



## ASO Author Reflections: Time to Treatment: A New Quality Metric in Breast Cancer Care?

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### PAST

The time to treatment (TTT) for breast cancer has increased, even more for academic centers than for private hospitals.<sup>1</sup> Multiple studies, using National Cancer Database (NCDB) data, have established that decreased patient survival is associated with delayed initiation of treatment.<sup>2,3</sup>

### PRESENT

This study found that decreased survival was associated with a time longer than 38 weeks from diagnosis to completion of multimodality therapy.<sup>4</sup> The unavailability of select data points within the large cancer databases led to study limitations. Further studies addressing timeliness of treatment and survival would benefit from including the dates of the last systemic therapies into the NCDB and Surveillance, Epidemiology, and End Results (SEER) databases.

### FUTURE

The time to treatment can and should be improved. In 2014, the author's program identified the time from diagnosis to the first treatment for breast cancer as a quality measure. System inefficiencies were identified by a multidisciplinary team using continuous improvement processes and value-stream mapping. A weekly huddle process to address and manage delays was instituted. This achieved a 33 % reduction in the median days from diagnosis to first treatment.<sup>5</sup>

Programs measuring and pursuing optimization of TTT could provide meaningful benefits for patients by improving survival and decreasing anxiety. Analysis of patients experiencing extended TTT will help to identify opportunities for improving care within delivery systems.

Using time to completion of multimodality therapy as a composite quality measure combines several individual metrics to provide a comprehensive picture of breast cancer treatment quality. Balancing quality measures are needed to ensure that the improving TTT does not become a singular end point. For example, a metastatic workup should not be omitted to expedite initiation of systemic therapy for a patient presenting with clinical stage 3 breast cancer. Adoption of time-to-completion multimodality therapy as a quality measure should improve breast cancer treatments, resulting in improved patient experience and outcomes.

**DISCLOSURE** There are no conflicts of interest.

### REFERENCES

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