# Provider and Healthcare Systems Workgroup (2024)

#### Early Risk Assessment

- ◆ Promote national campaign for early risk assessment
- ◆ Promote understanding of factors contributing to increased risk of breast cancer in adolescent and young adult women
- ◆Identify genetic links sooner
- ◆ Promote understanding of mutations including and in addition to BRCA that confer an increased risk of breast cancer
- ◆Include resources for BIPOC women and rural communities
- ◆Address cultural issues that may prohibit women from acting even when educated

#### Education-improve provider awareness

- ◆ Provide data-driven updates re: rising incidence of breast cancer in young women, presentation of disease in young women, incidence in young women without known genetic mutations
- ◆ Prevalence and incidence update
- ◆ Make providers aware of the difficulties young women face seeking a prompt diagnosis/address provider bias
- ◆ Consider focusing education and resources by type of provider (develop in partnership with patients for maximum patient-friendly and effective materials)

- PCPs\* (? largest impact/greatest focus)
- o OB/GYNs
- Radiologists
- Pediatricians
- Breast Surgeons
- Oncologists
- Reconstruction/Plastic Surgeons
- Genetic Counselors
- Nurse Navigators
- o Mid-level providers (NPs, Pas, etc.,) (CME?)

#### Education-patient awareness

- Improve education re: signs, symptoms and risks of breast cancer
- ◆Examine sources and resources for awareness of breast cancer—Parents? Physicians (PCP conversations)? School [high school-sex ed curriculum?); college-public health groups? student activity groups?
- Additional: Middle school, sororities, Mother and Daughter groups, community advocacy groups, authors of books about puberty/health?

# Resources to address barriers to BC prevention/diagnosis/treatment

- Identify social determinants of health
- Identify potential barriers to care
- Identify resources to overcome barriers to care as well as means of reaching populations at high risk for cancer and for poorer outcomes

#### Screening in Pregnancy/Lactation

- Background: Persistent widespread confusion about screening in this setting
- Goal: Dispel common misconceptions about safety of mammography in pregnancy
- Provide clear recommendations for both patients and providers re: modality specific screening recommendations during lactation and pregnancy

#### Resources for Reconstruction

- Options/opportunities to support DIEP flap reconstruction access Update: In a major step forward in the effort to preserve access to microsurgical breast reconstruction, the Centers for Medicare and Medicaid Services announced on August 21, 2023 that it has decided to maintain HCPCS Level II codes \$2066, \$2067 and \$2068 (covering DIEP, GAP and SIEA flaps).

## Long-Term Support

- Ongoing "treatment": resources for survivors to keep up with new advances that might be beneficial for screening and proactive breast health even after acute treatment phase is past
- Resources for caregivers/address needs of caregivers

#### Narratives

- Sharing stories and narratives which may encourage awareness for both patients and providers
  - See Bring Your Brave—ensure representation and a wide range of stories (for example, no metastatic disease narratives currently)

https://www.cdc.gov/cancer/breast/young\_women/bringyourbrave/index.htm

- f Engage patient influencers to promote program/campaign
  - For example, Previvor influencers

## Mental Health Support

◆Crossover with Mental/Behavioral Health Workgroup