



Improved Access to Surgery Following Centralization of Breast Cancer Surgical Consultations

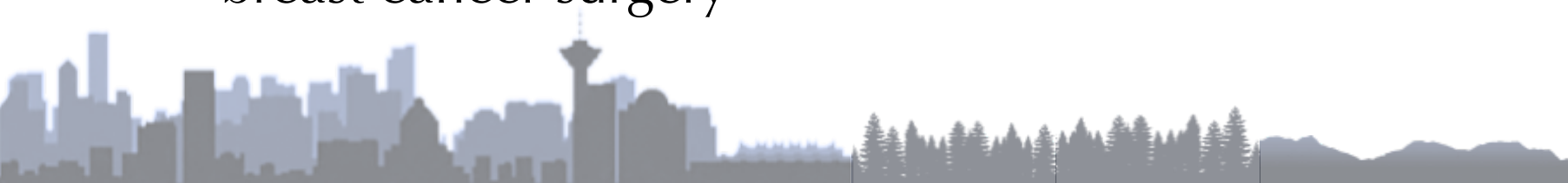
J. Cha*, E. McKeivitt, J. Pao, C. Dingee, A. Bazzarelli, R. Warburton
Providence Breast Centre, Mount St. Joseph Hospital, Vancouver, BC
University of British Columbia, Vancouver, BC

ASBrS Annual Meeting May 2020

*Presenter: j.cha@alumni.ubc.ca

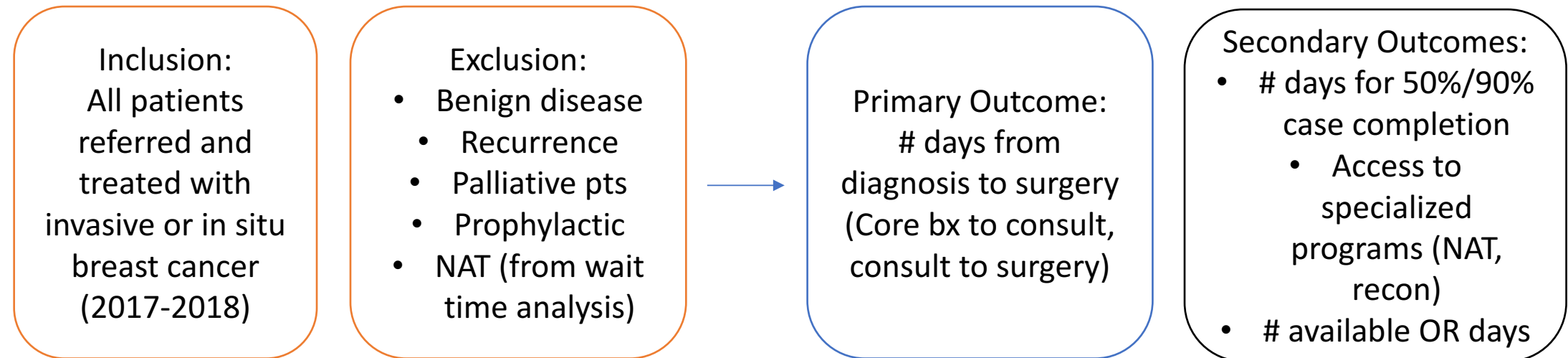
Introduction

- Breast cancer management – multidisciplinary, timely access and carefully coordinated care is imperative
- Delay to surgery associated with worse outcomes in breast cancer
 - Reduced overall and disease-specific survival with longer waits (>60 days)^{1,2,3}
- **Centralized intake and triage:** new initiative to further reduce wait time for breast cancer surgery
- Models to reduce wait times
 - Rapid Diagnostic Unit⁴: shortened time to diagnosis but no change in time to definitive treatment
 - Rapid Access Breast Clinic⁵: shorter wait time to surgical consult, RABC patients more likely to undergo surgery within 60 days of presentation
 - Nurse Navigation⁶: shorter wait time to surgical consult



Methods

- A before-after series using a retrospective review of a prospectively maintained database at Providence Breast Centre, comparing wait times prior to centralization and navigated triage (2017) and after (2018)



Results

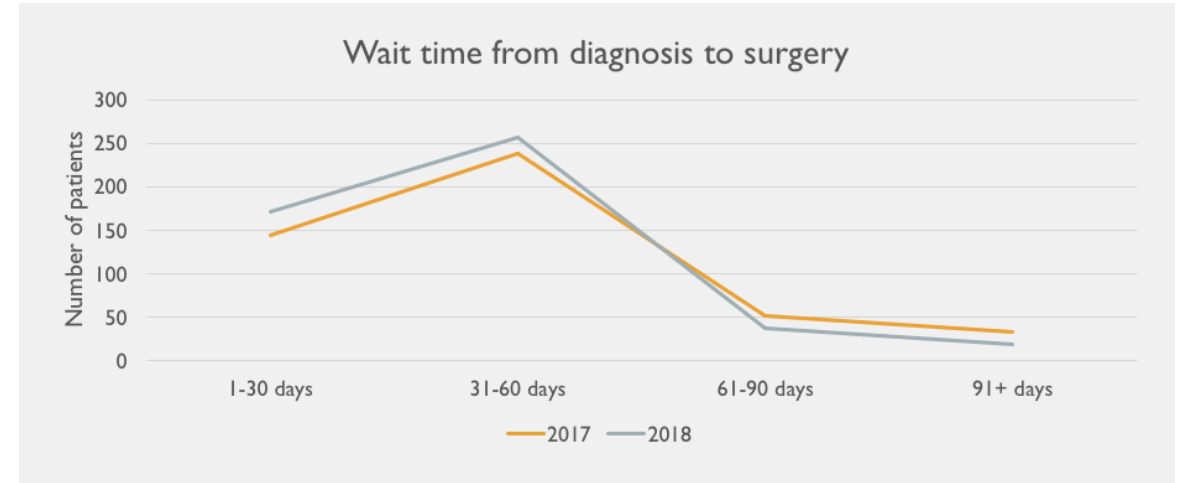
Total new patients:
616 (2017) vs 600 (2018)

Included:
467 (2017) vs 486 (2018)

Core Bx to Consult
21 days → 17 days
(p = 0.0013)

Consult to OR
26 days → 24 days
(p = 0.06)

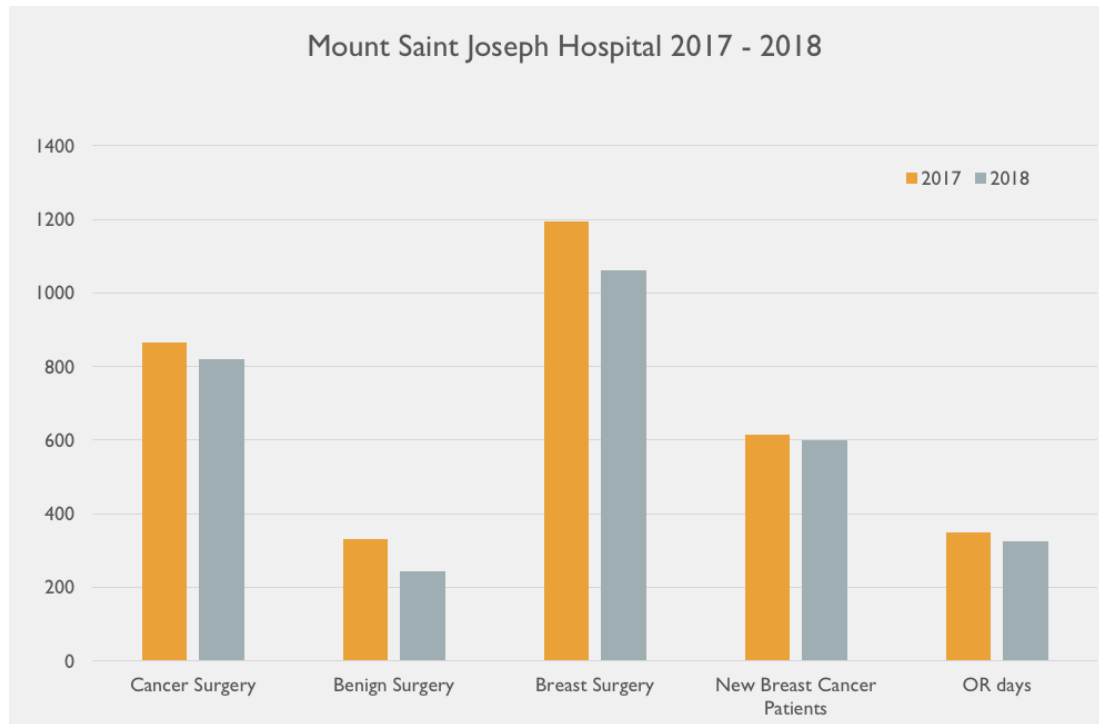
Core Bx to OR
47 days → 41 days (p = 0.0008)



	Core Bx to Consult (days)	Consult to OR (days)	Core Bx to OR (days)
Partial Mastectomy	20 → 17 (p = 0.02)	23 → 22 (p = 0.26)	43 → 39 (p = 0.04)
Total Mastectomy	20 → 15 (p = 0.01)	26 → 28 (p = 0.31)	46 → 43 (p = 0.27)
Mastectomy + Recon	22 → 19 (p = 0.22)	38 → 30 (p = 0.008)	60 → 49 (p = 0.01)



Results



Overall volume (# cases) at MSJ in 2017 and 2018 highlighting increased efficiency (shorter wait time) despite overall lower # cases/OR days in 2018

	50% done	90% done
2017	37 days	81 days
2018	36 days	63 days

Shorter median wait time (50% done) and shorter amount of time needed to get 90% cases done following centralization of consults

	2017	2018
# patients for NAT	79 (12.8%)	56 (9.33%)
# patients for recon	78	116
# OR days at MSJ	349	324

Reduced # neoadjuvant therapy post-centralization (Pts meeting borderline criteria had surgery instead)
 More patients underwent reconstructive surgery
 7% reduction in OR time assigned to general surgery in 2018



Conclusions

- Centralization of breast cancer surgical consultation reduced wait time between diagnosis and definitive surgery, despite reduced resources (i.e. OR days)
- Wait time for partial mastectomy and mastectomy with reconstruction showed significant reduction in wait time, whereas total mastectomy showed a trend towards lower wait time to surgery
- Streamlining the patient's journey with central intake and triage within our breast surgical oncology group led to a significant improvement in efficiency, reducing time to definitive surgery
- Future steps for research: patient reported outcome, effect on surgical volume by individual surgeons pre- and post-centralization



References

1. M.A. Richards, A.M. Westcombe, S.B. Love, et al Influence of delay on survival in patients with breast cancer: a systematic review. *Lancet*. 1999;353:1119–1126. doi:10.1016/S0140-6736(99)02143-1
2. J.M. McLaughlin, R.T. Anderson, A.K. Ferketich, et al Effect on survival of longer intervals between confirmed diagnosis and treatment initiation among low-income women with breast cancer. *J Clin Oncol*. 2012;30:4493–4500. doi:10.1200/JCO.2012.39.7695
3. R.J. Bleicher, K. Ruth, E.R. Sigurdson, et al Time to surgery and breast cancer survival in the United States. *JAMA Oncol*. 2016;2:330–339. doi:10.1158/1538-7445.SABCS18-P1-08-28
4. J.M. Racz, C.M.B. Holloway, W. Huang, N.J. Look Hong Improving patient flow and timeliness in the diagnosis and management of breast abnormalities: the impact of a rapid diagnostic unit. *Curr Oncol*. 2016;23:e260–e265. doi:10.3747/co.23.3017
5. E.C. McKevitt, C.K. Dingee, R. Warburton, et al Coordination of radiologic and clinical care reduces the wait time to breast cancer diagnosis. *Curr Oncol*. 2017;24:e388–e393. doi:10.3747/co.24.3767
6. E.C. McKevitt, C.K. Dingee, R. Warburton, et al Patient navigation reduces time to care for patients with breast symptoms and abnormal screening mammograms. *Am J Surg*. 2018;215:805–811. doi:10.1016/j.amjsurg.2017.12.016

