INTRODUCTION

• Breast cancer places a huge clinical and economic burden on health systems.
• Breast conservation surgery (BCS) is commonly performed procedure in the management of early breast cancer.
• BCS is performed at Tertiary hospitals (TH) and Community Hospitals (CH).
• However, the value implication of BCS based of facility of care are unknown.
• We assessed the outcomes and costs of BCS based of treatment facility.

RESULTS

• Hospital length of stay and readmission rates were similar across facilities (both p>0.05).
• Direct institutional costs were 10% higher (p=0.135) at TH.
• Indirect institutional costs were 28% higher (p<0.001) at TH.
• 30-day HCU was higher at TH (p=0.038).
• 3-year recurrence-free survival rates remained consistent irrespective of facility (97% TH vs 97% CH, p=0.764).

CONCLUSIONS

• While maintaining perioperative and oncologic outcomes, BCS provided at community-based hospitals provides cost-efficient care.
• These findings advocate for all institutions to conduct an internal analysis for the decentralization of select breast cancer surgeries within integrated cancer networks.

CONTACT INFORMATION

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