Impact of Patient Characteristics and Preferences on Time from Breast Cancer Diagnosis to First Surgical Consultation

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**Background**
- Studies have shown an increase in time from breast cancer diagnosis to treatment over recent decades
- Increased time to treat has been associated with:
  - Decreased survival rates
  - Decreased patient satisfaction
  - Increased patient anxiety
- Breakdown of total time to treatment as well as patient factors influencing treatment timelines have yet to be investigated

**Objective**
- The aim of this study is to examine one component of the total time to treat, i.e. time from breast cancer diagnosis to first surgical consultation (SC)
- Focus is placed on objective patient characteristics as well as subjective patient preferences

**Patients & Methods**
- Single large academic institution
- Prospective cohort study

Inclusion criteria:
- 564 women with breast cancer
- Nurse-driven protocol participation

Exclusion criteria:
- Benign breast disease
- Diagnosis at outside hospital

Patients are divided into 2 groups:
-Accepted first available SC
- Deferred first available SC

Comparisons are made based on various objective and subjective patient characteristics.

**Results – Patient Demographics**
- Mean age 65 years
- 54.6% married
- 85.0% with children
- 50.6% employed
- Majority stage I (55.9%) IDC (68.7%)

**Results – Patient Preferences**
- 415 women deferred the first SC
- 493 reasons for deferral, in all
- 94 women provided > 1 reason

**Results – Delays to Time to 1st SC**

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<thead>
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*p-value <0.05, significant effect on time from diagnosis to first surgical consultation

**Conclusions**
- Patient choice to defer a first available appointment significantly increases time from breast cancer diagnosis to SC
- Multiple reasons for deferral were identified, primarily location and surgeon preference
- Few objective characteristics have an impact on time to SC
- Effect on total time to treatment as well as overall treatment outcome of breast cancer requires further research