

# Breast Cancer

## Overview

Clinical data and technology advances are shaping breast cancer services. Surgical volumes continue their decline, although niche procedures (eg, complex reconstructive surgeries) and mastectomy for high-risk patients remain in the IP setting. Yet clinical evidence supporting alternatives to mastectomy as well as new tumor localization technologies (eg, radioactive seeds) continue to shift patients toward outpatient options.

Breast cancer services will further evolve over the decade, as screening tomosynthesis replaces 2D mammography (decreasing demand for diagnostic mammograms and biopsies); radiation therapy continues to shift toward hypofractionated regimens; and precision medicine fuels increased use of genetic testing, molecular tumor boards, targeted chemotherapies and more complex diagnostic testing. To heighten patient satisfaction and loyalty in this highly consumer-driven arena, programs must integrate new therapies into standard care pathways, offer timely care coordination and navigation support, and prioritize accessibility and convenience.

## GROWTH AT A GLANCE

### 10-Year Total Growth

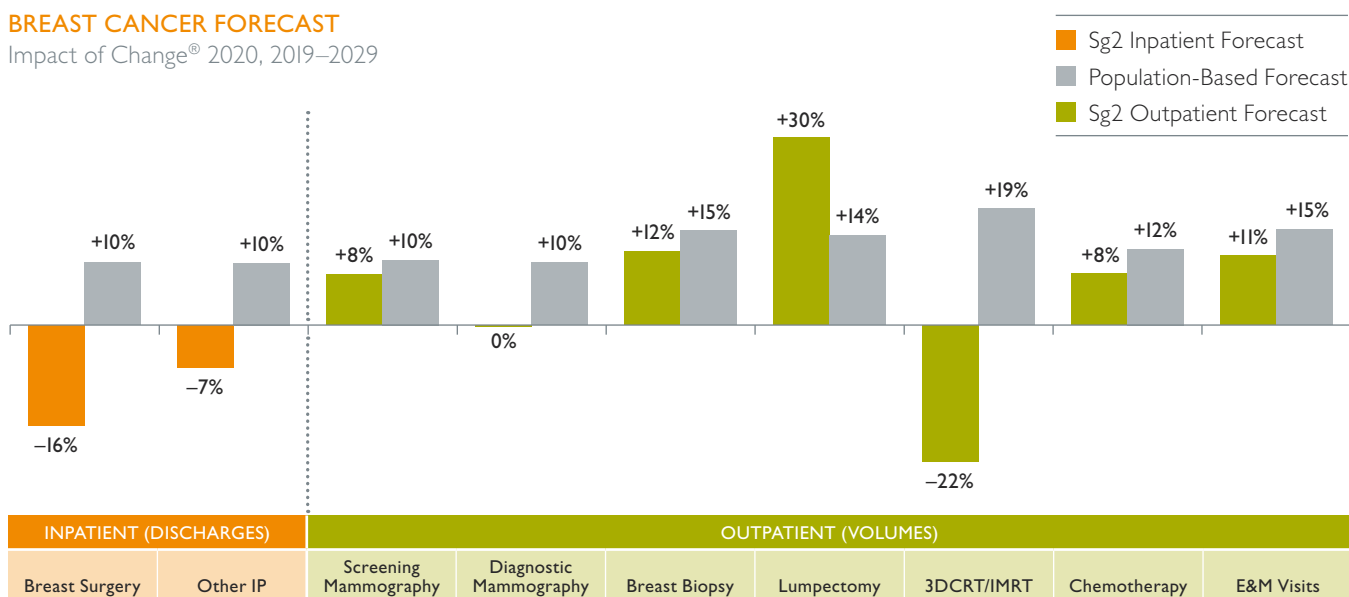
INPATIENT: **-13%**    OUTPATIENT: **8%**

### Key Areas of Opportunity

- 3D tomosynthesis, driven by payer reimbursement, multiple vendor options and consumer preference for reduced false-positive rates
- Lumpectomy plus radiation, due to clinical studies showing improved outcomes compared with mastectomy
- Surveillance imaging and outpatient visits, due to a growing number of survivors

## BREAST CANCER FORECAST

Impact of Change<sup>®</sup> 2020, 2019–2029



**Note:** Analysis excludes 0–17 age group. Breast surgery includes mastectomy. Other IP includes other major and minor therapeutic procedures, diagnostics, and no procedures. Screening and diagnostic mammography include both standard and 3D mammography (ie, tomosynthesis) for all service lines. Breast biopsy includes open, percutaneous and percutaneous breast biopsies. 3DCRT = 3D conformal radiation therapy; E&M = evaluation and management; IMRT = intensity-modulated radiation therapy. **Sources:** Impact of Change<sup>®</sup>, 2020; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2016. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts<sup>®</sup>, 2020; Sg2 Analysis, 2020.

## Strategic Guidance for Sustainable Programs

### SERVICE CAPABILITIES

- Work toward creating a consumer-focused 1-stop shop for breast health. If possible, house all breast health services, including wellness visits, imaging and surgery, within 1 program that treats both cancer and noncancer patients.
- Consider developing a multidisciplinary clinic to provide same-day treatment plans following consults with medical, radiation and surgical oncologists. Include second opinion services as a distinct offering.
- When replacing aging mammography equipment, plan for tomosynthesis as the future standard of care.
- Carefully consider the return on investment for next-generation imaging (eg, scintimammography, ultrasound elastography) and treatment modalities (eg, GammaPod, IORT) that expand the ability to treat more patients but may require additional training/effort to grow volumes.
- Prepare for an increased presence of direct-to-consumer genetic testing. Develop protocols to integrate genetic data into treatment decision making or explore partnerships (eg, with academic medical centers, genetic testing companies) if lacking in-house genetic testing and interpretation capabilities. Consider adding a molecular tumor board.

### CHANNEL MANAGEMENT

- Facilitate increased utilization of screening services—an essential entry point. Provide scheduling reminders and awareness resources, ease access (eg, evening and weekend hours, same-day scheduling, walk-in appointments), and extend community outreach (eg, retail locations, mammography vans, community partnerships).
- Foster steady referral streams by monitoring physician satisfaction and streamlining data sharing with primary care physicians. Consider dedicating schedulers to key physician practices.

### CARE COORDINATION

- Deploy nurse navigators to support and engage patients, ease the transition from abnormal findings to treatment planning and survivorship, retain patients in the system, and ensure timely access to services.
- Build a well-developed consumer strategy (eg, social media, community outreach activities, financial navigation, virtual health offerings) to increase patient engagement. Target high-risk patients through outreach programs, genetic counseling, early detection regimens and access to prophylactic interventions.
- Leverage multidisciplinary tumor boards to coordinate personalized treatment and supportive services care plans.
- Develop a rapid-results program (eg, same-day screening/diagnostic results, teleradiology, rapid tissue processors) to enhance convenience and patient satisfaction.
- Establish key metric dashboards to assess service performance, quality outcomes, and patient satisfaction and value.

### PHYSICIAN ALIGNMENT

- Recruit specialists (eg, fellowship-trained breast surgeons, breast radiologists, oncoplastic surgeons) where possible. If employment is not possible, offer specialists alignment opportunities (eg, medical directorships) to improve collaboration and gain an advantage in competitive markets.
- Foster multidisciplinary physician collaboration via a breast expert workgroup or clinical analytics platform focused on promoting evidence-based clinical pathways and care standards.

## 2020 SPOTLIGHT: RESTARTING BREAST CANCER SURGERY

As systems seek to reactivate their breast health programs following the COVID-19–led postponement of select services, clear, multidisciplinary decision-making protocols are more essential than ever. To help programs resume surgical cancer cases, the National Accreditation Program for Breast Center's [COVID-19 Pandemic Breast Cancer Consortium](#) has outlined prioritization protocol recommendations. Newly diagnosed breast cancer patients are stratified for treatment based on diagnosis and disease acuity.

**Source:** COVID-19 Pandemic Breast Cancer Consortium's *Considerations for Re-entry*. American College of Surgeons website. Accessed July 2020.

#### Protocol Prioritization

- **Highest priority:** patients receiving neoadjuvant chemotherapy
- **Intermediate priority:** Early stage estrogen receptor–positive cancer and ductal carcinoma in situ
- **Lowest priority:** Atypical and benign lesions

COVID-19 = coronavirus disease 2019; IORT = intraoperative radiation therapy.