Waikato Breast Care Department Faster Cancer Treatment Indicators Audit

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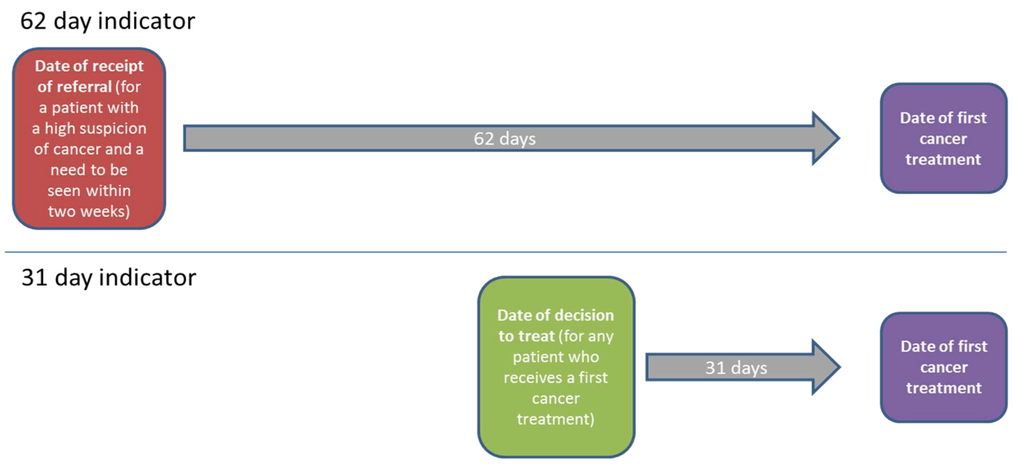
Introduction

Faster Cancer Treatment (FCT) indicators were introduced nationwide in July 2012 by the Ministry of Health to improve access to cancer treatment and reduce waiting times.



Mandatory reporting on these indicators by DHB's have been required since their implementation on 1 October 2014 for patients on the High Suspicion of Cancer (HSCAN) pathway. Only about 20% of all patients with newly diagnosed breast cancer come under the "HSCAN" pathway.

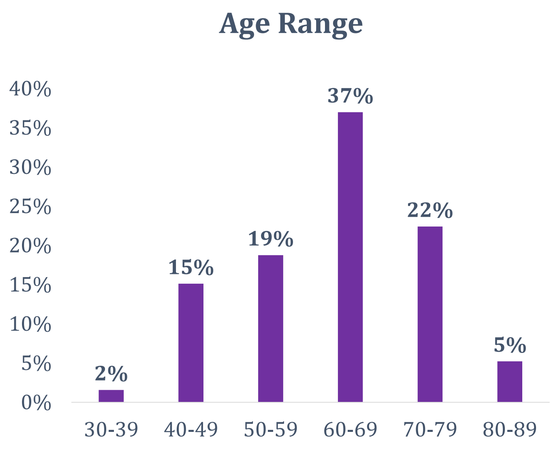
Aims

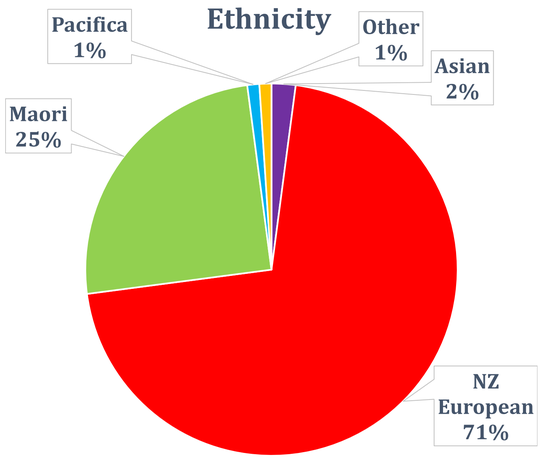
1. To examine how well each target is being met for all patients with recently diagnosed breast cancer in the Waikato region, whether HSCAN or not in the 2018 calendar year
2. To examine the subgroup of patients receiving temporizing endocrine therapy
3. To characterize any sociodemographic differences and determine if any inequities exist in this process
4. To examine if there are any discernible differences between referral pathways and time to treatment

Methods

- This is a retrospective cohort study of women with publicly treated, stage I-III invasive breast cancer diagnosed between 01/01/2018 and 01/01/2019 recorded on the Waikato Breast Cancer Register
- Patients were linked via NHI with the FCT database to identify those on the HSCAN pathway and define time variables
- Population Size = 192 patients
  - HSCAN = 63 patients
  - NonHSCAN = 129 patients

Results



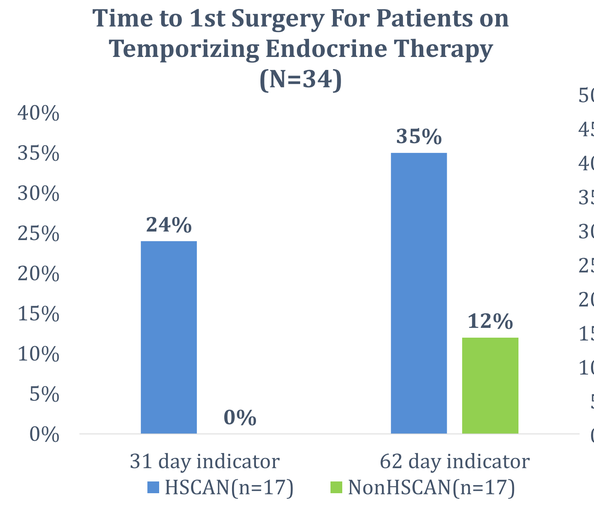


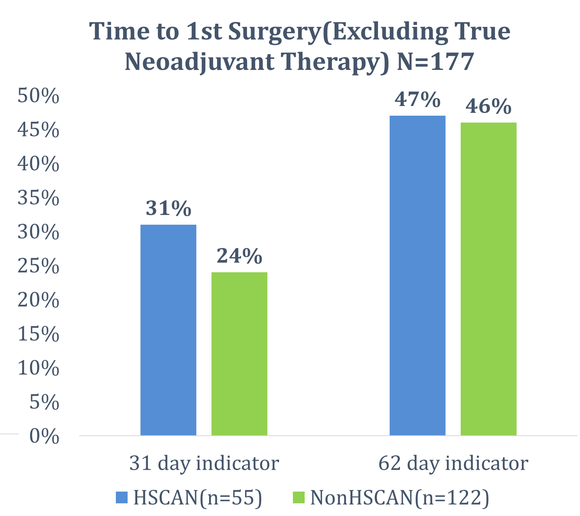
Outcomes for HSCAN and NonHSCAN cases by treatment type

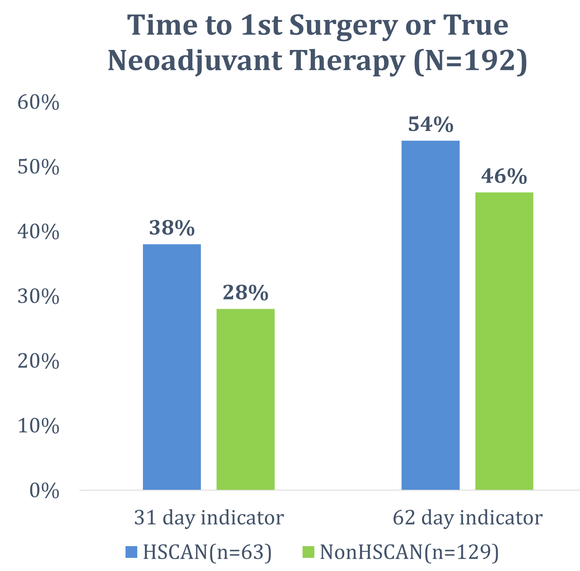
		Any Treatment	Surgery	Targeted Therapy	Chemotherapy
31 Day Indicator Compliance	HSCAN	59%	34%	100%	80%
	NonHSCAN	40%	28%	90%	100%
62 Day Indicator Compliance	HSCAN	71%	53%	100%	100%
	NonHSCAN	55%	51%	80%	25%

Targeted Therapy (N=40)

- Divided into True Neoadjuvant Endocrine Therapy and Temporizing Endocrine Therapy(TET)
- True Endocrine Therapy → Where endocrine therapy was given for 90 days or more prior to 1st surgery
  - HSCAN = 3 patients NonHSCAN = 3 patients
- Temporizing Endocrine Therapy(TET) → Where endocrine therapy was given for less than 90 days prior to 1st surgery
  - HSCAN = 17 patients NonHSCAN = 17 patients



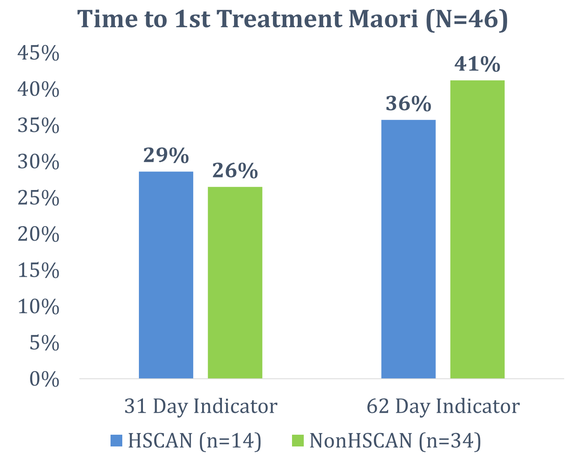


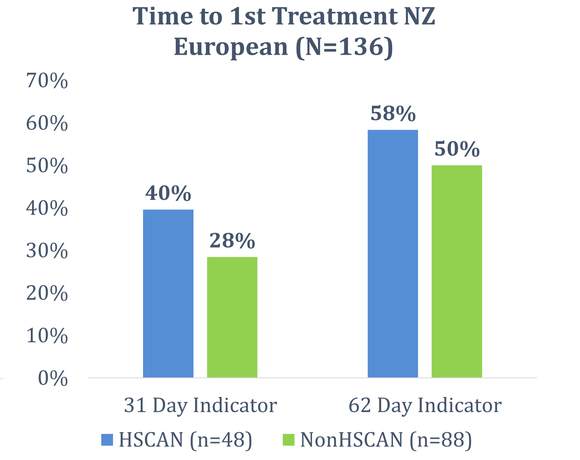


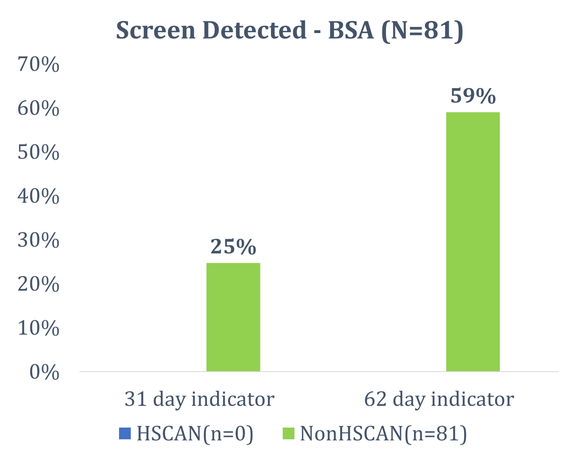
Median Days to 1st Surgery or True Neoadjuvant Therapy

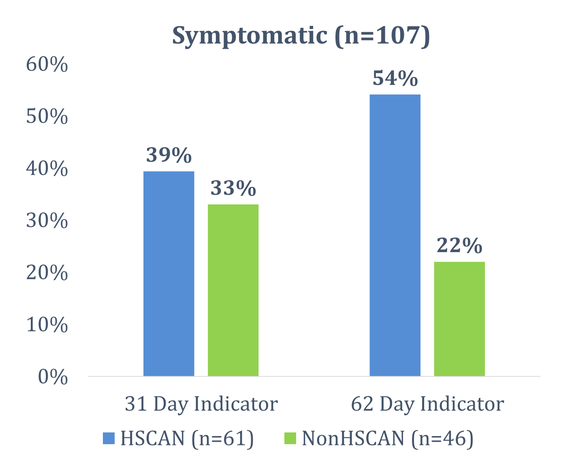
- **31 day indicator:**
  - HSCAN → 40 days
  - NonHSCAN → 42 days
- **62 day indicator:**
  - HSCAN → 62 days
  - NonHSCAN → 67 days

p = 0.21









Discussion

- HSCAN reported data substantially misrepresents what is happening to the whole population of patients with newly diagnosed breast cancer
- Poor compliance with 31-day indicator for both HSCAN and NonHSCAN patients
- Better compliance with 62-day indicator in both groups
- No statistical significance between HSCAN and NonHSCAN wait times (*p= 0.21* for 31-day indicator and *p = 0.21* for 62-day indicator)
- No statistical significance between wait time by ethnicity (*p = 0.42* for 31-day indicator and *p= 0.11* for 62-day indicator)
- Significantly less wait times for screen detected patients compared to symptomatic patients for 62-day indicator ($p<0.001$)
  - BSA - median days to treatment= 55 days
  - Symptomatic - median days to treatment = 99 days
- No statistical significance between wait times by referral type for 31-day indicator (*p=0.47*)

Conclusions

- Temporizing endocrine therapy (TET) is a temporizing measure to reassure the patient and surgeon that the cancer is receiving some form of treatment while awaiting a surgery date that is expected to be longer than ideal
- It is not an evidence-based standard of care and potentially enables DHB management to report FCT outcomes that do not reflect real wait times for surgery