The Effect of Hospital Volume on Outcomes of Patients with Occult Breast Cancer

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INTRODUCTION: With limited data suggesting an optimal treatment approach, occult breast cancer (OBC) presents a challenging surgical question. We sought to investigate the impact of hospital volume on survival outcomes of patients with OBC.

METHODS: The analysis included patients with cT0N1-3 breast cancer, diagnosed from January 2004 to January 2014, selected from the National Cancer Database. Univariate analysis, Kaplan-Meier method, and logistic regression were used for intergroup comparison.

RESULTS: Of 504 patients with OBC included, 11.3% were treated at a community cancer center (CC), 51.8% at a comprehensive community cancer center (COMP), and 36.8% at an academic center (AC). There were no significant differences in age, race, insurance status, comorbidities, or clinical/pathologic TNM staging. However, patients treated at CC had lower socioeconomic status compared to COMP and AC (23.1%, 14.1%, 19.3%, respectively; p=0.005). There was no difference in the number of patients who underwent radiation therapy (p=0.888) or who received neoadjuvant chemotherapy (p=0.221). Patients treated at CC had shorter time to surgery than COMP or AC (80.5, 113.2, 110.7 days, respectively; p=0.038). Additionally, there was an increased rate of modified radical mastectomy at CC compared to COMP and AC (54.7%, 41.2%, 30.5%, respectively; p=0.003). Moreover, patients treated at CC had worse overall survival than COMP and AC (87.04, 105.29, 108.06 mo; log-rank; p=0.026) (Figure).

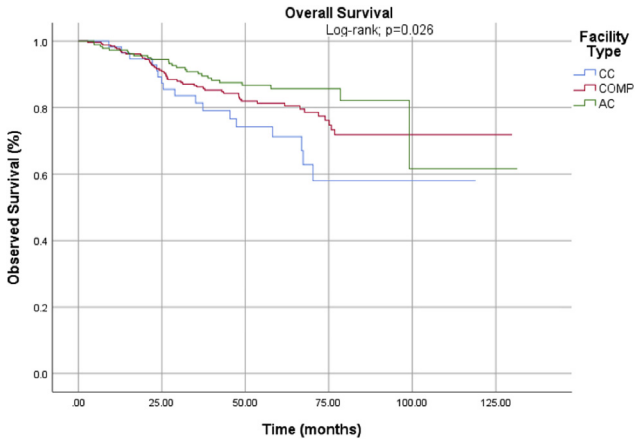

Figure. Overall Survival.

CONCLUSION: A direct association seems to exist between hospital volume and outcomes of patients with OBC. Patients treated at COMP and AC were more likely to undergo breast conserving approaches and had better survival than those treated at CC.

Uptake of Breast Cancer Clinical Trial Results at Minority Serving Cancer Centers

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INTRODUCTION: Racial disparities exist in access to care and clinical trial enrollment. Treatment at minority-serving hospitals (MSH) has been associated with decreased access. Our objective was to examine whether disparities exist in the uptake of breast cancer clinical trial results of positive axillary disease according to MSH status.

METHODS: Three patient cohorts from the National Cancer Data Base were identified based on the American College of Surgeons Oncology Group (ACOSOG) Z0011 and Z1071 trials, and mastectomy patients fulfilling the European AMAROS trial criteria. Uptake of trial results (omission of axillary lymph node dissection) was analyzed between patients treated at MSH and non-MSH. MSH were defined as the top decile of hospitals by proportion of Black and Hispanic patients treated. Chi-square and multivariable regression (MVR) were used for analysis.

RESULTS: A total of 7,167 patients met trial criteria for Z0011, 4,546 for Z0171, and 9,433 for AMAROS between 2015 and 2016. Uptake of the Z0011 (74.6% vs 72.9%) and Z1071 (41.9% vs 44.9%) clinical trials were similar among patients at MSH and non-MSH hospitals. Uptake of the AMAROS trial was slightly lower at MSH overall (11.7% vs 14.0%), although was similar among patients of Black and Hispanic race. MSH status was not significant for uptake of Z0011 or Z1071 trials on adjusted MVR, although was associated with decreased uptake of AMAROS (OR 0.62, p=0.04).

CONCLUSION: Uptake of recent axillary management clinical trials was not associated with MSH status. At the Commission on Cancer accredited centers in this analysis, MSH status does not translate to decreased uptake of evidence-based care.

What Happens after Referral? Completion Rates of Genetic Counseling Evaluations in Breast Cancer Patients

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INTRODUCTION: In 2019, the American Society of Breast Surgeons released their Consensus Guideline on Genetic Testing (GT) for Hereditary Breast Cancer (BC). The shortage of genetic counselors has led to a large clinical volume affecting appointment times. We hypothesized that scheduling this appointment beyond