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# Improving Quality in Breast Cancer Treatment

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# Improving quality in breast cancer treatment

by

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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, oncoprote 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



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# References

- Alvarado, Rubén, Enrique Jadresic, Viviana Guajardo, and Graciela Rojas. 2015. "First Validation of a Spanish-Translated Version of the Edinburgh Postnatal Depression Scale (EPDS) for Use in Pregnant Women. A Chilean Study." *Archives of Women's Mental Health* 18 (4): 607–12. doi:10.1007/s00737-014-0466-z.
- Ashimi, Adewale O., and Taiwo G. Amole. 2015. "Prevalence and Predictors for Domestic Violence among Pregnant Women in a Rural Community Northwest, Nigeria." *Nigerian Medical Journal: Journal of the Nigeria Medical Association* 56 (2): 118–21. doi:10.4103/0300-1652.150696.
- de Oliveira Fonseca-Machado, Mariana, Lisiane Camargo Alves, Patrícia Scotini Freitas, Juliana Cristina Dos Santos Monteiro, and Flávia Gomes-Sponholz. 2014. "Mental Health of Women Who Suffer Intimate Partner Violence during Pregnancy." *Investigación Y Educación En Enfermería* 32 (2): 291–305. doi:10.1590/S0120-53072014000200012.
- Escribà-Agüir, Vicenta, Manuela Royo-Marqués, Lucía Artazcoz, Patrizia Romito, and Isabel Ruiz-Pérez. 2013. "Longitudinal Study of Depression and Health Status in Pregnant Women: Incidence, Course and Predictive Factors." *European Archives of Psychiatry and Clinical Neuroscience* 263 (2): 143–51. doi:10.1007/s00406-012-0336-5.
- "Extent, Nature, and Consequences of Intimate Partner Violence (NCJ 181867) - 181867.pdf." 2016. Accessed February 17. <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>.
- Fisher, Jane, Thach Duc Tran, Beverley Biggs, Tho Hai Dang, Trang Thu Nguyen, and Tuan Tran. 2013. "Intimate Partner Violence and Perinatal Common Mental Disorders among Women in Rural Vietnam." *International Health* 5 (1): 29–37. doi:10.1093/inthealth/ihs012.
- Gentry, Jacqueline, and Beth A. Bailey. 2014. "Psychological Intimate Partner Violence during Pregnancy and Birth Outcomes: Threat of Violence versus Other Verbal and Emotional Abuse." *Violence and Victims* 29 (3): 383–92.
- Guimarães, Alzira Maria D'avila Nery, Heloísa Bettiol, Luiz De Souza, Ricardo Q. Gurgel, Maria Luiza Dória Almeida, Eleonora Ramos De Oliveira Ribeiro, Marcelo Z. GoldaniV, and Marco Antônio Barbieri. 2013. "Is Adolescent Pregnancy a Risk Factor for Low Birth Weight?" *Revista de Saúde Pública* 47 (1): 11–19. doi:10.1590/S0034-89102013000100003.
- Higgins, Debs, Kathy Manhire, and Bob Marshall. 2015. "Prevalence of Intimate Partner Violence Disclosed during Routine Screening in a Large General Practice." *Journal of Primary Health Care* 7 (2): 102–8.
- Iverson, Katherine M., Matthew W. King, Megan R. Gerber, Patricia A. Resick, Rachel Kimerling, Amy E. Street, and Dawne Vogt. 2015. "Accuracy of an Intimate Partner Violence Screening Tool for Female VHA Patients: A Replication and Extension." *Journal of Traumatic Stress* 28 (1): 79–82. doi:10.1002/jts.21985.
- James F Paulson, Sharnail D. Bazemore. 2010. "Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression A Meta-Analysis." *JAMA : The Journal of the American Medical Association* 303 (19): 1961–69. doi:10.1001/jama.2010.605.
- Kabir, Zarina N., Hashima-E. Nasreen, and Maignun Edhborg. 2014. "Intimate Partner Violence and Its Association with Maternal Depressive Symptoms 6–8 Months after Childbirth in Rural Bangladesh." *Global Health Action* 7: 24725.



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