

WEBINAR

2024 NAPBC Standards: What High-Risk Breast Cancer Programs Need to Know



Today's Speakers



Dr. Jill Dietz, MD, MHCM FACS
Chairman of the Board, American
Society of Breast Surgeons
Vice Chair, National Accreditation
Program for Breast Centers

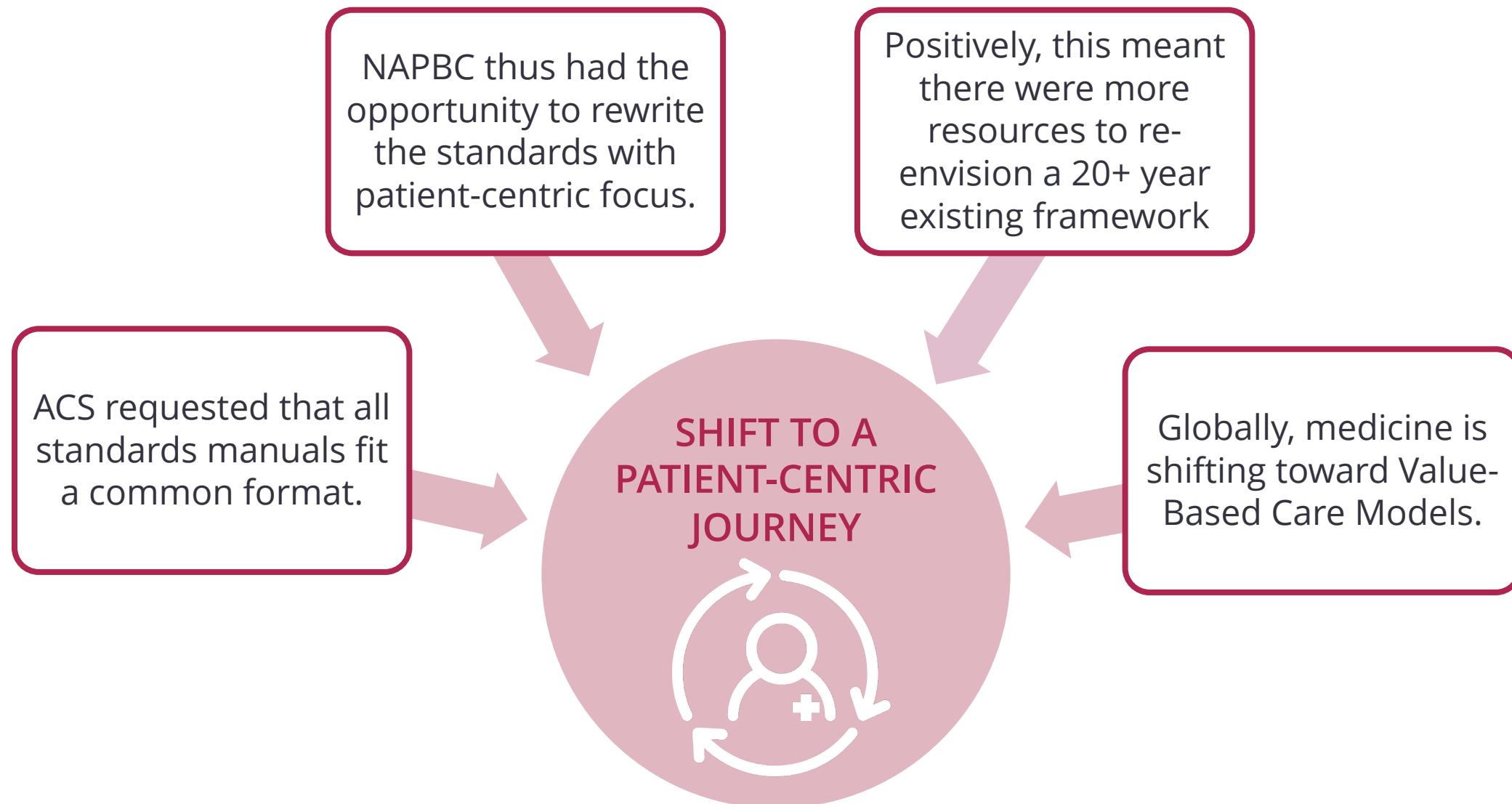
Feyi Ayodele
CEO & Co-Founder
CancerIQ

2024 NAPBC Standards: Introduction



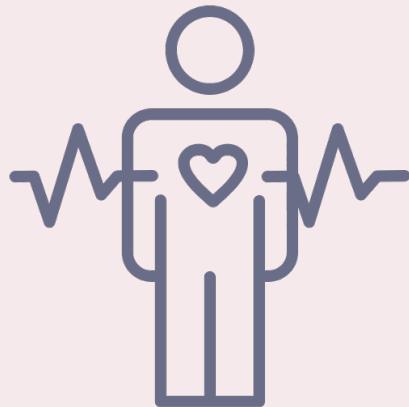
Optimal Resources for Breast Care (2024 Standards) features **extensive revisions focused on the patient care journey** from screening and prevention, to diagnosis, treatment, and survivorship, with an emphasis on providing value-based care with multidisciplinary support.

Why the changes? Understanding the vision



How did the NAPBC decide on the direction for the new standards?

Why the changes? Understanding the vision



**FEEDBACK FROM NAPBC
ACCREDITED CENTERS**

**FEEDBACK FROM
PATIENTS**

**ALIGNING TO VALUE-
BASED CARE**

We spoke to both the patients and providers to find out what's important to them and ensure we're providing value to them.

We wanted to be in lock-step with the shift to value-based care

BACKGROUND

The NAPBC Standards were initially developed before multidisciplinary breast centers.

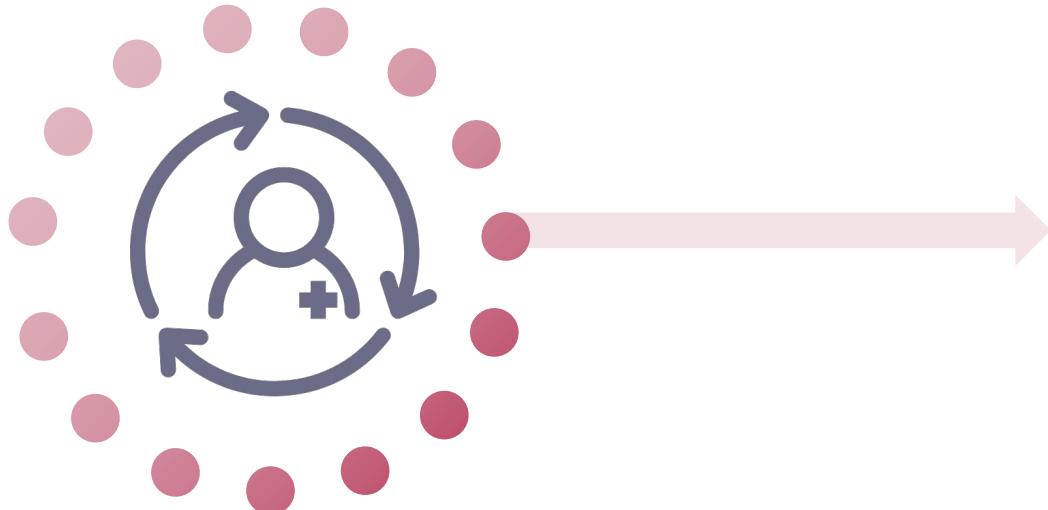
- The initial goal was to bring providers together to think about breast care in a way that emphasized the multidisciplinary care team.
- Those standards were written by physicians-to-physicians to care teams.
- This structure often missed patient and family pain points.

We wanted to completely shift the perspective and put patients at the center of the standards language and see it through their lens.



A completely different approach: The Patient's Perspective

What should happen for the patient
at each of these critical junctures in
their unique journey?



FROM ABNORMAL SCREEN
SCREENING OR PALPABLE
FINDING TO BIOPSY

FROM BIOPSY TO
FIRST TREATMENT

THROUGHOUT TREATMENT

SHORT-TERM AND LONG-TERM
PERIODS FROM COMPLETION OF
ACTIVE TREATMENT

Why did the NAPBC change the order and attribution of the standards?

Key language changes worth highlighting



EMPHASIS ON THE IMPERATIVE

Removal of suggestive language (should), in favor of imperative language (must)

INDIVIDUALLY SHARED DECISION MAKING

This is about understanding the patient's personal needs and goals and having them be part of the treatment and care planning.

MOVING BARRIERS TO CARE

What we want people to start doing is identifying barriers to care, acknowledging what those are, and then address them.

POLICY & PROCEDURE VS CHECKBOXES & RATES

Following evidence-based guidelines is critical and expected for any program, but these standards focus more on identifying and addressing the impact that our treatments have on patients.

Key NAPBC 2024 Changes for a High-Risk Program



SCREEN

5.1 Screening for Breast Cancer

EVALUATE

4.4 Genetic Professional Credentials

5.3: Evaluation and Management of Benign Diseases

5.5: Genetic Evaluation and Management

NAVIGATE

4.5 Patient Navigator Credentials

5.8 Patient Navigation

MANAGE

5.4: Management of Patients at Increased Risk for Breast Cancer

8.1 Education, Prevention, and Early Detection Programs

SCREEN

5.1 Screening for Breast Cancer

AIMS TO IDENTIFY HIGH-RISK PATIENTS
EARLIER AND PERSONALIZE THEIR CARE

- Adoption of nationally recognized guidelines for screening
- Protocols are developed and implemented for:
 - Notifying, educating, and providing additional screening for patients with increased density
 - Risk evaluation to be performed at the time of breast screening and to provide appropriate referrals
 - Appropriate use of screening MRI and ultrasounds, including which patients must receive screening MRIs or ultrasounds
- Provision of risk reduction information
- Strategies/resources are provided for the patient to follow-up for risk reduction strategies

EVALUATE

4.4 Genetic Professional Credentials

IMPROVE ACCESS TO GENETIC COUNSELING AND TESTING

5.3: Evaluation and Management of Benign Diseases

5.5: Genetic Evaluation and Management

- Genetic counseling CAN be performed by genetics professionals or physicians and APPs who have had genetics training and experience.
- Many facilities opt for alternative delivery models.

Why? Traditional genetic counseling services don't scale



Serving the entire system would require thousands of cancer genetic counselors... but only 700 exist nationwide. Breast centers should explore alternative service delivery models where genetic counselors are limited. Referring patients outside creates unnecessary barriers that can cause disparities in patient access

EVALUATE

4.4 Genetic Professional Credentials

5.3: Evaluation and Management of Benign Diseases

ENSURES EQUITABLE CARE NO MATTER WHERE PATIENTS ARE EVALUATED

5.5: Genetic Evaluation and Management

- A protocol must be developed and implemented to manage and follow patients with benign breast disease
 - Appropriate additional imaging for patients without cancer (density and MRI use)
 - Concordance between physical exam, imaging, and pathology
 - Establishment of a follow-up plan
- Patients with benign biopsy must have results reviewed with them, by accredited program or referring physician.
- If the accredited program does not communicate the results, a protocol must be in place to confirm the patient has received the results

EVALUATE

4.4 Genetic Professional Credentials

5.3: Evaluation and Management of Benign Diseases

5.5: Genetic Evaluation and Management

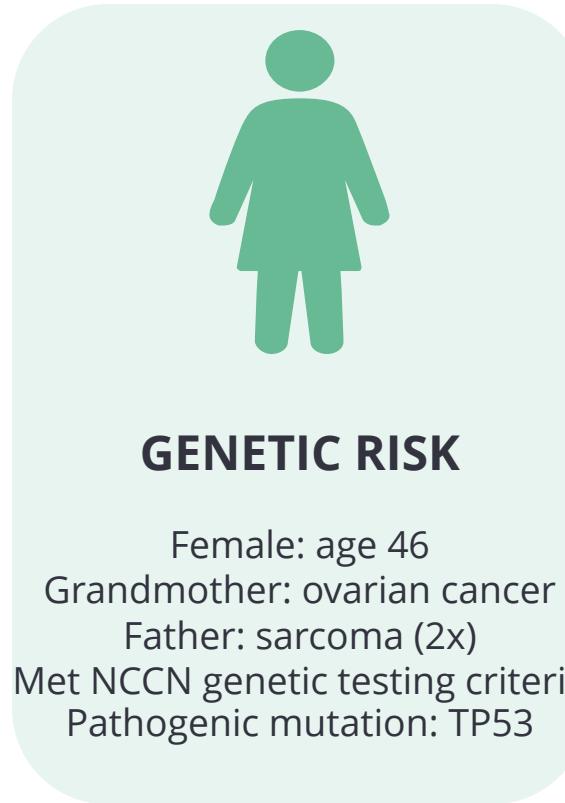
PERSONALIZES RISK, PREVENTION, AND EARLY DETECTION, STAGE SHIFTS, AND IMPROVES PATIENT OUTCOMES. UNLOCKS TARGETED THERAPEUTIC PATHWAYS

- NAPBC-accredited programs must, at a minimum, **consider** genetic counseling and testing for the following patients:
 - All newly diagnosed patients with breast disease or breast cancer
 - Patients determined to be at high risk for genetic cancer predisposition
These patients are determined based on screening as outlined in Standards 5.1 and 5.4
 - This consideration for genetic counseling and testing must be in accordance with nationally recognized guidelines, and documented in the patient medical record.

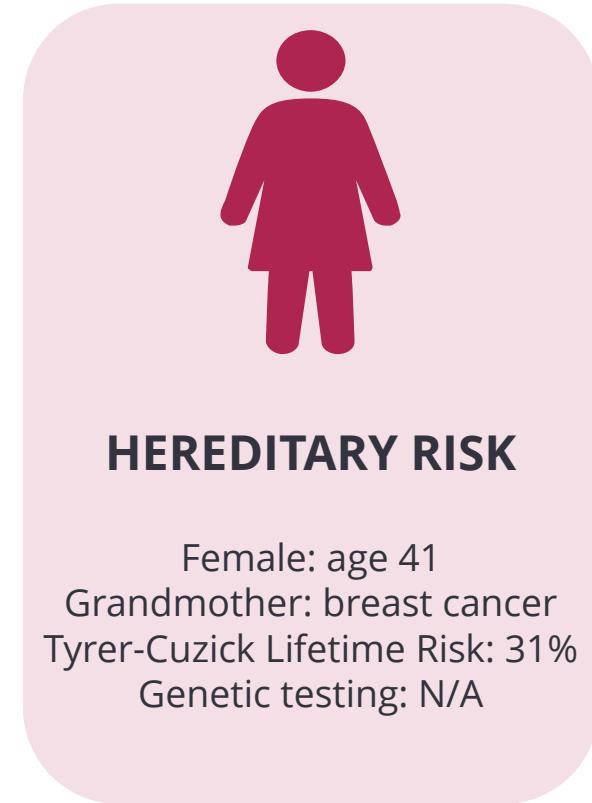
Why? Traditional risk assessment often misses patients with genetic risk factors



- Every single patient deserves access to genetics services and should be treated according to their unique risk.
- We recognize that this cannot be done with our current volume of genetics providers without genetics extenders – **how each site does that is individualized.**



↓
Late-stage ovarian cancer



↓
Late-stage breast cancer

NAVIGATE

4.5 Patient Navigator Credentials

ENSURES EQUITABLE ACCESS AND ADHERENCE
TO CARE FOR PATIENTS

5.8 Patient Navigation

- Patient navigation must be provided by individuals with documented training, experience, or education
- Lay navigators must have proof of training (NCBC, GWU, etc.)

NAVIGATE

4.5 Patient Navigator Credentials

5.8 Patient Navigation

**ENSURES EQUITABLE ACCESS AND ADHERENCE
TO CARE FOR PATIENTS**

- A protocol must be implemented to address patient navigation:
 - The patient has a point of contact from the moment of diagnosis onward
 - Facilitation of timely transitions between surgery and medical oncology
 - Assistance with addressing survivorship and surveillance
 - Alerting the radiation oncology team if a patient cannot complete chemotherapy, and finishes treatment early

MANAGE

5.4: Management of Patients at Increased Risk for Breast Cancer

ADVOCATES FOR HIGH-RISK PATIENTS TO RECEIVE APPROPRIATE MANAGEMENT AND COVERAGE FOR A RANGE OF FACTORS

Standard 8.1: Education, Prevention, and Early Detection

- Protocol must be implemented for patients at increased risk
 - Dense breast tissue
 - Lifestyle risk
 - Family history
 - History of high-risk lesions
- Protocol must be implemented for patients at increased risk & address
 - Risk reduction strategies
 - Imaging surveillance
 - Referral to appropriate providers for patients with high-risk lesions
 - Referral to genetics professionals for patients with genetic risk
 - Consideration for referral to genetics professionals for patients with abnormal test results performed by nongenetics professionals

MANAGE

5.4: Management of Patients at Increased Risk for Breast Cancer

Standard 8.1: Education, Prevention, and Early Detection

EMPOWERS PATIENTS AND PROVIDERS WITH THE TOOLS TO MAKE INFORMED DECISION ABOUT CARE AND IMPROVES OUTCOMES

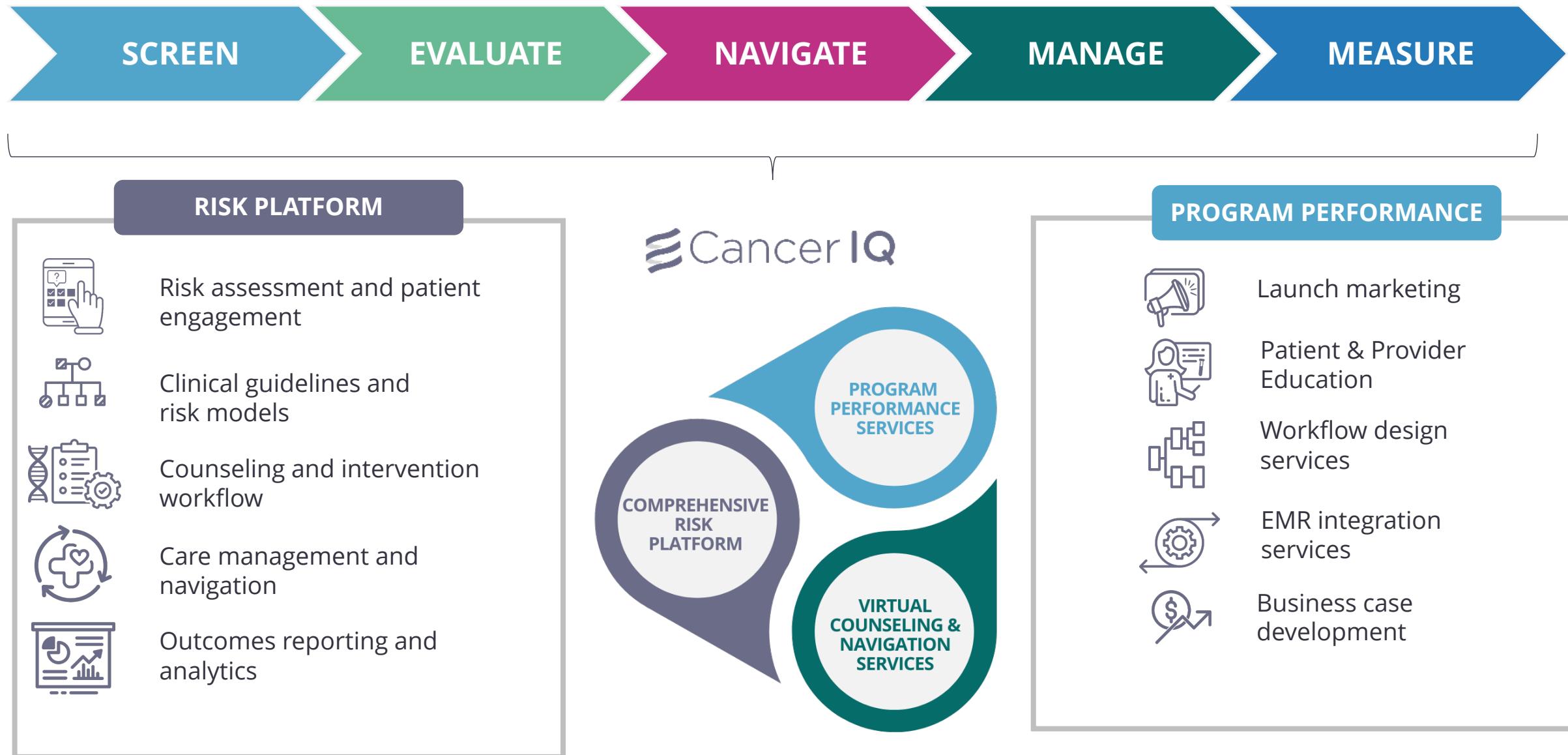
- Must provide two educational programs each calendar year
- Focus on breast disease or breast cancer education, prevention, and/or early detection
- Follow-up process must be defined and implemented for patients with positive findings (early detection)

How can CancerIQ help?

The Scope of a High-Risk Breast Program



Tools CancerIQ Provides to Support You



The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

NAVIGATE

MANAGE

MEASURE



Patient Screening and Risk Assessment

Wonder Woman

Date of Birth: 11/05/1984 MRN: 123456 Encounter Status: In Progress

Testing Eligibility
MEETS CRITERIA

DETAILS

MRI Eligibility
MEETS CRITERIA

DETAILS

EHR Home Schedule Patient Chart Orders Messages Calculators Print Sign Out

Wonder Woman

Wonder Woman MRN: 123456 DOB: 11/05/1984 Gender: Female Height: 177cm Creatinine clearance: 100ml/min PCP: Smith, Steven, MD Age: 56 y.o. Ethnicity: Caucasian Weight: 70kg Allergies: Ciprofloxacin, Amoxicillin

Snapshot Chart Review Demographics Results Review Problem List Allergies Medications Orders

CancerIQ Development Sandbox App

Steve Smith

Patient Decision: Unknown

Testing Eligibility MEETS CRITERIA DETAILS MRI Eligibility MEETS CRITERIA DETAILS

PEDIGREE GENETIC TESTS RISK ASSESSMENT DOCUMENTS CARE PLANS ALL

Cancer History EDIT CANCERS

No Personal Cancers

Family Cancer History ADD FAMILY MEMBER

Immediate

BROTHER

Prostate Age of Dx: 35

Maternal Side

The Scope of a High-Risk Breast Program



SCREEN

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Screening guidelines, risk models,
and patient education

My Next Steps:

- Read through your Risk Assessment Results
- Review these results with your provider at your next appointment
- Ask your provider about genetic testing for Lynch Syndrome since you meet the eligibility based off of your personal and family history
- Ask your provider about genetic testing for Hereditary Breast and Ovarian Cancer Syndrome since you meet the eligibility based off of your personal and family history
- Ask your provider about scheduling your low dose lung CT since you have a pack year history of ≥ 20 pack years
- Ask your provider about referring you to a genetic specialist based on your personal and family history
- Ask your provider about scheduling a mammogram since you have had no prior mammogram or it has been >2 years since your last mammogram

Jane's Risk Assessment Results

Patient: Jane Doe

Patient DOB: 09/22/1950

Assigned Sex at Birth: F

Provider: Dr. Mary Poole

Today's Date: 10/25/2022

Patient Pronouns: She/Her

Overview:

Your results are based on preventative-care cancer screenings and your personal, family, and genetic history. The results are as accurate as the information provided. These results are meant to serve as a starting point, please consult your provider to schedule care.

Eligibility:

Genetic Testing: Meets eligibility for genetic testing

- You meet the criteria for genetic testing for Lynch Syndrome, also known as "hereditary non-polyposis colorectal cancer" (HNPCC)
- You meet the criteria for genetic testing for Hereditary Breast and Ovarian Cancer Syndrome (HBOC)

Lung Screening

- You meet the criteria for a low dose lung CT

Genetic Referral

- You meet the criteria for a referral to a genetic specialist

Breast Screening

- You meet the criteria for a mammogram

The Scope of a High-Risk Breast Program



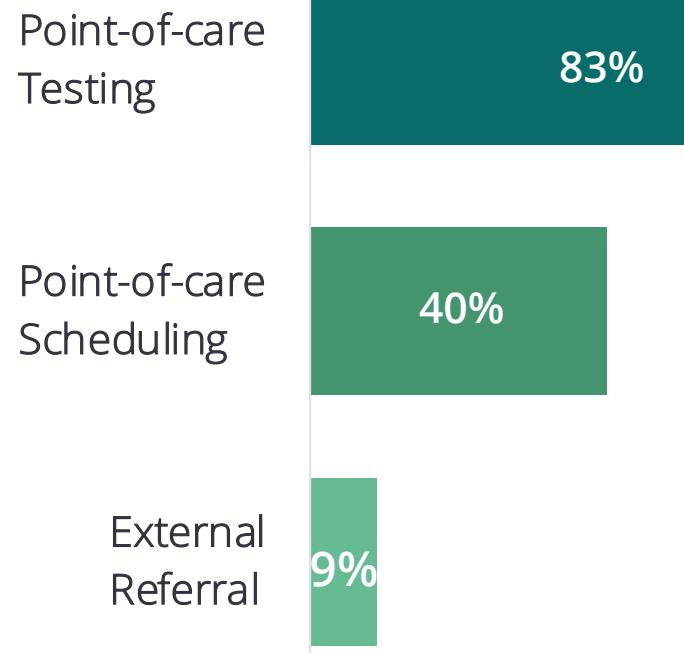
4.4 Genetic Professional Credentials

- Genetic counseling CAN be performed by genetics professionals or physicians and APPs who have had genetics training and experience.
- Many facilities opt for alternative delivery models.



CLINICAL CANCER GENOMICS
COMMUNITY OF PRACTICE
CITY OF HOPE DIVISION OF CLINICAL CANCER GENOMICS

PATIENT UPTAKE OF GENETIC COUNSELING BY DELIVERY MODEL



The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

NAVIGATE

MANAGE

MEASURE



IMAGING



ONCOLOGY

Multiple
Clinical Settings

EHR Home Schedule Patient Chart Orders Messages Calculators

Wonder Woman

Wonder Woman MRN: 123456 DOB: 11/05/1984 Gender: Female Height: 177cm Creatinine clearance: 100mL/min PCP: Smith, Steven, MD Age: 56 y.o. Ethnicity: Caucasian Weight: 70kg Allergies: Ciprofloxacin, Amoxicillin

Snapshot Chart Review Demographics Results Review Problem List Allergies Medications Orders Labs

CancerIQ Development Sandbox App

Steve Smith

COPY SPECIALIST LINK VIEW DOCUMENTS

Wonder Woman Date of Birth: 11/05/1984 MRN: 123456 Encounter Status: In Progress Interested in Genetic Counseling

Testing Eligibility MEETS CRITERIA DETAILS

Needs More Time

Not Interested –

Please select decline reason for Katie Smith:

Time Constraints Transportation Family Member Testing

Insurance No Response Had Genetic Counseling/Testing

Other Reason Does Not Want to Know

Cancel Save

Age of Dx: 35

The Scope of a High-Risk Breast Program



SCREEN

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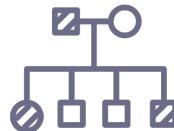
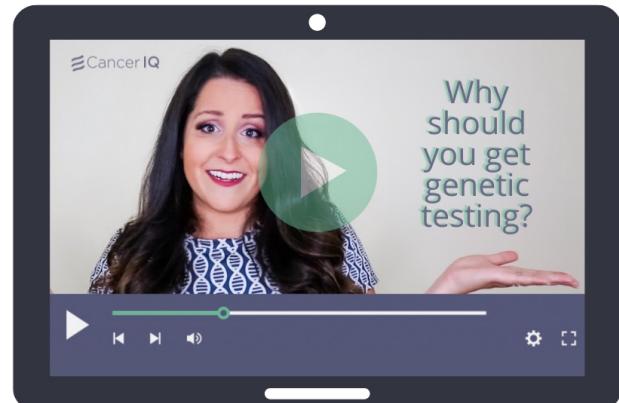


Pre-Test Counseling Videos

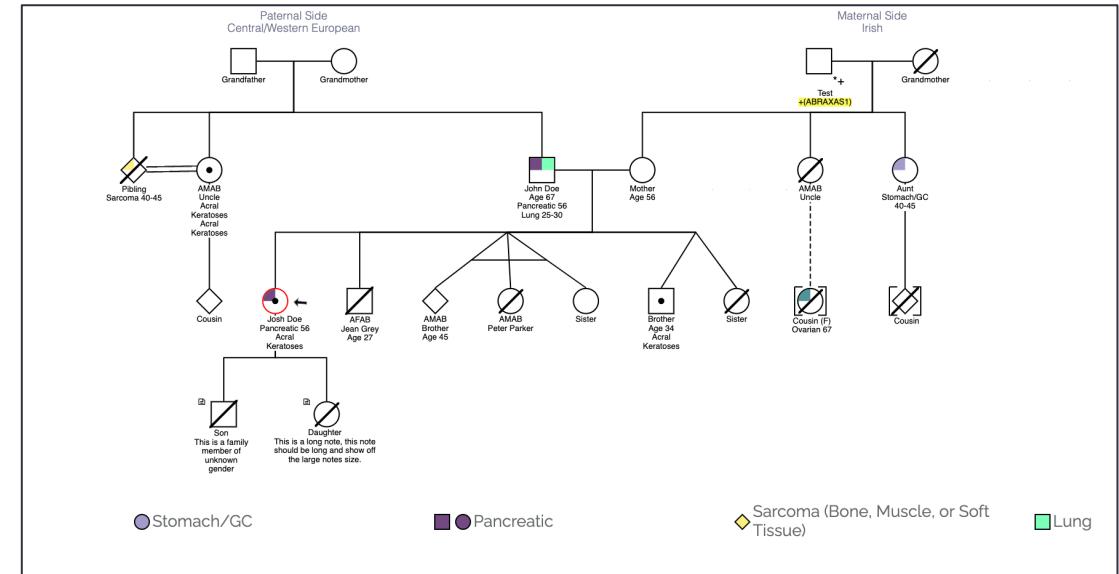


- Pre-screening Videos (Home Or In-office)
- Pre-Test Education & Informed Consent Videos

FEATURING
DENA GOLDBERG, MS, CGC



Auto-Generated Pedigrees



The Scope of a High-Risk Breast Program



Genetic Testing Decision Support

Testing Decision

HBOC Eligibility Order Test?

Jessica meets the criteria for HBOC testing [Detz](#)

Lynch Syndrome Eligibility Order Test?

Jessica meets the criteria for HNPCC testing [De](#)

Test Selection

Differential Diagnosis

Primary Secondary +

Platinum Vendors

Invitae Tempus

Premium Vendors

Ambry Genetics Myriad Genetics

Basic Vendors

Natera

 INVITAE		INVITAE CONFIRMATION CODE Place sticker with IBI code here		ORDER ID For limited internet use only		Requisition Form <small>CANCER TRP02-11</small>	
ORDER ONLINE at www.invitae.com/signin							
PATIENT INFORMATION				PRACTICE INFORMATION			
First name <input type="text" value="MI"/> Last name <input type="text"/>		Date of birth (MM/DD/YY) <input type="text"/> MRN (medical record number) <input type="text"/>		Practice name and address <small>Institution/practice name</small>		Phone <input type="text"/> Fax <input type="text"/>	
Ancestry <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		Address <input type="text"/>		<small>City</small>			
Email address (for report access after release by medical professional) <input type="text"/>							

Human

Genetic/molecular testing prior authorization request

Automated online preauthorization is available for some tests. Please log into Humana's secure provider website at Humana.com for a list of available questionnaires. If the appropriate questionnaire is not available, please complete this form.

Member demographics

Member name: Vicki Vale Date of birth: 01/01/1950

Member's Humana identification number: 12

Phone number: 1234567890

Address:

Evol. Oldenada

Name: John Doe

Address:

Tax ID/NPI: 1C1Q12342 Fax number: _____

Laboratory performing testing/servicing provider

Name: Ambry Genetics

Address: _____

Tax ID/NPI: _____ Fax number: _____

Billing provider/referring lab (if different than servicing provider)

Address: _____

Tax ID/NPI: _____ Fax number: _____

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

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TELEHEALTH PARTNERS



InformedDNA
Genetics, Decoded.



Set Patient Appointment

Please select a new appointment date

2023-Jun

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17

Thursday, Jun 15, 2023

Please select a new appointment time

10:30 am to 11:00 am

10:30 am to 11:00 am

11:00 am to 11:30 am

11:30 am to 12:00 pm

12:00 pm to 12:30 pm

12:30 pm to 1:00 pm

1:00 pm to 1:30 pm

1:30 pm to 2:00 pm

2:00 pm to 2:30 pm

2:30 pm to 3:00 pm

3:00 pm to 3:30 pm

3:30 pm to 4:00 pm

4:00 pm to 4:30 pm

4:30 pm to 5:00 pm

5:00 pm to 5:30 pm

5:30 pm to 6:00 pm

6:00 pm to 6:30 pm

6:30 pm to 7:00 pm

7:00 pm to 7:30 pm

1:00 am CDT

Next

Set Patient Appointment

Select a state: Illinois

Select a language: English

Select a time zone: Central Time (US & Canada)

Enter the patient's phone number: **1234567890** *Required

Enter the patient's email: cancer@iq.com

Please confirm the patient's email: cancer@iq.com

Cancel Previous Next

The Scope of a High-Risk Breast Program



PLATFORM FEATURES



Patient Navigation Tools

PROGRAM PERFORMANCE SERVICES



Navigation Best Practices Toolkits
& Scripting

4.5 Patient Navigator Credentials

- Patient navigators must have required training, experience, and/or education

5.8 Patient Navigation

- A protocol must be implemented to address patient navigation

The Scope of a High-Risk Breast Program



SCREEN

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Navigation Best Practices Toolkits
& Scripting



Updated Scripting to an Opt-Out Approach



New Script

- Based on your reported personal and family cancer history we could be doing more to manage your breast health. The [REDACTED] and prevention team will be giving you a call in the next 1-2 business days to follow up and get you scheduled for a consult. Our specialist will review your family history, risk factors and develop your personal cancer prevention plan.

Key Changes

- Shift language from **genetics** to **personalized cancer prevention**
- Shift from **"Are you interested?"** to **opt-out**

Outbound Call Script – Genetics Consult, [REDACTED]

Hi [name], I'm calling on behalf of [REDACTED]. Is this [name]?

No: Can they come to the phone? If not, what would be a good time for me to call back?

Voicemail:

"Hi [name], I'm calling on behalf of [REDACTED] in follow-up to your mammography appointment at one of our imaging centers. We wanted to let you know that you may be eligible for more personalized screening options based on information you provided. Please give us a call back at [xxx-xxx-xxxx] for further information. Thank you!"

Frequently Asked Questions

"What will we talk about during my high-risk appointment?"

Our team will discuss your family history and how it may impact your health. If necessary, they may recommend genetic testing. They will also review any changes you could make to your screening plan and medical management.

"I don't have time"

- Our high-risk program will allow you to set up a time that works for you.
- This information is important because it allows us to create a tailored cancer prevention plan for you. If you are at a higher risk, we can proactively change how we care for you to either catch a cancer early or prevent it altogether.

"I don't want to be tested"

I understand and you do not have to be tested. We want you to be able to have all of the information before you make a final decision. A certified genetic counselor will help answer any specific questions about testing.

Please stay on the line as I complete the family good health.

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

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Patient Navigation Tools

Contact history for Susan Smith

How did you contact the patient Susan Smith?

Call Mail Other

Please Select Contact Type:

Anything you'd like to remember?

Cancel Add

Today: Kat Kostolansky Scheduled Appointment For Susan Smith. Appointment scheduled for: 6/22/23 2:30 PM

Today: Kat Kostolansky called Susan Smith and left a message.

03/13/23: Dr. John Hansel met Susan Smith in person and patient is interested.

03/13/23: Susan Smith status was changed to New



Screened Patient Registry

First Name	Last Name	DoB	TC 8 Lifetim...	Testi...	MRI ...	Survey Date...	Intake	Cell Phone	Appt Interest	Log Contact
Wonder	Woman	1975-01-01	57.01%	Yes	Yes	05/19/2023	Print	12345678888	Scheduled	Log Contact
Wonder	Woman	1975-01-01	25.01%	Yes	Yes	05/19/2023	Print	12345678999		Log Contact

- Patient adherence tracking
- Email reminders/notifications
- Patient care gap worklists

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

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MEASURE

5.4: Management of Patients at Increased Risk for Breast Cancer

- Protocol must be implemented for patients at increased risk
 - Dense breast tissue
 - Lifestyle risk
 - Family history
 - History of high-risk lesions

8.1 Education, Prevention, and Early Detection Programs

- Must provide two educational programs each calendar year
- Focus on breast disease or breast cancer education, prevention, and/or early detection



PLATFORM FEATURES



Care management & adherence workflow

PROGRAM PERFORMANCE SERVICES



Program Marketing



Patient & Provider Education

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

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PLATFORM FEATURES



Care management & adherence workflow

MANAGED

Breast MRI (Annual)

MARK PROVIDER TASK COMPLETE MARK COMPLETE EDIT

Meets Criteria Outreach Enabled Provider Task Enabled

Magnetic resonance imaging (MRI) of the breast is a test used to detect breast cancer and other abnormalities in the breast. A breast MRI captures multiple images of your breast. Breast MRI images are combined, using a computer, to generate detailed pictures. Sources: NCCN, ACS

Care Plan Setting

58 DAYS UNTIL NEXT DATE

Next Date: September 30, 2022 Interval: 1 year

Notes: No notes to display

Outreach: Enabled Sent Opened

Enabled: An email reminder to make an appointment is set to go out to the patient on 8/31/2022, 30 days prior to the appointment.

History: Title Due At Co BREAST MRI (ANNUAL) 9/30/2022 Pe

CARE PLAN REMINDER

Dear Patient,

Based on your recent risk assessment at MultiHealth Breast Center, we recommended the following Care Management Plan:

✓ Breast MRI (Annual)

Magnetic resonance imaging (MRI) of the breast is used to detect breast cancer and other problems in the breast. A breast MRI is recommended to screen for breast cancer in women thought to have a high risk of the disease.

We are following up to make sure you have scheduled your recommended care plan. Have you completed your Breast MRI due on January 20, 2022?

Yes No

Cancer IQ

Generate Reports

For Patients For Providers For Insurance

WHAT DO THESE RESULTS MEAN?

Your health and family history forms the foundation of your cancer risk, but there are other factors involved. Just as a dripping faucet can eventually fill a swimming pool, several lifestyle and personal risk factors (non-genetic) can build up over time to cause certain types of cancer.

YOUR RISK FACTORS:

- Personal History
- BMI: 30.2
- Age of Menarche: 11 years old
- Age of first birth: 32 years old

Saved Reports

Naomi's Care Plan

Breast: Mammogram (Annual), Breast MRI (Annual)

Gyn: Low-Dose Lung CT (Annual)

GI: Select All Recommended

Other: Other

Care Plans Filters

Breast MRI (Annual)- MEETS CRITERIA

Additional Details:

Treatment Type: Imaging

Magnetic resonance imaging (MRI) of the breast is a test used to detect breast cancer and other abnormalities in the breast. A breast MRI captures multiple images of your breast. Breast MRI images are combined, using a computer, to generate detailed pictures. Sources: NCCN, ACS

More Info: http://www.nccn.org/professionals/physician_gls/pdf/genetics_screening.pdf <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>

Mammogram (Annual)- MEETS CRITERIA

Breast Self Exam (Monthly)- MEETS CRITERIA

Clinical Breast Exam (6-12 months)- MEETS CRITERIA

The Scope of a High-Risk Breast Program



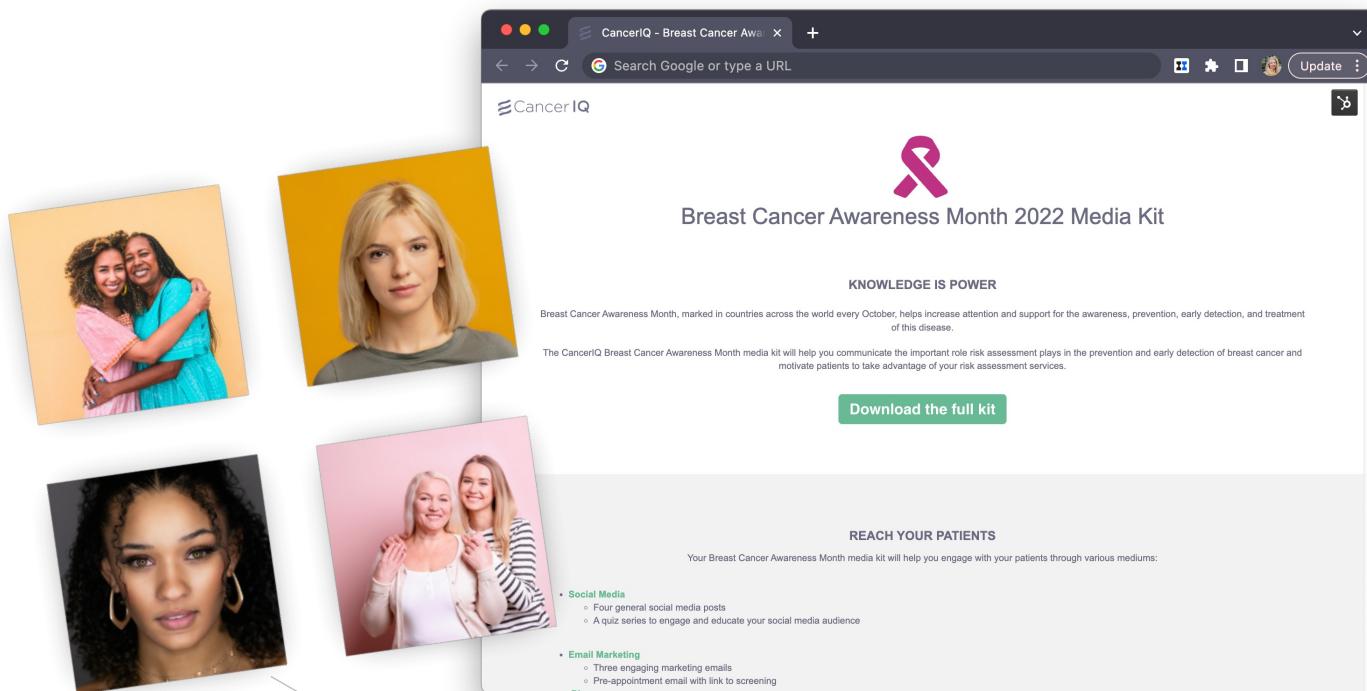
SCREEN

EVALUATE

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AWARENESS MONTH TOOLKITS

(Include: social media content, email templates, key dates, print brochures through advocacy partners, curated stock photos)



Program Marketing



White label marketing to increase community awareness & generate demand for genetics, early-detection, and risk-reducing services

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

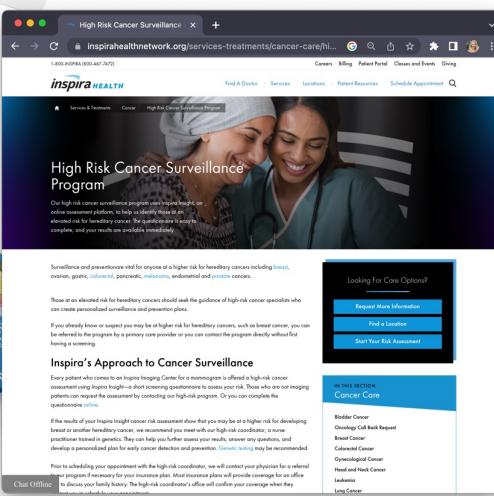
NAVIGATE

MANAGE

MEASURE



PATIENT & PROVIDER
PRINT & DIGITAL
RESOURCES



REFERRING
PHYSICIAN GUIDES
& PROGRAM
ANNOUNCEMENTS



Program Marketing



White label marketing to increase
community awareness & generate
demand for genetics, early-detection,
and risk-reducing services

The Scope of a High-Risk Breast Program

SCREEN

EVALUATE

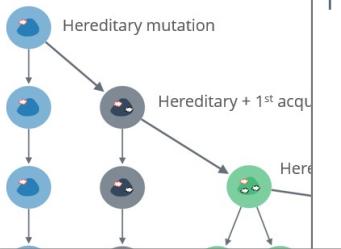
NAVIGATE

MANAGE

MEASURE

Hereditary Cancers Are Different

Testing helps us understand risks and plan ahead



Thinking of Testing Differently

As empowering in mitigating cancer risk, not a cancer sentence

Testing diagnoses if protective genes are working properly, not if you have the gene or not...

Follow Janelle

Every physician has a patient Janelle

42 years old

- Patient for 17 years
- Mother of two girls
- Family history
 - Paternal grandfather, prostate cancer
 - Paternal aunt, breast cancer
 - Paternal uncle, unknown

Should she be tested?



Testing if you have an
hereditary mutation can take to protect

What Happened with Janelle?

Genetic Test = Negative, Tyrer Cuzick v8 = 25.7%

Care Plan

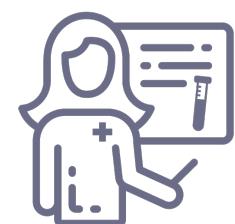
- Annual Breast MRI
- Bi-annual Clinical Breast Exam
- Enrollment in high-risk breast clinic

5 months later

- Complete 1st breast MRI
- MRI resulted in her being positive for breast cancer followed by a breast biopsy 5 days later to further identify the disease.
- On 10 Feb '22 she underwent surgery for Stage 1 Grade 1 invasive ductal carcinoma



Patient & Provider Education



We provide all tested and proven copy and examples your team can brand for your program to educate providers.

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

NAVIGATE

MANAGE

MEASURE



CANCERIQ ANALYTICS

- High-risk program metrics
- Patient conversion stats
- Downstream services revenue
- Provider-specific scorecards

The Scope of a High-Risk Breast Program



SCREEN

EVALUATE

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CancerIQ

Location(s): 515 N State Chicago, IL 60654 **Date Range:** Jan 1, 2019-Dec 31, 2019

Program Overview:

	Unaffected	Breast
New Patient Visits	301	301
Patients Screened	250 (83%)	250 (83%)
Patients Meeting Criteria for Counseling	100 (40%)	100 (40%)
Patients Interested in Counseling	50 (50%)	50 (50%)
Patients Declined Counseling	50 (50%) • 25 (50%) • Already had Testing	50 (50%) • 25 (50%) • 25 (50%)

Patients Testing
• Willing
• Interested
• Declined

Patients Testing
• Willing
• Interested
• Declined

Patients Testing
• Declined
• Don't Know
• Willing

Test Results
• Pending
• Negative
• Positive
• Unknown

CancerIQ Imaging Summary: site breakdown

Site	Patients Screened	Genetics Eligible	% Genetics Eligible	Interest	% Interest
Total	1,751	569	32%	374	66%
	536	171	32%	100	58%
	448	151	34%	109	72%
	242	63	26%	32	51%
	33	10	30%	5	50%
	492	174	35%	128	74%

CancerIQ Imaging Summary: 1/2/23 - 2/10/23

1,751 Patients Screened

569 Patients Eligible for Testing (32%)

374 Interested in Genetics (66%)

269 Patients Scheduled

Imaging Interest Rates - Weekly Breakdown

Breakdown of Patient Interest for At-Risk Patients

Week	Interested	Need Time	Declined	No Info	Total
23 - 1/13/2023	74	1	35	0	110
1/16/2023 - 1/20/2023	53	5	29	0	87
1/23/2023 - 1/27/2023	62	1	36	0	100
1/30/2023 - 2/3/2023	69	0	33	0	102
2/6/2023 - 2/10/2023	63	0	38	0	101



CancerIQ

To report on compliance, our customers lean on CancerIQ's Analytics Platform and program performance services. CancerIQ's team provides:

- Decks for BPLC Meetings
- Tailored report on metrics required for CoC accreditation based on tumor type of focus
- Analytics on key screening, navigation, evaluation management benchmarks

Questions?



Let's end cancer as we know it.

www.canceriq.com