

2016 Public Outcomes Report

According to the American Cancer Society, an estimated 249,260 new cases of invasive breast cancer are expected to be diagnosed among women in the US during 2016; about 2,360 new cases are expected in men. An expected 62,570 new cases of in situ breast cancer, particularly ductal carcinoma in situ (DCIS), are projected for 2017.

Aside from cancers of the skin, breast cancer continues to be the most commonly diagnosed cancer in women.

Common risk factors include:

- weight gain after age 18
- being overweight or obese
- the use of menopausal hormone therapy (MHT, combined estrogen and progestin)
- lack of physical activity
- alcohol consumption.

Long-term smoking has also been shown to increase risk of breast cancer.

A family history of breast cancer, especially one or more affected first-degree relatives, may also be a risk factor, although most women with breast cancer do not have a family history. Genetic counseling can be helpful in determining a patient's risk of developing cancer by:

- interpreting complex family histories
- educating about cancers that run in families (known as inherited or genetic cancer)
- talking about risks and prevention
- helping families make informed decisions about genetic testing and test results.

Early detection of breast cancer saves lives.

Mammograms are responsible for the steady decline in breast cancer mortality among women since 1989.

Mammography has changed drastically proving that updates in technology are essential for maintaining the highest level of clinical care possible for this patient population. With the addition of 3-D mammography

technology at Piper Breast Center, we have increased accuracy in breast screening. This technology has proven to increase cancer detection rates 25-45 percent and reduce patient call back rates between 20-30 percent. When breast cancer is detected at an earlier stage, more treatment options are available and effective.

Screening Programs are run by the Minnesota Department of Health to help prevent disease and keep Minnesotans healthy. These programs encourage healthy behaviors by providing free screenings for breast, cervical and colorectal cancer, and helping interested Minnesotans quit smoking. Sage, the largest program within the Sage Screening Program family, is a breast and cervical cancer screening program. For eligible women, Sage provides free office visits for breast and cervical exams, as well as screening mammograms and Pap smears. If a screening test shows a problem, Sage covers many diagnostic services and will link uninsured women to treatment coverage, if needed. In November 2016, SAGE announced that they will also cover 3-D mammography.

COMMISSION ON CANCER PERFORMANCE MEASURES

The American College of Surgeons Commission on Cancer (CoC) Standard 1.12 requires an annual report of patient or program outcomes be developed and disseminated by the Virginia Piper Cancer Institute's Cancer Committee. Performance and outcomes data are evaluated annually by Virginia Piper Cancer Institute's Cancer Committee and Piper Breast Center leadership team. The data for this report is generated by the Piper Breast Center for Oct. 1, 2015- Oct. 30, 2016.

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SAGE BREAST CANCER PROGRAM

Piper Breast Center is proud to partner with Sage to provide free screening mammography for women in our community and to help Sage in its mission to focus on underserved women in communities with an unequal burden of breast cancer. In 2016, two designated events were held at the Piper Breast Center. Twenty-eight patients who were enrolled in Sage were screened during these special clinics. Two-hundred twenty-seven Sage patients were screened during regular business hours from Oct. 1, 2015-Oct. 30, 2016. Continued efforts will be made to accommodate the needs of our patients enrolled in Sage to assure they are receiving the right care, at the right time to promote early detection and optimal health in our community.

SAGE SCREENING EVENTS

May 13, 2016 – 16 patients screened

December 2, 2016 – 12 patients screened

TOTAL SAGE PATIENTS SCREENED AND DIAGNOSED AT PIPER BREAST CENTER

Month	Unique Patients
2015	
Oct	9
Nov	9
Dec	6
2016	
Jan	22
Feb	12
Mar	23
Apr	14
May	23
Jun	15
Jul	10
Aug	18
Sep	19
Oct	15
Nov	4
Grand Total	199

Total of unique patients at Sage screening events: 227

Total number of cancer diagnoses: 3

BREAST CANCER SCREENING RECOMMENDATIONS

When to start having mammograms to screen for breast cancer, and how often to have them, is a personal decision. It should be based on your preferences, your values and your risk for developing breast cancer. Allina Health recommends that you and your health care provider work together to determine when mammograms are right for you.

Allina Health recommends the following guidelines for women who have an average risk for breast cancer, based on American Cancer Society guidelines:

- **Age 40 to 44:** Mammograms are optional.
- **Age 45 to 54:** Have a mammogram every year.
- **Age 55 and older:** Have a mammogram every year, or transition to having one every two years. Continue to have mammograms as long as your health is good.

If you have a higher than average risk for breast cancer, your health care provider may recommend a different schedule.