222 Proffered paper oral

Breast Cancer Quality of Care and Outcomes According to Surgeon Caseload

F. Taban[1], E. Rapiti[2], G. Fioretta[2], Y. Wespi[1], D. Weintraub[1], A. Hugli[1], I. Neyroud-Caspar[2], G. Vlastos[3], M. Castiglione[3], C. Bouchardy[2].
[1]Private Geneva Breast Cancer Network, SONGe, Geneve, Switzerland;
[2]University of Geneva, Geneva Cancer Registry, Geneve, Switzerland;
[3]Geneva University Hospitals, Unit of Senology, Geneve, Switzerland

Objective: A recent meta-analysis has reported that surgeon experience in breast cancer (BC) surgery is a predictor of survival showing an overall reduction of survival of about 20% between patients treated by low volume surgeons vs. those treated by high volume surgeons. However, no previous study has evaluated if differences in breast cancer survival between high and low volume surgeons are linked to real differences in the quality of care or rather to patient's selection bias. This is the aim of our study.

Patients and Methods: Using data from the Geneva Cancer Registry, we included all women diagnosed with invasive BC in 2000–2005 operated in the private health sector as no information on surgeon's caseload was available for the public sector. We defined as high caseload surgeons those with $\geqslant$ 10 new BC surgery/year and low caseload surgeons those with <5 BC surgery/year and excluded middle caseload surgeons. We compared 11 quality indicators of care between the 2 groups by logistic regression and evaluated the effect of surgeon's caseload on BC specific mortality by Cox model after adjustment for the probability for each patient of having been treated by one of the 2 groups (propensity score).

Results: Among the 595 BC patients, 53% and 47% were operated by high versus low caseload surgeons. Low caseload surgeons had lower overall quality score (0.81 versus 0.87, $p < 0.001$), performed less frequently histological assessment before surgery (propensity score adjusted odds ratio [OR]: 4.35, 95% confidence interval [CI]: 2.62–7.58), performed less frequently sentinel lymph node (OR: 3.75, 95% CI: 2.45–5.75) and axillary lymph node dissection when indicated (OR: 4.20, 95% CI: 1.09–16.19), and removed more frequently <10 lymph nodes (OR: 1.71, 95% CI: 1.07–2.73). Compared with patients operated by low caseload surgeons, those operated by high caseload surgeons presented a lower mortality risk of dying from breast cancer (Hazard ratio [HR]: 0.32, 95% CI: 0.13–0.83). This difference in the risk remained unchanged after adjusting for patients' selection bias, but disappeared when adjusting for quality score of care (HR: 0.84, 95% CI: 0.29–2.39).

Conclusions: This study shows that lower quality of care among low caseload surgeons is at the origin of the higher BC specific mortality that their patients experience.

Thursday, 22 March 2012 15:30–17:00

EUROPA DONNA SESSION

Advocating for Metastatic Breast Cancer Patients

223 Invited

Patient perspective on issues and needs

D. Fenech[1]. *[1]Breast Care Support Group, Balzan, Malta*

Metastatic breast cancer is frequently not given the same importance as primary breast cancer not only by the media but also sometimes by health professionals.

The person with metastatic breast cancer is most often the same person who whilst going through the diagnosis and treatment of primary breast cancer was given the professional care and support to help her through this experience. However, once diagnosed with metastatic breast cancer she can see the difference in the care being offered. Because of this attitude the person with metastatic breast cancer experiences a turmoil of negative feelings and emotions which make life more difficult for her. An increase in the emotional, psychological, physical, social and sometimes also financial problems that she has to face makes everyday a burden.

A person with metastatic breast cancer has similar needs to those of women with primary breast cancer, however they have additional concerns which are more difficult to address. This makes life much more difficult for these women.

As advocates we have the duty to support these women and bring to the attention to all those involved in their care, these concerns to generate better care and attitude for women during this difficult time.

224 Invited

Psychosocial Issues of MBC Patients and Interventions to Meet These Needs

Abstract not received.

225 Invited

The Breast Cancer Care Initiative UK − Spotlight on Secondary Breast Cancer

E. Reed[1]. *[1]Breast Cancer Care, London, United Kingdom*

Background: The prognosis of secondary breast cancer has improved over the past decade as a result of the development of more effective and better tolerated therapies (Conlin et al, 2008) and for many it may become a long-term illness. Evidence suggests that care for those with secondary breast cancer is inadequate (Reed et al, 2010) and those with secondary disease are not receiving the same attention and care as those with early stage disease (Aranda, 2002). Breast Cancer Care set up a UK initiative to address the multidimensional needs of those with secondary breast cancer.

Methods: The Secondary Breast Cancer Taskforce was a national coalition of healthcare professionals, policy makers and charities and people with secondary breast cancer. The aim was to improve care, treatment and support for women with secondary breast cancer through consensus decision making. Women with secondary breast cancer determined the priority areas and drove the agenda.

Results: The initiative identified and addressed 5 priorities; lack of data on incidence, lack of nursing care, information needs, the need of families, gaps in psychological support and improved care in the community. To date the outcomes are:

- Data collection on the incidence of secondary breast cancer in England is now being piloted with the intention to routinely collect national data from 2012.
- Breast Cancer Care's guidance for breast care nurses in addressing the needs of those with secondary breast cancer has increased the number of secondary breast care nurses in the UK and influenced changes in models of care.
- Standards of care for those with secondary breast cancer have been developed and are now being audited.
- Women newly diagnosed with secondary breast cancer will have their case discussed at a multidisciplinary team meeting.

Conclusion: The Secondary Breast Cancer Taskforce has influences the collection of nation data and the provision of treatment, care and support of those living with secondary breast cancer. Spotlight on Secondary Breast Cancer is the current campaign which continues the work of the Taskforce and continues a commitment to improve the lives of those with secondary breast cancer.

226 Invited

The Role of Breast Cancer Nurses and the Special Breast Unit

Y. Wengström[1]. *[1]Karolinska University Hospital Solna, Department of Nursing ResearchBorgmastarvillan 1, Stockholm, Sweden*

Breast cancer care is complex and expensive therefore quality assessment is nessesary to ensure effectiveness and to guide improvements in health care. In Europe there are still differences in treatment offered to patients with a diagnosis of breast cancer in terms of surgery and radiotherapy rates and use of adjuvant treatment and follow up. Research has shown that specialised breast cancer care is associated with a significant reduction in mortality. The growing demand on health care, rising costs, constrained resources and evidence of variations in clinical practice have increased interest in measuring and improving quality of health care in many countries. Two principal dimensions of quality in health care have been defined for the idividual patient; access and effectiveness. In accordance with the Europan parlament resolution on Breast Cancer, EUSOMA has started a process of certification to assess clinical performance in breast cancer care in dedicated European units with the purpose to define a set of quality indicators that should shape the care provided to women. Part of this work also includes to define the role of the breast cancer nurse in the units. The aim of this presentation is to give an evidence-based overview of the role of the breast cancer nurse in the team supporting the patient.