

Ask the doctors:

How can the Breast Tumor Board help me?

The Breast Tumor Board has three co-chairs: general surgeon Greg Fitzke, MD, of Surgical Associates; and breast surgical oncologists Rachel Jendro, DO, FACOS, of General Surgery Associates; and Kelsey Williams, MD, of Advanced Medical Imaging.

Q: What is the Breast Tumor Board?

Dr. Jendro says: The Bryan Breast Tumor Board includes doctors who have expertise in surgical oncology, medical oncology, radiation oncology, radiology and pathology, as well as genetic counselors and oncology nurse navigators. They meet to discuss the imaging, pathology, best surgical options and treatment plans for breast cancer patients.

Dr. Fitzke says: The three medical specialties associated with comprehensive treatment of breast cancer — surgeons, medical oncologists and radiation oncologists — comprise this board, as well as radiologists, pathologists and advanced practice providers, all of whom are involved in the diagnosis and management of breast disease.

Other specialties also can be represented on an as-needed basis. For example, a neurologist was invited to discuss the implications of breast cancer treatment for a patient who had an advanced neurologic condition.

These types of opportunities afford educational opportunities and aid in creating the recommended treatment algorithm for individual patients. Physicians from other specialties are certainly welcome to attend to discuss their patients' care, too.

Currently the board meets every other Tuesday morning. This hybrid meeting allows providers to attend in person for face-to-face interaction, but it also allows individuals who cannot be immediately present to participate by Zoom, as well.

Q: What value does this board bring to patients, providers, and hospitals in our region?

Dr. Jendro says: There's a unique opportunity to have cases



Dr. Greg Fitzke

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discussed by expert physicians from many disciplines. These physicians work in concert to form the most cutting edge, up-to-date treatment plans for patients.

Dr. Williams says: Treating patients with breast cancer truly is multidisciplinary. Excellent care requires input from multiple specialties. Having these providers come together to discuss treatments helps ensure we are bringing the best care to patients in our region.

It is clear to me that providers in this community care

deeply for their patients and want to provide them with the most excellent care.

They are truly patient advocates.

Q: After the board reviews a case, what are the next steps?

Dr. Jendro says: After the Breast Tumor Board meets, the surgical oncologist, medical oncologist and radiation oncologist all are aware of and in agreement with the patient's individualized care plan.

That plan is then discussed in detail with the patient when they meet with their physician prior to initiating treatment.

Q: What are some of the benefits of having the board review a patient's case history? How do I as a provider get them to see my cases?

Dr. Williams says: We, as a multispecialty group, can review all aspects of a case, including imaging, pathology, care plans from surgery, medical oncology and radiation oncology.

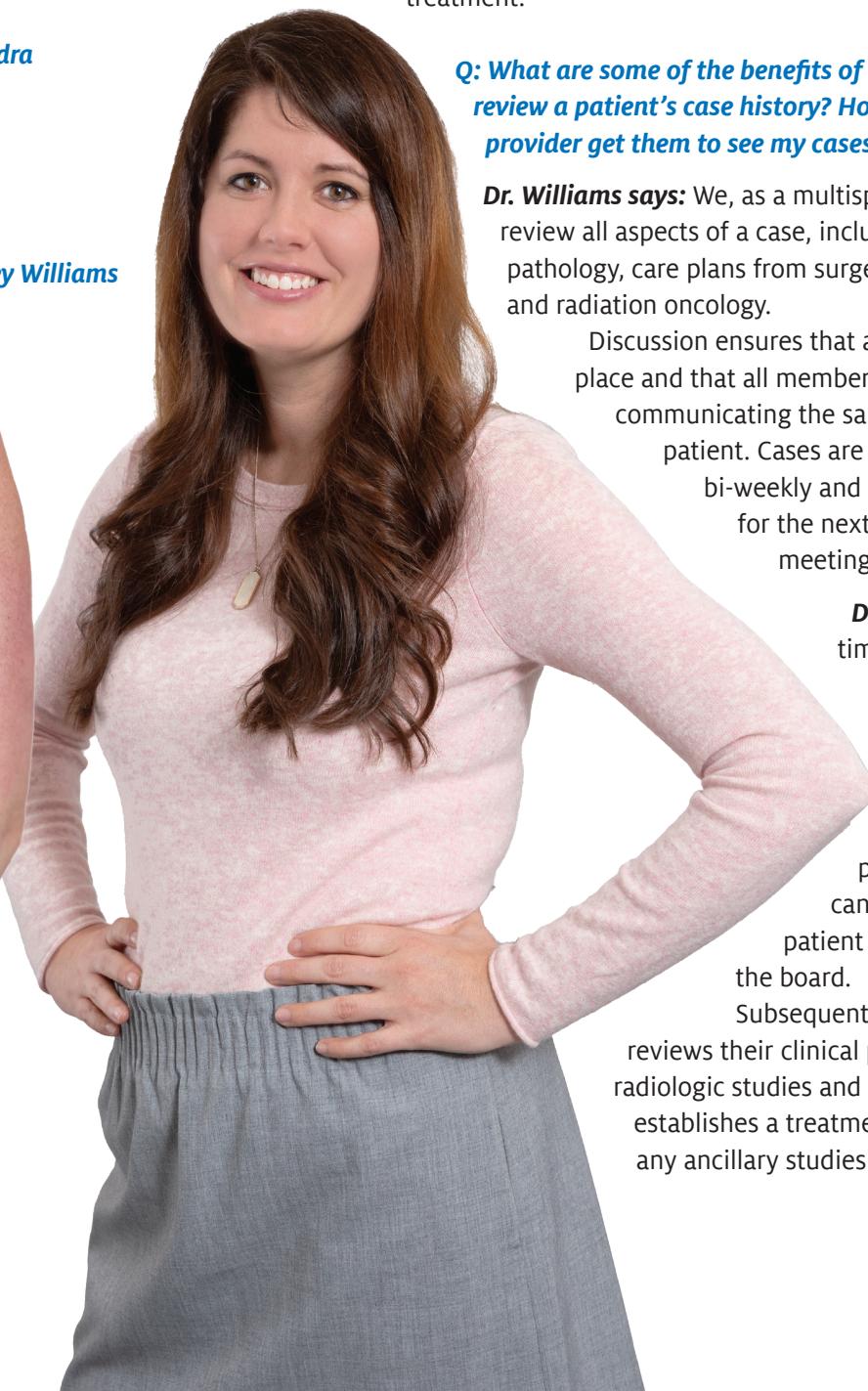
Discussion ensures that a clear plan is in place and that all members of the team are communicating the same plan to the patient. Cases are submitted bi-weekly and a list is compiled for the next Tumor Board meeting.

Dr. Fitzke says: At the time a diagnosis of breast cancer is made and our providers become involved in the patient's care, they can request that the patient be reviewed by the board.

Subsequently the board reviews their clinical presentation, radiologic studies and pathology, and establishes a treatment plan including any ancillary studies or evaluations. This



Dr. Rachel Jendra



Dr. Kelsey Williams

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plan can then be presented back to the patient by any of the involved practitioners.

Dr. Jendro says: A patient's case is reviewed by the board after first meeting with a doctor who specializes in surgical oncology, medical oncology or radiation oncology.

Any provider can request that a patient be reviewed by the Bryan Breast Tumor Board.

Q: How does being on the board help you in your practice?

Dr. Williams says: Many breast cancer cases are straight forward, but sometimes there are difficult decisions to make regarding management.

Having trusted colleagues from all disciplines available to review a case from start to finish is extremely beneficial.

Q: What role has Bryan played in advancing regional cancer care?

Dr. Jendro says: Bryan Health has been instrumental in acknowledging the need for and putting the board into place to advance breast cancer care in our community.

Dr. Fitzke says: By providing a dedicated board whose sole purpose is to advance the treatment and prognosis of breast cancer for the women of Lincoln and its surrounding communities, Bryan continues to show its commitment to the welfare of our community.

The expertise represented by the Bryan Breast Tumor Board is just one more way to provide the confidence to our patients that their care is being provided in an effective and comprehensive manner. ■



The Bryan Breast Tumor Board meets every other Tuesday morning in the Board Room at Bryan East Campus. These hybrid meetings allow physicians to attend in person or as a virtual participant. The co-chairs emphasize the meetings

are unique opportunities for specialists to discuss patient situations and possible treatment plans for breast cancer.