TIME TO SURGERY BEFORE AND AFTER THE IMPLEMENTATION OF BREAST CANCER RAPID MANAGEMENT POLICY

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Background
Special effort should be made to eliminate any dispensable delays in cancer therapy. To minimise anxiety for breast cancer patients European Commission (EC) defined and recommended appropriate performance indicators in terms of working days between therapeutic decision and date of surgery. The aim of this study was to investigate the therapeutic delay in women with primarily operable breast cancer before and after the implementation of breast cancer rapid management policy (BCRMP) in our institution.

Material and methods
We reviewed the data of breast cancer patients diagnosed and operated on in our institution in the year 2015 (when the BCRMP based on newly formed breast team was implemented) and before. Time in working days (wd) between decision to operate and date offered for surgery was measured. Median, mean, standard deviation and range were calculated. The difference was analysed using Mann-Whitney U-test with P-value less than 0.05 considered statistically significant. Results were compared to EC recommendations.

Results
Median time (range, mean, SD) between decision to operate and date offered for surgery before and after the implementation of BCRMP was 15 (4-30, 15.6, 6.3) and 4 (2-11, 6.9, 5.8) working days, respectively. The difference was of very high statistical significance: Z-score = 8.8689, U-value = 151, P < 0.00001. EC recommended that proportions of women when time between decision and surgery was not longer than 15 wd and 10 wd should be 90% and 70% at acceptable level while >90% and >70% at desirable level, respectively. Before the implementation of BCRMP the proportions were: 50% ≤ 15 wd and 31% ≤ 10 wd. In contrast, after the implementation of BCRMP these rates were increased respectively to 100% ≤ 15 wd and 97% ≤ 10 wd, meeting the EC recommendations at desirable level. Results are presented in Table 1 and 2.

Conclusions
Implementation of breast cancer rapid management policy together with the formation of breast unit, where the diagnostic and therapeutic team may work together in a multidisciplinary setting, resulted in significant shortening of time between therapeutic decision and surgery. Due to this policy delays can be minimised, patient anxiety can be reduced, and EC recommended targets can be achieved in our institution at desirable levels.

Keywords
breast cancer, therapeutic delay, rapid cancer management

Table 1
Time to surgery before and after the implementation of breast cancer rapid management policy (BCRMP)

<table>
<thead>
<tr>
<th>Time in working days (wd)</th>
<th>Before</th>
<th>BCRMP</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time between decision to operate and date offered for surgery</td>
<td>median / range / mean ± SD</td>
<td>15 / 4-30 / 15.6 ± 6.3</td>
<td>4 / 2-11 / 6.9 ± 5.8</td>
</tr>
</tbody>
</table>

Table 2
Time to surgery – comparison to the European Commission’s (EC) recommendations

<table>
<thead>
<tr>
<th>Proportion of patients with recommended time in working days (wd)</th>
<th>Before</th>
<th>BCRMP</th>
<th>EC acceptable level</th>
<th>EC desirable level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time between decision to operate and date offered for surgery</td>
<td>= 15 wd 50%</td>
<td>= 15 wd 100%</td>
<td>= 15 wd 90%</td>
<td>= 15 wd &gt;90%</td>
</tr>
<tr>
<td></td>
<td>= 10 wd 31%</td>
<td>= 10 wd 94%</td>
<td>= 10 wd 70%</td>
<td>= 10 wd &gt;70%</td>
</tr>
</tbody>
</table>