**BACKGROUND:**
- Expanded indications have increased the number of breast cancer patients undergoing neoadjuvant chemotherapy (NAC) prior to surgical management.
- Neoadjuvant chemotherapy requires the coordination of various services and specialists to ensure timely and accurate delivery of care.
- This process can result in multiple visits to the hospital and extend the time period from consultation to treatment.
- As more evidence emerges surrounding improved outcomes with timely receipt of chemotherapy, reducing the time from initial consultation to the initiation of chemotherapy is imperative to patient care.

**METHODS**
- Quality Improvement Retrospective chart review
- **Population:** Women 18+ who underwent neoadjuvant chemotherapy
- **Timeframe:** Jan. 1, 2002 to Dec. 31, 2018
- **Primary Outcome:** Total number of hospital visits prior to initiation of neoadjuvant therapy (excluding the initial consultation appointment).
- **Secondary Outcomes:** Number of visits based on specialty and time to receipt of first therapy.

**RESULTS:**
- # of patients with neoadjuvant chemotherapy: 286
- Median # of days from first consult to first neoadjuvant chemotherapy date: 22 (range 5 – 105)
- Median # of visits between first consult and first chemotherapy date: 5
- Majority of additional visits were for diagnostic imaging or biopsies, with a median number of 4 visits (range 0-10) after the first consultation.
- Neither age, lymph node status, breast density or tumor histology impacted the number of additional visits.

**CONCLUSIONS:**
- Women who undergo neoadjuvant chemotherapy require multiple visits (median: 5) prior to initiating breast cancer treatment. We should coordinate diagnostic imaging and streamline care to reduce visits, improve the patient experience, and save time and money.

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*References available upon request*