Improving Quality in Breast Cancer Treatment

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Introduction

• Care provided for patients with breast cancer has evolved over the years. With the refinement of breast cancer diagnosis, staging and survival benefits demonstrated with combined effort from multiple mediums, management of breast cancer has increased in complexity.

• Given that breast cancer is a systemic disease, a multi-specialty approach to management of breast cancer is imperative.

• This led to the formation of multidisciplinary care (MDC) approach that often refers to collaboration among specialties. The core of which is the inclusion of a range of health professionals who contribute to the decision-making about the management of individual patients and a medium through which they can communicate their unique contributions.

• At Henry Ford Health system a comprehensive MDC (cMDC) approach was implemented in 2016: ALL breast cancer cases undergo a mandated, standardized/structured review of treatment options and ongoing care (including clinical trial opportunities).
Objective

• The goal of this study is to evaluate and compare care received following implementation of the multidisciplinary care tumor board at a community hospital in Detroit, MI.
Design and Methods

• **Study population**: The target population of this study was all women diagnosed with breast cancer between February 2015 and February 2017.

• **Study design procedure**: A retrospective chart review of 539 patients newly diagnosed with invasive breast cancer one year prior to and after the incorporation of a cMDC program was performed for **primary outcome**: assess eligibility for and receipt of breast conserving treatment, neoadjuvant chemotherapy, hormonal therapy, radiation therapy, adjuvant chemotherapy, fertility sparing counseling, onco-type testing and genetic counseling. **Secondary outcomes**: equity of care across race, insurance type and hospital site. SPSS was used for multivariate analysis, (p<0.05).

• **Data Analysis**: The data was then quantitatively analyzed using Fischer’s exact test and Chi-square analysis as applicable to further assess associations between variables of interest.
Results

• There was no significant difference between eligibility and receipt of neoadjuvant chemotherapy, breast conserving therapy, endocrine therapy, radiation therapy or adjuvant chemotherapy in patients who were treated prior to the implementation of the MDC tumor board as compared to those receiving treatment after the implementation of the MDC tumor board.

• However, there was a significant difference in the frequency of oncotype testing and fertility counseling offered to patients who were diagnosed after the MDC was implemented.

• In a subset analysis, there was a significant difference in the receipt of breast conserving therapy in black women irrespective of participation in the multidisciplinary group (p=0.016).

• In fact, all women who received care at the urban facility were less likely to receive breast-conserving therapy (p=0.009) and were less likely to receive and be offered chemotherapy or Herceptin.
Conclusion

• While the Multidisciplinary care tumor board implementation has not yet established a significant difference in receipt of cancer care among all women, the ability to offer eligible patients fertility counseling and oncotype testing has improved significantly.
Questions?

• Thank You
References


