

# BREAST CANCER Presentation and PCP Role

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## 01

**What's a PCP?**  
Who, why, how?

## 02


**Looking for Cancer**  
Screenings, symptoms, and more.

## 03

**Found It -- Now What?**  
PCP Role in Referral / Treatment

## 04

**After-care**  
After the ride!





But I'm *just* the PCP

Dr. Gatekeeper vs. "quarterback"

HAPPY MEDIUM?

 <h3>Personality</h3> <ul style="list-style-type: none"> <li>• Enjoys "people"</li> <li>• Okay with "surface" knowledge</li> <li>• Office based practice</li> <li>• Long-standing relationship with patient/family</li> </ul>	
 <h3>Training</h3> <ul style="list-style-type: none"> <li>• "General practitioner"</li> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Obstetrics / Gynecology</li> <li>• Advanced Practice Provider</li> </ul>	 <h3>Job Description</h3> <ul style="list-style-type: none"> <li>• Screen, Prevent &amp; Treat</li> <li>• First contact for symptoms</li> <li>• Document</li> <li>• Prior Auth / Peer to Peer</li> <li>• FMLA / Disability Forms / Jury Duty / Handicap Placard</li> </ul>

## Screenings PCP Should Discuss

### Risk

Behavioral  
Occupational  
Familial

### Metabolic

Diabetes  
Hypertension  
CAD  
etc.

### Cancer

Breast  
Colon  
Prostate  
Skin  
Cervical  
Ovarian  
Bladder  
etc.

## Breast Screening Guidelines ??

### WHO?

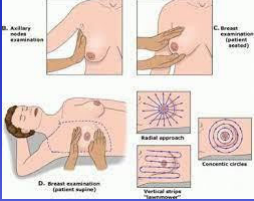
USPSTF  
ACS (surgeons)  
ACS (cancer soc)  
ACR  
ACOG  
AAFP  
Komen  
  
Dr. Google  
"my friend's ..."

### WHAT?


Self breast exam  
Physician / provider  
exam  
Screening mammogram  
Mammogram with tomo  
Ultrasound  
Thermography  
Breast MRI

### WHEN?

How Often?



### How to do a breast self-exam in the shower



1. Place one hand behind your head
2. Using your index, middle and ring fingers, examine the breast using one of the three patterns shown
3. Use varying levels of pressure to feel all the breast tissue — from the tissue closest to the skin, to the tissue closest to the chest and ribs
4. Repeat steps on your other breast

**Consult your health professional if you feel anything unusual**

## Audience Participation CBE / BSE

1. How many of you have found a lump on exam the patient didn't notice (breast or axilla)?
2. How many of you have patients who found a lump on exam that did matter?
3. How many still teach/recommend BSE?

## USPSTF Changes for 2023

- Start at 40 instead of 50
- Every Other Year to 74
- Why? More women diagnosed in 40s so benefit outweigh harms AND black women (40% more likely to die and are more likely to be diagnosed in their 40s)

### American Cancer Society

- 40-44 have OPTION to start yearly mammogram
- 45-54 SHOULD get mammogram every year
- 55 and older can switch to every other year or stay yearly
- Continue mammograms until 10 years before death

### American College of Radiology

- All women, but particularly Black and Ashkenazi Jewish, to have risk assessment by 25 to see if early mammogram indicated
- Annual for all women from 40
- BRCA1 and calculated lifetime risk of 20% or more and chest radiation patients should have MRI at 25-30  
Mammography at 25-40
- Breast cancer before 50 or cancer hx and dense breasts need supplemental MRI

## American College of Surgeons

- Start at 40
- Every year or every other year





### Mammogram **POSITIVE** for:

- Calcifications
- Spiculations
- Radiology terms of your choice

*NOW WHAT?*

### *BREAKING THE NEWS-- things to consider*

- How scared are we?
- How do you tell them?
- When do you tell them?
- Do they already know? (Portal / Certified Letter)
- Do you have "the answers" they'll want?
- What do you do with Dr. Google?

### *radiology Suggestions*

- Radiology follow-up?
- Ultrasound
- Special Views
- Short-term follow-up
- Breast MRI

### *the actual PLAN*

- Old school -- refer to surgeon
- Refer to SWCC or similar
- Allow radiology to find tissue diagnosis
- MRI before or after biopsy (if at all)



*referral INFLUENCES*

- Personality of patient
- My relationships
- Insurance choice
- Patient's preferred / mandated hospital system
- Patient's prior experience or family experience
- Internet Reviews
- National Centers / Advertising

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## Treatment Phase

Total Hands Off

**WHO IS IN  
CHARGE?**

Co-Manage

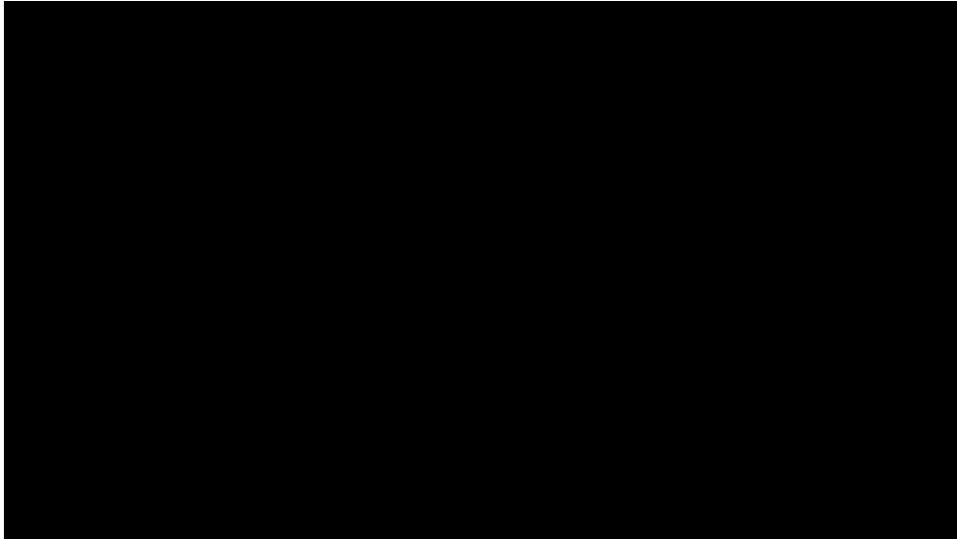
- Varies by patient and by specialist
- Can be problematic
- PCP may be easier to reach, but...
- Patient wants a different answer
- Communication between providers



## During Cancer Treatment

Routine illnesses and complaints  
Blood pressure, etc.  
Anxiety

**ME?**



## Remission & Aftercare

Will it come back?  
Self confidence if mastectomy  
Hormone replacement questions  
Quality of Life

*THEN WHAT?*



Made  
it!



# THANKS

Does anyone have any questions?

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