

A Multidisciplinary Team Approach to Efficient Breast Cancer Diagnosis

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BACKGROUND: System inefficiencies result in delayed breast cancer diagnoses. Inefficiencies include any non-value added steps between symptom onset/imaging abnormality to cancer diagnosis and treatment. Diagnostic delays can lead to more advanced disease and may negatively impact survival. Further, optimizing the efficiency of diagnostic evaluation models can reduce barriers to care and improve patient satisfaction. To achieve these efficiency goals, Banner MD Anderson Cancer Center (BMDACC) instituted the Undiagnosed Breast Clinic (UBC). The UBC expedites patient evaluation through a multidisciplinary diagnostic team of internists, surgeons, pathologists and radiologists. Patients with an abnormality on physical exam or imaging are promptly evaluated by the UBC team and any necessary diagnostic tests are performed. If malignancy is diagnosed, the BMDACC breast team swiftly institutes multidisciplinary care.

HYPOTHESIS: A multidisciplinary team approach to breast cancer diagnosis will eliminate non-value added steps in the patients' workup, thereby expediting time from presentation to diagnosis and, if needed, treatment.

METHODS: We conducted a retrospective chart review of patients seen in the UBC from 12/2012 - 12/2013. We tallied patient demographics, diagnostic data, and treatment information.

RESULTS: 177 patients (174 females; 3 males) were identified. Mean age was 54 years (range: 16-91). Patient racial breakdown was 144 (81%) Caucasian; 8 (5%) Black, 6 (3%) Latina, 4 (2%) Asian, and 15 (8%) Other. Malignant diagnoses (invasive carcinoma or ductal carcinoma in situ) were found in 28 patients (16%), and high-risk lesions (atypia or lobular carcinoma in situ) were found in 8 patients (5%). Genetics consults were obtained in 11 patients (6%). Of these 11 patients, one tested positive for BRCA1 and one for BRCA2. Of the 46 patients who underwent needle biopsy as part of the UBC evaluation, 28 (61%) underwent biopsy the same day as the initial visit. An additional 5 patients (11%) underwent biopsy the next day. Data analysis from 2014 is ongoing and will be included at the time of abstract presentation.