



PIPER BREAST CENTER™ *Communiqué*

CELEBRATING OUR 10TH ANNIVERSARY

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LOOKING BACK ON THE CREATION OF THE PIPER BREAST CENTER

In honor of the Piper Breast Center's 10th anniversary, Communiqué recounts the pioneering, collaborative efforts of the dedicated health care providers and patients who helped create this unique breast center.

Identifying the need for a comprehensive breast center

For many years, women with breast problems had to make multiple trips to several specialists – often at different locations – to undergo testing and receive care, which left patients feeling anxious and frustrated.

“Historically, the surgeons, doctors and radiologists who cared for patients with breast issues weren’t housed in one location and generally communicated through written reports,” said Beverly Trombley, MD, a radiologist at the Piper Breast Center. “This less than ideal communication, along with patients spending so much time shuffling back and forth between specialists, frequently led to delays in a patient receiving a test result and diagnosis.”

Specialists come together to provide better, more coordinated care

In the early '90s, Trombley wanted to start performing stereotactic (image-guided) breast biopsies, a minimally-invasive tissue sampling technique used to determine a patient's need for surgical intervention. Before doing so, however, she and fellow radiologists had to work closely with the surgeons at the hospital to develop a process that was beneficial to patients and both groups of specialists. This collaboration turned out to be immensely successful.

“We all agreed that sharing information and working together led to better outcomes for our patients,” said Trombley. “So we asked ourselves, what would happen if we continued to work together and approached patient care as a team rather than from our own unique perspective?”

That's when surgeons, physicians, nurses, radiologists and pathologists from across the hospital started talking about creating a

comprehensive center that would allow them to share their expertise and consolidate all breast health services in one location.

“At the time, there really weren't other breast centers for us to look at for direction or comparison,” said Daniel Dunn, MD, a surgeon and chair of the Piper Breast Center planning committee. “So we literally started creating this center from the ground up, beginning with getting everyone to commit to working together in order to provide the best care for our patients.”

The planning group felt strongly that the center should make patients' access to care simple and minimize delays and waiting. They also wanted the center to provide an environment in which care providers could talk openly about each patient's care plan and have opportunities for ongoing education on breast health issues.

“For nearly a year and a half, this large team worked closely together to plan the center,” said Carol Bergen, RN, manager, Piper Breast Center. “We wrote policies and processes, including one for minimizing avoidable delays without compromising our high standard for accuracy in making diagnoses. We also evaluated equipment and possible locations for the center.”

Patient feedback used in development of Piper Breast Center

According to John Brown, MD, a medical oncologist and former medical director of the Piper Breast Center, patients were excited about the center and looked for ways to contribute to its development.

“Patients really looked forward to having the opportunity to visit one location where they could receive exceptional medical care and receive quick, reliable results,” said Brown.

Two of Brown's patients pledged financial support to get the center up and running. Other patients participated in the focus groups that were held in order to hear straight from women what was important to them when choosing a breast center.

Feedback from the focus groups showed that women wanted easy access to comprehensive information on breast health, clear and direct communication with their physicians, and a diagnosis as quickly as possible. Focus group participants also indicated that they wanted a more comfortable center. That's why the Piper Breast Center was designed with soft colors, framed artwork lining the hallways and in clinic rooms, soft classical music and fresh floral arrangements set out daily in patient waiting areas.

Continuing the legacy of collaboration

“We are very proud of all the work that went into creating the Piper Breast Center, which was the first of its kind in the region to offer comprehensive breast health care in a unique, comforting environment,” said Deborah Day, MD, a radiologist and medical director of the Piper Breast Center. “We look forward to providing exceptional care for the next 10 years and beyond.”



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CHANGES OVER THE PAST 10 YEARS AT THE PIPER BREAST CENTER

~ by specialists from each of the highlighted areas below

MAMMOGRAPHY

Mammography technologists work with and are thoroughly trained on film and digital mammography equipment, as well as dedicated breast ultrasound and the stereotactic breast biopsy table. Mammography technologists participate in ongoing training on current and new equipment and modalities, such as MRI guided breast biopsies. With the improvements in technology and their exceptional breast imaging skills, the Center's technologists are able to provide quality images to radiologists on the patient's behalf.

GENETIC COUNSELING

The last 10 years have brought many important advances in our understanding of individual's hereditary susceptibility to cancer. New susceptibility genes, including BRCA 1 and 2, have been discovered. There are new assessment tools and more options available to deal with one's breast cancer risks. The genetic counseling service at Virginia Piper Cancer Institute has grown as more women want to clarify their risks, decide if genetic testing will be helpful and choose the right test.

LYMPHEDEMA AND REHABILITATION CLINIC

The Lymphedema and Rehabilitation Clinic began in December 2000 as a collaboration between the Piper Breast Center and Sister Kenny® Rehabilitation Institute. In the Center's Breast Health Clinic, Nancy Hutchison, MD, a specialist in physical medicine and rehabilitation, evaluates patients for lymphedema and other physical rehabilitation concerns related to the treatment of breast cancer. This may include tight or weakened muscles of the chest wall and shoulder, bound down scars, pain, and limitations of physical function. Referrals from patients and professionals can be made to this specialized

service, whose staff works with the patient's own local treatment team.

NURSING

The role of specially-trained nurses has remained consistent over the past decade, but their expertise in breast health continues to evolve. The Center's nurses specialize in patient education, care coordination and collaboration with various specialists. The number of nurses has grown from one to three nurses per day; however, the individualized care remains consistent. Patients are the top priority for nurses, who are an important link between the patient and the health care system. Each patient has the right to make educated decisions about personalized care, so nurses make sure that the patient receives the appropriate education.

PATHOLOGY

The pathology of breast disease has become more focused and more closely connected to other medical specialties over the last 10 years. Needle core biopsies have largely replaced surgical biopsies, which has led to pathologists having to diagnose much smaller breast biopsies and having to work closely with radiologists to precisely compare a lesion identified in a mammogram with the biopsy result. This collaboration between pathologists and radiologists is now common practice and has led to more accurate diagnoses of breast disease.

The classification of breast disease has also evolved, providing a more consistent assessment of tumor potential. Immunohistochemical markers allow the pathologist to determine various characteristics of tumors, which help determine the optimal therapy a patient may require.

Pathologists, radiologists and surgeons worked together to develop a highly

successful sentinel lymph node procedure to assess the first lymph node in which a cancer may drain. The Piper Breast Center was the first center in the state to use this procedure and is currently involved in studies to learn even more information that may further refine this technique.

PLASTIC AND RECONSTRUCTIVE SURGERY

Many changes have taken place in the field of plastic and reconstructive surgery over the last 10 years, including innovations and improvements in the techniques of breast reconstruction, breast reduction and cosmetic breast surgery. There also have been refinements in the use of a patient's own tissues for breast reconstruction, as well as minimizing scars and improvements in breast implants. Perhaps the most important change has been one of awareness. Patients, referring physicians and insurance companies have come to recognize the important quality of life improvements that can result from plastic surgery of the breast. Reduction mammoplasty is increasingly being covered by most insurance carriers. Since 1998, there has been a mandate for insurance companies to cover breast reconstruction post-mastectomy, including surgery of the contralateral breast. Finally, it has become the standard of care that patients newly diagnosed with breast cancer consult with a plastic surgeon prior to surgical intervention to determine the role of breast reconstruction.

RADIOLOGY

Mammography has continued to improve with better resolution and less radiation. Full-field digital mammography allows better visualization in very dense breast tissue. A decade ago, ultrasound was used only for determining whether a mass was solid or a cyst. Now it is sometimes used with color Doppler to characterize solid

masses as most likely benign or worrisome for cancer. MRI is relatively new to the imaging arsenal, but very good at finding breast cancers. However, it must be used cautiously due to its high cost and tendency to find many things that are not cancer.

Problems identified on an imaging study may lead to a cyst aspiration or a biopsy. Non-surgical, minimally invasive options for performing breast biopsies use stereotactic mammography, ultrasound or MRI image guidance. When the Piper Breast Center opened, radiologists could obtain small tissue samples with a needle core biopsy. Today, they have methods for faster, accurate sampling which can obtain larger samples when necessary.

SURGERY

The most important changes in the surgical treatment of breast cancer have been the increasing use of breast conserving surgery (lumpectomy) and the development of sentinel lymph node biopsy. Lumpectomy, when used appropriately, is as effective as mastectomy for the treatment of breast cancer.

When cancer is invasive, it is imperative that the status of the lymph nodes is known. In 1993, the only way to determine the status of the lymph nodes was to undergo removal of most of the lymph nodes under the arm, which led to 20 percent of patients developing significant swelling of the arm (lymphedema). With the use of sentinel lymph node biopsy, in 2004 only one or two nodes were sampled if they showed no cancer. Also last year, 83 percent of women with invasive cancer were eligible for this procedure. Surgeons continue to strive to make the surgical treatment of breast cancer as minimally invasive as possible.

MEDICAL ONCOLOGY

We have made important gains in the understanding, prevention and treatment of breast cancer over the last 10 years. Our understanding of breast cancer on a cellular level has grown dramatically, and we are now on the threshold of developing treatments specific to the

individual. The first FDA approved drug for breast cancer prevention also became available which, when used in appropriate individuals, can contribute to a significantly lower risk of developing breast cancer. The potential options in the use of adjuvant hormonal and chemotherapeutics have grown substantially. This growth, along with ongoing improvements in supportive care, has contributed to safer and more tolerable treatments. Targeted therapies like the drug Herceptin have also instilled hope where little existed in the past. The future offers real hope to expand the use of targeted, less toxic therapies to those who truly need them after a breast cancer diagnosis. More effective treatments with fewer side effects will be available for those with advanced disease.

RADIATION THERAPY

A remarkable technological breakthrough in radiation therapy has taken place in the last decade. Radiation oncologists are now able to deliver more precise radiation to the breast and maximally protect the normal surrounding tissues, including the heart and lungs, by using a 3-dimensional conformal radiation therapy technique. This technique combines sophisticated computer technology with the information from imaging studies such as CT, MRI and PET. This new technique has significantly reduced the side effects and complication of the radiation and improved the outcome of the breast cancer treatment.

GREETERS PROVIDE COMFORT, GUIDANCE

Since the opening of the Piper Breast Center, greeters have been vital members of the health care team who provide an excellent experience for patients and visitors. Greeters welcome patients and show them where they can change into robes. They comfort patients and their families, and connect patients to the mammography technologists, nurses and doctors. For more information about becoming a greeter at the Piper Breast Center, call 612-863-7445.

SINCE THE BEGINNING, EDUCATION HAS BEEN A PRIORITY AT THE PIPER BREAST CENTER

Educating ourselves – Each of the doctors, nurses and technologists attends conferences, read medical journals and earn continuing medical education credits.

Educating each other – There are weekly breast conferences where patients' cases are discussed and monthly journal clubs where the latest and most important areas of breast care are researched and shared with the Center's physicians. And, of course, informal conversations between care givers of all breast specialties.

Educating others – There is a yearly mammography conference, primarily for technologists, presented by Consulting Radiologists, Ltd., and Piper Breast Center. We also give presentations at other medical conferences. Community outreach includes presentations to community groups and giving expert opinions and education for radio, television and print media.

Educating everyone – Physicians and staff at Piper Breast Center are involved in research studies concerning breast cancer detection and treatment so we all can learn about better options for the future.

CELEBRATING 10 YEARS

~ by Timothy D. Sielaff, MD, medical director, Virginia Piper Cancer Institute

It is with great excitement that we celebrate the 10th anniversary of the Piper Breast Center, which has truly become a leader in comprehensive breast health – from screening and early detection to the use of advanced technologies in the treatment of breast cancer.

The Piper Breast Center was founded by a remarkable group of physicians, nurses and community members who saw the potential benefits of bringing together individuals dedicated to the often complicated problems of breast care. We are grateful to this group that has helped guide the Piper Breast Center to this milestone anniversary.

Today, the Piper Breast Center provides state-of-the-art services and care for thousands of patients each year. Yet, each person who walks through the door feels as if she is the most important person in the building, which is a true testament to the individualized care provided at the center.

Over the past 10 years, the Virginia Piper Cancer Institute has used the Piper Breast Center as a model for developing other site-specific cancer care programs in lung cancer, neuro-oncology, gastrointestinal cancers (colon and rectum, esophagus, liver, pancreas and bile duct), GYN-oncology, hematology and transplant. This multidisciplinary approach allows us

to offer the highest quality of care to our patients today and will help us improve the care of our future patients.

Congratulations to the Piper Breast Center on its 10th anniversary. We appreciate the light that it shines on the future of cancer care at the Virginia Piper Cancer Institute.

A DECADE OF SPECIALIZED BREAST CARE ~ by Carol Bergen, RN

In early January 1995, the Piper Breast Center opened its doors and welcomed patients to Minnesota's first comprehensive breast center. There were four staff members that first day.

The Center immediately experienced dramatic growth in numbers of patients needing mammograms, ultrasounds and other diagnostic procedures such as image-guided biopsies. Today, the Center has grown to 34 employees, 16 volunteers and more than 20 physician specialists dedicated to providing exceptional breast care.

From the very beginning, the Piper Breast Center offered unique programs, including:

- *weekly breast cancer conferences, bringing together numerous physician specialists in dynamic, intellectual exchanges to improve patient care outcomes*
- *a breast health clinic, an area within the center where women may consult with a physician specialist for any breast concern.*

TIMELINE OF PIPER BREAST CENTER HIGHLIGHTS

1995

- Piper Breast Center opens.

1998

- Center completed its first expansion, nearly tripling its size.
- More breast imaging equipment was added, including systems accessible to patients with severe arthritis or other mobility limitations.
- Surgeons, radiologists and pathologists successfully completed the Sentinel Lymph Node Clinical Research Study, which led to a surgical approach that is now routine and that has dramatically decreased the number of lymph nodes removed from the armpit area during breast cancer surgery.

1999

- A highly skilled genetic counselor began providing consultation for high-risk individuals.

2000

- Another expansion and remodeling included:
 - additional examination rooms, film and medical records areas
 - new bone mineral density analysis equipment and expertise
 - the lymphedema clinic, developed by the Piper Breast Center in partnership with Sister Kenny Rehabilitation Institute
- A monthly journal club started, bringing together physicians with various specialties to discuss current medical research and practices.

2001

- The first issue of *Communiqué* was produced and distributed.

2002

- Started using its first digital mammogram system, a major step in eventually eliminating use and storage of film.
- Breast MRI (magnetic resonance imaging) became available for problem solving, and for specific patients at high risk and with breast tissue that was difficult to image in traditional ways.

2003

- Computer-aided detection (CAD) mammography was added to provide an auxiliary read after the breast radiologist completed the initial evaluation.

2004

- Additional biopsy systems, including MRI guided biopsies, amplified the Center's abilities in acquiring tissue samples. These new choices augment individualized care.

2005

- The most advanced stereotactic system was added to replace an older unit, allowing for better visualization of difficult-to-see calcifications.

The Piper Breast Center is proud of its past 10 years. We are thankful for physicians who refer patients because they trust us to deliver extraordinary care. We are most grateful to our patients, who enable us to be a breast center of substance.

Communiqué is produced for friends of Abbott Northwestern's Piper Breast Center, 800 East 28th Street, Minneapolis, MN 55407-3799, 612-863-3150.

Medical editor ~ Beverly Trombley, MD