

Working as a coordinated network to address controversies in the diagnosis and treatment of breast cancer and to implement targeted interventions to improve clinical trial activity

RCN Breast Disease Site Group

BREAST DS CO-LEADS



Sarkis Meterissian & Jean Francois Boileau

Support staff

- Jida El Hajjar (Project Manager)
- Natasha Ibrahim (Facilitator)

OUR VISION

Our vision is to:

- Address controversies in the diagnosis and treatment of breast cancer, and harmonize care, starting with the following:

- MRI in stage 1 and 2 breast cancer
- Routine axillary ultrasound and biopsy of nodes
- Sentinel node biopsy in women ≥70 yrs with hormone-positive breast cancer
- Treatment focused genetic testing for BRCA1 and BRCA2
- Neoadjuvant chemo for TNBC and Her2 positive

Do other issues concern you? Let us know!

- Support each other in clinical trial recruitment, improve knowledge of active trials and treat more breast cancer patients on trials.

- Support each other's efforts in improving cancer care quality & innovation:

2016 CQI research recipient - Steven Grover
The Breast Cancer Healthy Aging Program (BCHAP) - Developing an e-Health Program to Increase Daily Exercise and Reduce the Fatigue Associated with Breast

2014 CQI research recipient - Donna Stern
Women's Experience with Breast Cancer - Providing a web-based resource for reliable information and support for patients, caregivers, nurses, doctors, and other healthcare professional.
Visit: www.healthexperiences.ca

STEERING COMMITTEE

The group aims to have multidisciplinary representation and meet at least once/year.

2017-18 meeting dates: July 2017, January 2018

Name	Institution	Discipline
Sarkis Meterissian	MUHC	Surgeon
Nathaniel Bouganim	MUHC	Medical Oncologist
William Foulkes	MUHC/JGH	Geneticist
Tarek Hijal	MUHC	Radiation Oncologist
Francine Tremblay	MUHC	Surgeon
Jean-Francois Boileau	JGH	Surgeon
Cristiano Ferrario	JGH	Medical Oncologist
Thierry Muanza	JGH	Radiation Oncologist
Dawn Anderson	SMHC	Surgeon
Adrian Langleben	SMHC	Medical Oncologist
Jida El Hajjar	RCN	Project Manager
Natasha Ibrahim	RCN	Facilitator

INDICATOR BR1: Delays from biopsy to surgery

Surgical delays cause anxiety for breast cancer patients and longer time to surgery has been shown to affect survival for early stage breast cancer.¹

There is no consensus for what constitutes an acceptable delay after a diagnosis of breast cancer. Recent data show that for every 60-day increase in time from biopsy to surgery, there is added risk of death due to breast cancer.¹

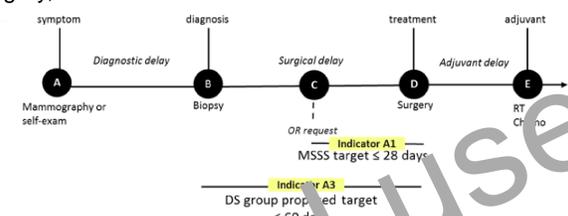
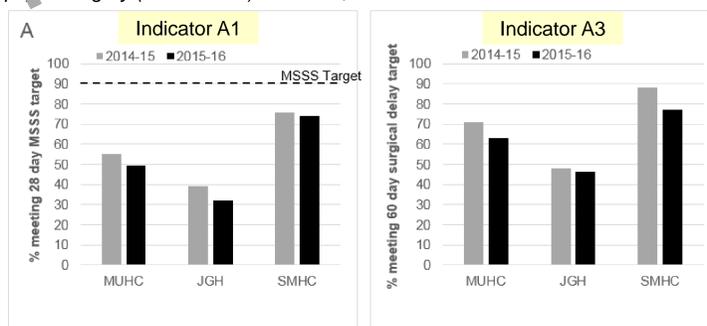


Table 1: Number of days from the date of biopsy to therapeutic surgery for breast cancer patients – FY2015, 2016. Data from Ontario and Manitoba were presented at the CPAC conference (April 2017) by Dr Grunfeld (unpublished)

	MUHC	JGH	SMHC	Manitoba	Ontario
N	52	553	241	N/A	N/A
Average	52.5	62.3	41.4		
Median	50.0	63.0	31.0	39	35
75 th percentile	68.0	65.0	50.5	54	48
90 th percentile	85.0	92.0	73.6	71	65

Fig 1: Percent of breast cancer patients meeting the (A) MSSS target of ≤ 28-day from OR request to surgery (indicator A1) and (B) RCN Breast Disease Site Group target of ≤ 60-day from biopsy to surgery (indicator A3) - FY2015, 2016



Key Messages

■ MUHC and JGH have longer delays to surgery, with a median time to delay of 7 weeks and 8.6 weeks respectively. Is this acceptable? **Lets talk!!**

■ Some causes for delays are patient driven but most likely, these are system or physician driven, such as performing more extensive imaging studies (ex. MRI) or workups, and OR availability.

■ Do you agree with the 60-day target? How can we achieve this? What do you think of a wait list management system? **Lets talk!!**

For questions, contact jida.elhajjar@mail.mcgill.ca

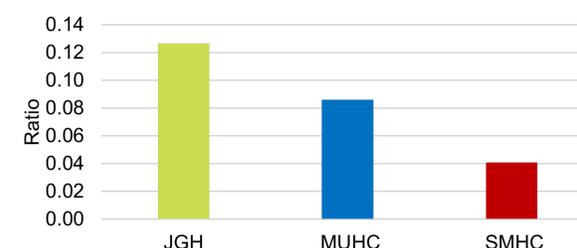
QI PROJECT: Improving accrual to interventional clinical trials

Patient participation in clinical trials is a key measure of the delivery of quality cancer care.

In Canada, the breast cancer clinical trial participation ratio for 2014 was **0.041** (4.1%).²

ASCO states that exemplary clinical trials sites should accrue at least **10% of treated patients onto treatment-based clinical trials.**³

Fig 2: Ratio of breast cancer patients enrolled in treatment-based clinical trials to number of incident cases - 2016



PROJECT GOAL

Improve accrual of breast cancer patients into interventional clinical trials at MUHC, JGH and SMHC

Start: Sept 2017 End: Sept 2019

OBJECTIVES

Implement pre-screening for clinical trial eligibility of all new breast cancer patients

Improve clinical trial awareness

STRATEGY / INTERVENTIONS

Pre-screening process and tools for flagging eligible patients via a trained breast facilitator

Develop promotional materials and patient testimonials

SUCCESS CRITERIA

Improve accrual rate by 50%

Measure financial impact/benefit

Increase inter-hospital referrals

Increase N° of patients informed of trials

¹ Bleicher R.J, Ruths K, Sigurdson ER et al. Time to surgery and breast cancer survival in the United States. JAMA Oncol. 2016;2(3):330-339.

² ASCO-ESMO consensus statement on quality cancer care. J Clin Oncol 24:3498-3499, 2006

³ <http://www.systemperformance.ca/cancer-control-domain/research/adult-clinical-trial-participation/>