The major focus of care for most patients with breast cancer is on the ‘core clinical services’ (e.g. surgical, medical, and radiation oncology)—those aimed primarily at eradicating or controlling the cancer. However, a variety of ‘structured support services’ exist that are arguably equally as important (e.g. genetics, psychological and physical functioning counseling, tobacco cessation, nutrition, psychological and physical functioning counseling). These structured support services have particular value for younger patients with breast cancer as they are more likely to face issues regarding genetic factors (e.g. risks of ovarian or other breast cancers, family health issues), have higher susceptibility to the late effects of anti-cancer therapies (e.g. radiation-induced cancers), and need modifications in life-style (e.g. diet, exercise, and tobacco use cessation) to positively influence their future health. Younger women with and without breast cancer also often face unique developmental issues related to professional careers, parenting, intra- and interpersonal relationships (including problems with body image and sexuality) and financial hardships.

Many of these unique behavioral and psychosocial challenges confronting younger patients can be mitigated by various structured support services. However, the need for such services are not routinely assessed, and the majority of younger women with breast cancer do not receive needed support services. The overall goal of this project is to improve the receipt of beneficial supportive care services for the target population of younger women (i.e. <45 years of age) who have breast cancer. This will be achieved through five aims:

**Aim #1:** To assess the needs for, and utilization of, structured support services: We will review records from each structured support services group, and cross reference with clinical data to assess utilization rate in potentially-eligible younger patients. A cross-sectional survey of women treated at NC Cancer Hospital over the last five years (n ≈ 350) will be conducted identifying their need for, and utilization of, support services.

**Aim #2:** To identify existing barriers to routine needs assessment, and use of supportive care services: We will perform focus groups with, and systematically survey, our care providers and patents/families, to better understand existing barriers (e.g. lack of awareness, financial, geographical). We will apply Lean healthcare (similar to Logic Models), initially developed as the Toyota Production System, to better understand shortcomings of existing systems.

**Aim #3:** Modify existing systems to facilitate assessment for, and utilization of, support services: As part of the Lean kaizen processes, alternative systems will be developed and implemented to better assess needs and make referrals to providers of support services as indicated. A navigator (0.25 FTE) will assure that target patients have assessments and referrals to supportive care, as needed.

**Aim #4:** Sustainability Plan: Educational materials will be created for patients, families and staff. Computer-assisted automated technology/systems will be exploited to facilitate patient access to educational materials and structured support services.

**Aim #5:** Dissemination Plan: Information learned (experience gained, insights derived) and educational materials gathered/created will be disseminated to affiliated centers throughout NC via our existing navigator and lay navigator network, teleconferencing system, and through educational sessions at UNC and in the community.

We have experience in creating, sustaining, and disseminating survivorship programs and in the application of Lean techniques to improve clinical processes.