Scientific Presentations 2016

Note: Presenter indicated with underscore.

Scientific Session Oral Presentations I
Friday, April 15, 2016 2:15 pm–3:15 pm
Moderators: Judy Boughey, MD; Mahmoud El-Tamer, MD

Scientific Session Oral Presentations II
Saturday, April 16, 2016 2:00 pm–3:00 pm
Moderators: Michael Alvarado, MD; Jill Dietz, MD

0224 - Survey of Patient Perspectives on Receiving a New Breast Cancer Diagnosis and Testing Results: Can We Do Better?

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Objective: There is conflicting information in the literature regarding how and when physicians deliver test results to patients, and how patients prefer to receive test results. A recent discussion on a private online breast surgeon forum (The American Society of Breast Surgeons Mastery of Breast Surgery) noted variation in the way breast surgeons delivered test results. Our aim was to survey cancer patient communities to determine if there was a difference between how test results were delivered compared to how patients prefer to receive cancer-related test results.

Methods: IRB approval with waiver of informed consent was obtained for a de-identified survey, which was distributed over 11 days to both in-person and online cancer support groups. Associations of patient characteristics with their actual and preferred wait times for a new breast cancer diagnosis was performed by Pearson's chi-square or Fisher exact test. Bowker's test of symmetry was used to test for nonreciprocal association between actual and preferred patient experiences, and a significant P value (<0.05) was interpreted to signify a systematic preference among respondents regarding possible patient care experiences.

Results: One thousand patients completed the survey. The analysis was restricted to 784 breast cancer survivors. Survey responders were predominately white (non-Hispanic) (89.2%), college educated (78.7%), and social media savvy (online medical media usage, 97%). Fifty percent lived in communities with a population greater than 100,000. There were no differences between patient characteristics and time to receive biopsy results. Differences between patients and their timeliness and preferences were identified in other domains. Ninety-eight (79%) of 124 patients age <45 and 434 (65.8%) of 660 patients age >45 preferred an appointment within 24 hours after receipt of cancer diagnosis ($P = 0.0026$). Other significant differences in mode of communication for test results were identified by race, level of education, and online medical usage, with non-white race, non-college educated, and lower online usage associated with more preference for face-to-face mode, compared to phone and electronic modes. (See table for comparison of actual to preferred care.)

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Comparison of Actual and Preferred Breast Cancer Patient Care (N = 784)

Care Domain	Actual Care (N/D) %	Preferred Care (N/D) %	P
Communication of new cancer diagnosis			
Telephone	419/784 (54%)	268/784 (34%)	<0.0001
Face to face	309/784 (39%)	394/784 (50%)	
Other	56/784 (7%)	122/784 (16%)	
Wait time for biopsy results			
≤2 days	315/784 (40%)	646/784 (82%)	<0.0001
3–5 days	309/784 (40%)	121/784 (16%)	
≥6 days	160/784 (20%)	17/784 (2%)	
Communication of recurrent or metastatic diagnosis			
Telephone	68/156 (43%)	43/156 (27%)	0.0006
Face to face	71/156 (46%)	93/156 (60%)	
Other	17/156 (11%)	20/156 (13%)	
Wait time for radiology results			
≤2 days	397/784 (51%)	660/784 (84%)	<0.0001
3–5 days	221/784 (28%)	110/784 (14%)	
≥ 6 days	166/784 (21%)	14/784 (2%)	
Wait time for blood tests			
≤2 days	416/784 (53%)	616/784 (79%)	<0.0001
3–5 days	220/784 (28%)	150/784 (19%)	
≥6 days	148/784 (19%)	18/784 (2%)	

Conclusion: This study is limited by its narrow demographic profile; yet, even within this cohort presumed to have ready access to healthcare resources, actual care for timeliness and modes of communication did not reflect achievable or patient-desired care. In particular, patients want more timely appointments and patient-specific modes of communication than they are receiving. They also want more rapid receipt of testing results. National and local initiatives to improve performance are needed, as well as interrogation of other demographic groups. As a first step, we recommend that each patient be queried about their preference for mode of communication and timeliness, and that efforts are made to comply.