

Managing Wait Time Between Surgery and Treatment Initiation Plan in Patients with Breast Cancer: A Mixed-method Approach

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Oncotype DX test (ODX) is a genomic testing that is considered a standard of care requirement for a subset of breast cancer (BC) patients, meeting specific histopathological criteria, facilitating informed decisions regarding their personalized systemic treatment. However, the conventional process for ordering this test often delays the initiation of systemic therapy, as it was only ordered after the first Medical Oncology Consultation. This study evaluates a novel initiative implemented at the Cape Breton Cancer Center which provides care for rural and underserved communities in Nova Scotia- Eastern Zone. The initiative aimed at minimizing the time interval between surgery and treatment onset, through a phone call by the Medical Oncologist (MO) directly engaging the patient, explaining the test and treatment options, securing their consent for immediate ordering. Employing a mixed-method design, this study assessed wait times at various intervals along the patient's journey from surgery to treatment initiation. Qualitatively, semi-structured phone interviews were conducted with purposefully select 11 breast cancer patients to explore their experiences and satisfaction with the MO's communication regarding the ODX test, focusing on achieving patient-centred care and alleviating distress during the waiting period.

Results reveal that 180 breast cancer patients underwent ODX testing between July 2018 and July 2022, 55% via the standard pathway and 45% through the new intervention. Median wait time from surgery to ODX result availability decreased significantly from 60 [IQR: 49-70] to 46 [IQR: 31-91] days (p -value < 0.001). While the median wait time from MO referral to chemotherapy onset decreased from 50 [IQR: 40-82] to 43 [IQR: 40-63] days, it was not statistically significant (p -value = 0.5). However, there was a notable two-week reduction in median wait time from referral to radiation therapy initiation (p -value < 0.05). Importantly, the median wait time from the initial consultation with the MO to the chemotherapy consent date decreased from 24 to 0 days (p -value < 0.001). Qualitative findings underscored patient satisfaction with the new intervention, particularly appreciating the clear and mindful information provided by the MO, even through remote discussion. In conclusion, this intervention effectively reduced the interval between surgery and ODX results, facilitating expedited treatment initiation and enabling informed decision-making at the time of the initial consultation. Using plain language during remote discussions further enhanced patient satisfaction and understanding of treatment options, emphasizing the significance of effective communication in patient care. Using this intervention can also enhance ODX utilization in rural communities.