



Oncofertility and identifying high risk breast cancer patients

By **Fiona N. Denham, MD, FACS**

Oncology Team

Dr. Bolanle Adepoju
Medical Oncologist

Dr. Irina Sparks
Radiation Oncologist

Dr. Fiona Denham
Breast Surgical
Oncologist

Dr. Pamela Stone
Gynecologic Oncologist

Dr. Ashley Hardy
Surgical Oncologist

Dr. Houman Vaghefi
Radiation Oncologist

Dr. Yaser Kawar
Pulmonologist

Dr. Urs von Holzen
Surgical Oncologist

Dr. Ebenezer Kio
Medical Oncologist

Dr. James Wheeler
Radiation Oncologist

Dr. LaToya Lewis
Naturopathic Doctor

Ingrid Bowser, NP

Bo Coody, NP

Dr. Shelia Manning
Naturopathic Doctor

Grace Darnell, NP

Kristan Rheinheimer, NP

Dr. Emily Moore
Naturopathic Doctor

Marlise Webber, NP

Cathy Wesson, NP

Dr. Laura Morris
Breast Surgical
Oncologist

Tracy Paulus
Certified Tumor Registrar

To refer a patient to Goshen Center for Cancer Care, call (574) 364-2973.

When cancer treatment can affect fertility

In order to better address the needs of our community, in the past year we have been working on improving access to oncofertility services for patients affected by cancer and also expanding our breast cancer high-risk screening program. Oncofertility education and resources are important for both men and women with a variety of cancer diagnoses, because many of the therapies such as surgery, radiation or chemotherapy which are used to treat cancer may also impact their current and future reproductive abilities.

New cancer patients are screened with a simple questionnaire which was integrated into the existing distress screen that is administered at the time of the initial cancer diagnosis/consultation visit and again at several other points throughout their treatment journey. This allows us to identify affected patients in a timely fashion and refer them to speak with a reproductive health specialist through a streamlined process.

We compiled a list of extensive resources in the four-state area around Indiana with all of the reproductive and fertility services available and contact information. Initial consultations are performed as telemedicine visits usually within 24 to 48 hours of referral, and further interventions such as hormone injections can often be coordinated closer to home.

Patient educational materials about oncofertility treatments and resources were produced for both men and women in English and Spanish to be available in all clinical areas. We have established a protocol for ensuring communication between members of the care team when fertility or reproductive health concerns are brought up by patients. We have also improved documentation of appropriate counseling and oncofertility discussions in the EMR so we can monitor for quality metrics. Improving accessibility and patient access/education for reproductive health services during cancer treatment is very important to me because I take care of a lot of young female breast cancer patients, and I also think it is an important part of comprehensive cancer care for all patients.

Identifying and treating women at high risk for breast cancer – Coming soon!

Another area of breast health care we are aiming to improve is identification and management of young women who are at an increased risk of developing breast cancer. These high-risk women do not have a personal history of breast cancer, but they may have a strong family history, an abnormal breast biopsy with atypia, increased breast density or other personal or reproductive factors which increases their lifetime risk of breast cancer.

Typically, when women come in for a mammogram, they have a lifetime risk score which is calculated based on personal and family history through an algorithm and noted on their imaging report. The Tyrer-Cuzick is the most common and comprehensive risk assessment tool which is currently used. If the woman is determined to have a lifetime risk score above 20 percent, she is considered to be in an elevated risk group, and additional imaging screening and other interventions may be recommended. Many high-risk women are also candidates for genetic counseling and testing based on family history of breast and other cancers.

Women in the 25 to 40-year-old age range are not usually coming in for screening mammograms, so they are not typically having a comprehensive breast cancer risk assessment. Unfortunately, we are seeing breast cancer diagnosed more frequently in women under 40, and we know that breast cancer screening, high-risk interventions and genetic testing may still be appropriate and relevant for patients in this younger age group. The American Society of Breast Surgeons also released a statement in 2019 recommending women over age 25 undergo formal risk assessment for breast cancer including review of family history of malignancy, personal history of atypia or



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What healthcare providers need to know

high-risk lesions, personal history of chest or mantle radiation and lifetime cancer risk estimate using Tyrer-Cuzick or other comparable models.

As a result, we are working to develop a collaborative approach with primary care providers to screen and identify younger women in the 25 to 40-year-age group who may benefit from further counseling and earlier imaging screening. This program would involve the use of easy-to-access patient questionnaires that can be filled out on an electronic tablet while the patient is in the waiting room at their primary care office. Data will be analyzed, and patients who meet criteria for formal genetic counseling and further risk discussion will be identified and referred to Goshen Retreat Women's Health Center for counseling. We will then be able to initiate any of the appropriate interventions the patient may be interested in, whether it's starting mammographic screening at an earlier age; additional imaging screening with breast MRIs; initiation of endocrine therapy for risk reduction; risk-reducing surgery; or dietary and lifestyle changes for cancer risk reduction, in addition to genetic counseling and testing where appropriate.

One of the improvements in clinical care that has allowed us to move forward with developing this high-risk screening program is the implementation of an abbreviated breast MRI protocol for high-risk patients. This has been developed in collaboration with our radiology Colleagues and our Imaging Department to offer a breast MRI that still gives excellent diagnostic images for breast cancer screening in high-risk women, but it is completed in less than 50 percent of the time required for a routine breast MRI. A shorter scan time is more efficient and comfortable for patients, and it also allows us to offer screening and scheduling flexibility for more women in the same period of time. Abbreviated breast MRIs as a component of the younger women high-risk breast cancer screening program are just one more way that we are trying to improve cancer screening and care in our community.

Fiona N. Denham, MD, FACS, is a board certified and fellowship trained breast surgeon specializing in breast oncology as well as benign diseases of the breast and management of high-risk breast patients. She sees patients at the Goshen Retreat Women's Health Center and performs all surgeries at Goshen Hospital.



TO REFER A PATIENT

Goshen Center for Cancer Care and Goshen Retreat Women's Health Center work together to provide holistic, complete care for patients. Goshen Retreat Women's Health Center is a comprehensive, state-of-the-art Women's Services Program, designed by women for women. To refer directly to the Retreat, call (574) 364-4611. To go through the Goshen Center for Cancer Care, call (574) 364-2962.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison**, at jrupp2@GoshenHealth.com or (574) 364-2978.