

Enabling Patient-Driven Oncoplastic Procedures Through Streamlined Oncology Centre Policy Structuring



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Background

The concept of a multidisciplinary team in oncoplastic and reconstructive surgery has resulted in the polarity of either an oncology surgeon doing both the oncological surgery and oncoplastic surgery or a time-delayed referral to a plastic and reconstructive surgeon. This long-standing quandary in breast oncology centres has provided many opportunities to study how to ensure quality oncoplastic procedures are offered to patients. Studies of the last two decades have listed a number of socio-economical factors ranging from age, resources and stage of cancer access to affordable oncoplastic specialists, which are considered as being difficult to impossible to quantify. However, other factors which are modifiable, such as referral logistics and patient education, can be addressed through the use of formal oncology centre policies, and this information provided to patients and medical practitioners outside of structured oncology centres could increase the option for patients to receive the best standard of oncoplastic support.



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Methods

At the BCCE all patients have diagnosis and treatment plans discussed in a Multi-Disciplinary Meeting (MDM), including prior and post-treatment discussions with their primary care physician. This treatment plan of action is provided by the MDM for the clinician's follow-up consultation and includes all treatment options from surgery to systemic treatment, including oncoplastic and reconstruction discussions. The follow-up consultation is booked in conjunction with a same-day referral to an oncoplastic specialist, normally at the same centre as the primary physician.

Results

The policy implementation that 100% of patients receiving a cancer diagnosis have an oncoplastic consultation on the same day as they receive their diagnosis and potential treatment plans resulted in a 3-year average of 99.8% reconstructive procedures with >95% choosing immediate reconstruction to accompany their surgical procedure. This has resulted in over 3600 oncoplastic procedures in over 2000 patients between 2020 and 2023.

Conclusion

Studies have shown that as few as 1 in 3 patients recall discussing reconstructive options with their primary surgeons. This is further exacerbated by up to 45% of physicians saying their own inadequate experience with oncoplastic procedures negatively influenced their decisions to refer patients to plastic surgeons.* The implementation of same-day referral for oncoplastic options and the offering of reconstructive procedures under a breast specialist to all patients is an optimal treatment path for all patients.

Platt J, Baxter N, Zhong T. Breast reconstruction after mastectomy for breast cancer. CMAJ. 2011 Dec 13;183(18):2109-16. doi: 10.1503/cmaj.110513. Epub 2011 Nov 7. PMID: 22065359; PMCID: PMC3255143.

