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Multidisciplinary Breast Cancer Care Enhances Time-to-Treatment at Safety Net Hospital

New Study Finds Integrated Care Teams Benefit Vulnerable Patients

Abstract: Evaluating the Effect of a Multidisciplinary Breast Cancer Clinic on Time to Treatment at an Urban, Safety Net Hospital

Las Vegas, NV, May 1, 2025—Multidisciplinary breast cancer care was associated with more timely treatment for vulnerable, typically economically disadvantaged patients at a safety net hospital, according to a new study presented this week at the American Society of Breast Surgeons Annual Meeting.

“Prior research demonstrates that breast cancer patients from lower socioeconomic backgrounds face disproportionate delays between diagnosis and initial treatment,” says Anna Kobzeva-Herzog, MD, lead study author and General Surgery Resident, Boston University Medical Center. “This means that potentially their cancers may advance before treatment, leading to increased risks and poorer outcomes.”

An integrated multidisciplinary breast cancer team streamlines treatment planning and consolidates visits across specialists to support faster and better care. Pointing out that studies show economically disadvantaged breast cancer patients suffer higher mortality compared to the general population, Dr. Kobzeva-Herzog notes that improving time-to-treatment may play a role in addressing this disparity.

“Typically, multidisciplinary treatment brings together an integrated team, which may include breast surgeons, medical oncologists, radiation oncologists, radiologists and pathologists,” she says. “They map out treatment recommendations as a whole and consult with patients during a single initial visit. Ongoing appointments are also consolidated across specialists.”

This contrasts with standard, episodic care, which necessitates multiple appointments with various physicians and greater coordination and time investment for patients.

The study examined 734 female patients in Boston Medical Center's breast cancer registry 18 years of age or older diagnosed with breast cancer from January 2019 through September 2020. It compared those treated using the hospital's Multidisciplinary Breast Cancer Clinic (MBCC) model introduced at the launch of the study to those treated through a traditional, serial care model.

The average age of patients in the study was 58.5 years. The majority (45.8%) were black and covered by Medicaid (48.4%). The majority in the MBCC cohort had invasive cancer (86.8%), while 60.3% of patients in the traditional treatment model had invasive cancer. Other patients had DCIS. Overall, a minority (28.9%) of women were treated in the MBCC and were slightly younger at 55.7 years of age. In the MBCC cohort, chemotherapy was more common, and surgery as a first treatment occurred less frequently.

Patients were seen in the MBCC at the request of a breast surgeon or oncologist. Researchers measured the time to initiation of treatment from biopsy-confirmed diagnosis as well as time from diagnosis to initial appointment.

The study found that MBCC patients experienced a significantly shorter time-to-treatment (35.0 days) than those receiving traditional care (49.6 days).

While there was no statistically significant difference between the study groups in time-to-first-appointment, MBCC patients who received chemotherapy before surgery were seen sooner than those initially treated with surgery (10.2 vs. 18.1 days). Chemotherapy-first patients seen in MBCC also experienced less time to initial treatment compared to those who did not.

Dr. Kobzeva-Herzog notes that breast cancer patients who receive chemotherapy prior to surgery often have later stage tumors.

"Many studies have shown delays in care and greater mortality among economically disadvantaged breast cancer patients," explains Dr. Kobzeva-Herzog. "Research suggests this is driven by a complex constellation of factors. However, many can be successfully addressed through a multidisciplinary program such as this."

She notes that with fewer appointments and an integrated care continuum, these programs go a long way toward overcoming barriers such as lack of transportation, competing childcare and work obligations, limited knowledge about available resources and time to coordinate appointments.

"A safety net hospital helps remove financial and insurance barriers," she notes. "Now this study shows that multidisciplinary treatment may expedite care, potentially leading to better outcomes for an extremely vulnerable population."

Evaluating the Effect of a Multidisciplinary Breast Cancer Clinic on Time to Treatment at an Urban, Safety Net Hospital

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Background/Objective

Although the multidisciplinary breast cancer clinic (MBCC) model has been implemented at many hospitals, little is known about how the MBCC model affects vulnerable breast cancer patients receiving care in a safety net hospital setting. Our aim was to investigate how visits to a newly implemented MBCC impacted time to treatment for patients at our safety net hospital.

Methods

This single center retrospective cohort study evaluated female patients ≥ 18 -years-old with new breast cancer diagnoses using our institution's breast cancer registry from January 2019 – September 2022. We assessed patients who were seen in the MBCC model that was implemented in January 2019 at our institution compared to those seen in the traditional discipline-based serial episodic clinic model. Patients were referred to MBCC if breast surgeons or oncologists requested specific patients to be seen in this format. The primary outcome was time to treatment from biopsy-confirmed diagnosis. Secondary outcomes included time to initial appointment from diagnosis and time to treatment from initial appointment.

Results

There were 734 patients who met the inclusion criteria. Average age was 58.5 (± 13.2) years, and the majority of patients were Black (45.8%) and were covered by Medicaid (48.4%). A minority of patients (28.9%) were seen in MBCC, of which patients were younger (55.7 years vs 59.6 years, $P < 0.001$) and were less likely to be of Hispanic ethnicity (18.4% vs 27.6%, $P = 0.01$) compared to those not seen in MBCC. The majority of patients seen in MBCC had invasive breast cancer diagnoses (86.8% vs 60.3%, $P < 0.001$) as opposed to DCIS. In MBCC patients, time to initial treatment was shorter (35.0 days vs 46.9 days, $P < 0.001$), chemotherapy was more common (48.6% vs 11.5%, $P < 0.001$), and surgery as first treatment modality occurred less frequently (43.4% vs 77.2%, $P < 0.001$) compared to non-MBCC patients. There was no statistically significant difference in time to first appointment between the two cohorts. On subgroup analysis of chemotherapy-first patients, those seen in MBCC had shorter time to first appointment (10.2 days vs 18.1 days, $P = 0.011$) and decreased time to initial treatment (27.1 days vs 42.6 days, $P < 0.001$) compared to the traditional outpatient model. When looking at surgery-first patients, those seen in MBCC demonstrated no statistically significant difference in time to first appointment or time to initial treatment when compared to non-MBCC patients. Multivariable analysis

showed that invasive histology was more often associated with being seen in MBCC (OR 4.29, 95% CI 2.75-6.68, $P < 0.001$) and Hispanic ethnicity (OR 0.55, 95% CI 0.34-0.88, $P = 0.014$) and older age (OR 0.98, 95% CI 0.97-0.99, $P = 0.021$) were less often associated with being seen in MBCC.

Conclusions

Our findings demonstrate that implementation of a MBCC in a safety net hospital improved time to initial breast cancer treatment for vulnerable patients, populations that have historically faced disproportionate treatment delays in national cohorts. Moving forward, it will be important to determine the extent to which participation in the MBCC, versus other clinical or patient factors, is responsible for shorter time to treatment.

Table 1: Diagnosis and treatment characteristics of breast cancer patients at our safety net hospital

<i>Characteristic</i>	Overall (N=734)	Not MBCC (N=522)	MBCC (N=212)	<i>P-value</i>
Histology, <i>n %</i>				<0.001
Non-Invasive	235 (32.0%)	207 (39.7%)	28 (13.2%)	
Invasive	499 (68.0%)	315 (60.3%)	184 (86.8%)	
Time to First Appointment, days (<i>n, %</i>)	12.3±13.4	12.7±14.5	11.3±10.1	0.21
Time to First Treatment, days (<i>n, %</i>)	43.4±42.6	46.9±47.3	35.0±25.9	<0.001
Type of First Treatment, <i>n %</i>				
Surgery	495 (67.4%)	403 (77.2%)	91 (43.4%)	<0.001
Chemotherapy	163 (22.2%)	61 (11.5%)	103 (48.6%)	<0.001
Endocrine Therapy	71 (9.7%)	53 (10.2%)	18 (8.5%)	0.49
Radiation	5 (0.7%)	5 (1.0%)	0	0.15

Abbreviations: MBCC – multidisciplinary breast cancer clinic