

## Timeliness of Care for Breast Cancer

### National Quality Strategy Domain

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- Safety, promoting effective communication and coordination of care

### Measure Type

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- Outcome, composite

### Description

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The percent of newly diagnosed breast cancer patients with less than 60 days between date of first biopsy identifying breast cancer and date of first treatment. (Surgery, systemic therapy)

### Numerator

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The number of newly diagnosed breast cancer patients who undergo first treatment (surgery, chemotherapy, initiation of antiestrogen oral therapy) for breast cancer within 60 days from date of first diagnostic biopsy.

### Denominator

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All patients seen for treatment planning after initial diagnosis of a new breast cancer.

#### Denominator Exclusion

Patients who refuse or defer or who do not undergo breast cancer treatment for any reason. Patients who transfer care to another surgeon or care provider. Patient preference or medical co-morbidities delay initiation of treatment.

### Rationale

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One of the Institute of Medicine's six "aims" for better healthcare is "timely" care. Timely care is achievable but requires effective communication and coordination of care to schedule imaging evaluations and necessary interdisciplinary consultation such as but not limited to genetic consultation, breast surgery consultation, plastic surgery consultation, medical and radiation oncology consultation, tumor board presentation and fertility counseling. Timely care is associated with high patient satisfaction. Delays in time from initial breast cancer diagnosis to first treatment may be associated with worse cancer outcome. Recent evidence from the National Cancer Database indicates delays in time to treatment may be increasing

and are associated with delays in time to systemic therapy. The European Union of Breast Cancer Specialists (EUSOMA) has endorsed timeliness as a quality measure. The American Medical Association, the World Health Organization and the National Consortium for Breast Centers have all emphasized the need for timely care.

## Date Endorsed

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May 16, 2022

## - References -

1. Bleicher, RJ, Ruth K, Sigurdson ER, et al. Time to Surgery and Breast Cancer Survival in the United States. *JAMA Oncol.* 2016 Mar;2(3):330-9.
2. Bleicher RJ, Chang C, Wang CE, et al. Treatment delays from transfers of care and their impact on breast cancer quality measures. *Breast Cancer Res Treat.* 2019 Feb;173(3):603-617
3. Del Turco MR, et al. Quality indicators in breast cancer care. *EUROPEAN JOURNAL OF CANCER* (2010)46: 2344–2356.
4. Liederbach E, Sisco M, Wang C, Pesce C, Sharpe S, Winchester DJ, Yao K. Wait Times for Breast Surgical Operations, 2003-2011: A Report from the National Cancer Data Base. *Ann Surg Oncol.* 2014 Sep 19.
5. Landercasper J, et al. A quality review of the timeliness of breast cancer diagnosis and treatment in an integrated breast center. *J Am Coll Surg.* (2010); 210: 449-55.