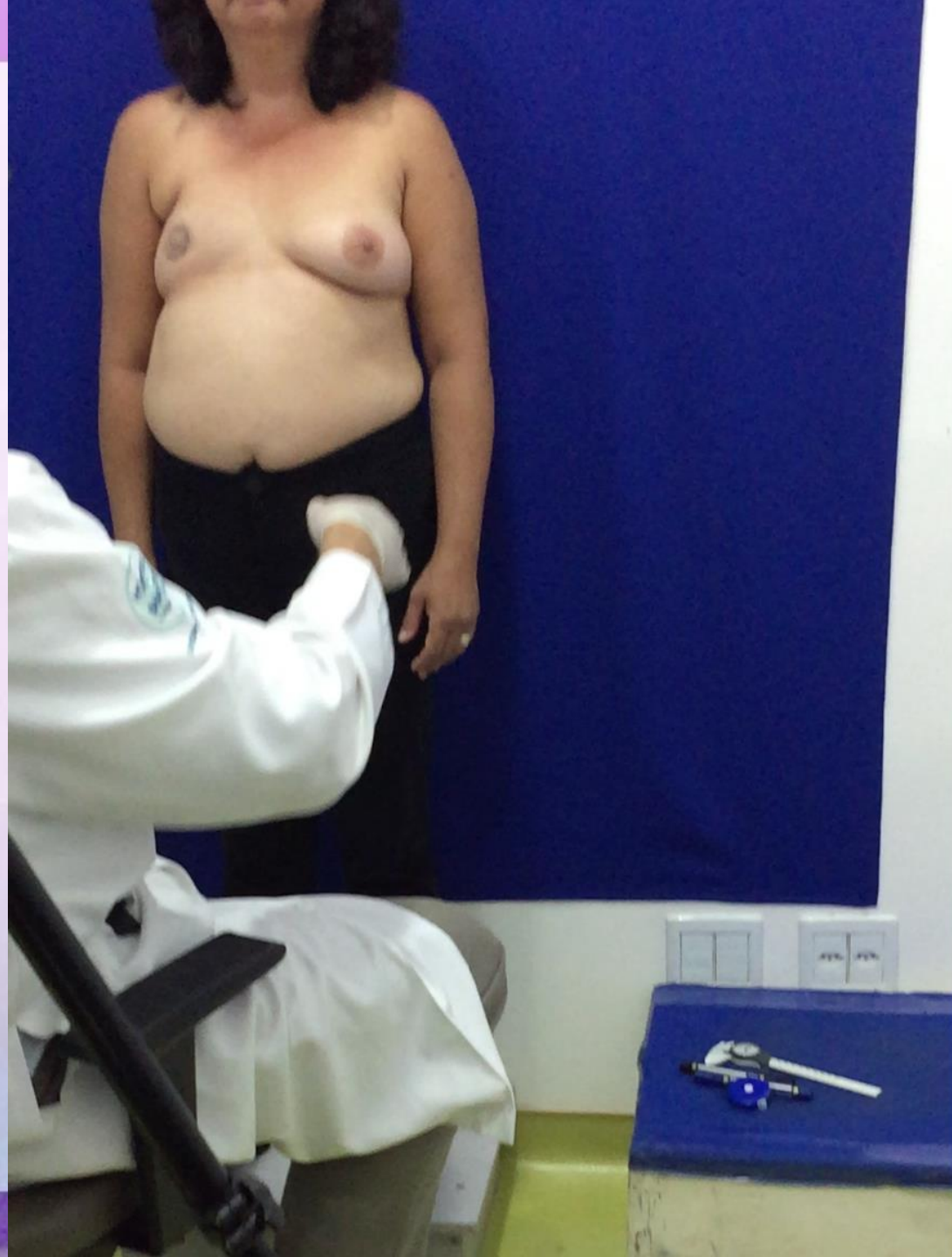
oleta
consultórios

Brinquedoteca
Infusão



























The End

GLOBAL WAR ON BREAST CANCER
The NCBC International Delegate Program (IDP)

John R. KEYSERLINGK:

Surgical Oncologist VM Medical, Breast & Oncology Center
Montreal, Canada



The End

GLOBAL WAR ON BREAST CANCER The NCBC International Delegate Program (IDP)

John R. KEYSERLINGK:

Surgical Oncologist VM Medical, Breast & Oncology Center
Montreal, Canada

This presentation will be posted on our **website** soon!

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