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Breaking routines; a safe introduction of a short stay programme after breast cancer surgery in four Dutch hospitals

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Background: Breast cancer surgery in day care or 24 hour setting is not yet common practice in every part of Europe. This study aimed to systematically implement a breast cancer care programme incorporating short admission using implementation strategies tailored to the needs of the participating hospitals, and to assess feasibility, safety and facilitating factors.

Material and Methods: A before-after comparative study was performed among breast-cancer patients from four Dutch hospitals. Data were collected during periods of six months before and after an implementation period which also spanned six months. The intervention concerned the short-stay breast cancer care programme as developed by the Maastricht University Medical Centre. The implementation strategy was composed of frequent local plenary multidisciplinary meetings combined with other educational outreach visits tailored at specific pre-determined hospital needs. Outcome parameters were the proportion of patients treated in short stay, number of admission days, complication rate, readmission rate, re-operation rate, and numbers of visits to the emergency departments.

Results: Among 421 eligible patients, 324 (77%) signed informed consent. Although short-stay admission was already common practice at the start of the implementation in one hospital, the mean proportion of patients treated in short stay increased significantly from 45% to 82% ($P < 0.0001$). This increase was not accompanied by a negative effect on the risk of complications, readmissions, reoperations, and the number of visits to the emergency department ($P > 0.05$). Factors associated with treatment in short admission were undergoing breast conserving surgery (OR 5.5; 95% CI 2.1–16.0), having children (OR 3.9; 95% CI 1.1–14.6), being employed (OR 2.8; 95% CI 1.1−7.7), while being aged 65 years or older was associated with a decreased chance on treatment in short admission (OR 0.3; 95% CI 0.1−1.1).

Conclusions: Using a hospital-specific approach for implementation, this study showed that introducing a care programme incorporating short stay following breast-cancer surgery in four different hospitals is feasible and safe. Further studies should focus on optimizing the selection of patients for short admission in order to improve efficiency in healthcare.

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Microinvasive breast cancer and T1a breast cancer are different tumours?

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Background: Identification of early-stage breast cancers has increased primarily because of mammographic screening. But the natural history of patients with T1mic breast cancer (less than or equal to 1 mm) or T1a breast cancer (less than or equal to 5 mm) are poorly defined.

Materials and Methods: Between January 1992 and October 2006, 7287 patients had operations performed on invasive breast cancers at Asan Medical Center. In order to compare the clinicopathologic features and treatment outcomes between T1mic and T1a breast cancer we reviewed medical records. We retrospectively checked clinical and pathologic variables including diagnosis, age, BMI, multifocality, hormone receptor status, HER-2 expression status, lymphovascular invasion status etc.

Results: Among 350patients, 171patients were T1mic and 179patients were T1a. The mean age of the two groups were 46.0 years-old. The rate of axillary lymph node metastases was higher in the T1a group (5.2% VS 14.5%). And ER ($p < 0.001$), PR ($p < 0.001$) positive tumors and lymphatic invasion ($p < 0.019$) were significantly higher in T1a patients. But BMI ($p = 0.024$), multifocality ($p < 0.001$), HER2 overexpression ($p < 0.001$), nuclear grade ($p = 0.007$) were higher in T1mic patients. Median follow up is 54.5 month. 19patients were recurred, and 5patients were dead. But There were neither statistically significant difference in overall survival ($p = 0.567$) or disease-free survival ($p = 0.503$) between these two groups.

Conclusions: Although little size difference shown in theses two groups. But there are singnificantly difference in several clinic pathologic factors between groups. The rate of axillary node metastases was higher in T1a group, there were no difference in overall survival or diseas-free survival. As the incidence of these 'minimal' tumors is rapidly increasing, more research will be necessary.

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Economic evaluation of a short stay admission programme for breast cancer surgery in four hospitals in the Netherlands

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Background: Hospital stay represents an important proportion of breast cancer treatment related costs. Although not very well implemented yet in Europe, short stay (admission, surgery, and discharge the same day or within 24 hours) following breast cancer surgery is part of an established and safe care protocol. A short stay programme for all types of breast cancer surgeries was implemented in four Dutch hospitals. The aim of this study was to assess costs, effects, and cost-effectiveness of a short stay programme (SSP) compared with care as usual (CAU) following breast cancer surgery.

Material and Methods: An economic evaluation was performed alongside a prospective multi-centre before-after implementation study. Data of the period after implementation of the short stay programme were compared with those from care as usual, i.e. the period before implementation.

Both measuring periods and the implementation period spanned six months each. Assessment was performed from a societal perspective (1) with a six week time horizon. Direct and indirect costs were obtained from Case Record Forms and cost diaries. Effectiveness was assessed by calculating Quality Adjusted Life Years (QALYs), using the EuroQol-5D which was administered at four time points. Non-parametric bootstrap simulations were performed to quantify the uncertainty around the mean estimates, and cost-effectiveness acceptability curves were presented.

Results: A total of 324 patients were recruited for the implementation study of whom 262 (81%) returned complete effectiveness data which were used for the economic evaluation. A mean decrease of €955.− (95% CI €−2104.− to €157.−) in societal costs was observed for patients treated according to the short stay programme compared with care as usual. The difference in mean healthcare costs was €883.− (95% CI €−1560.− to €870.−) in favour of the short stay programme. The incremental cost-effectiveness ratio could not be calculated as effectiveness was similar for both groups, i.e. the difference in QALYs was zero. The short stay programme was cost-saving compared with care as usual. The acceptability curves showed that the probability of the short stay programme being more cost-effective than care as usual was over 90% in the base-case analysis.

Conclusions: A short stay programme as implemented is cost saving compared with care as usual. While aiming at good quality and more efficient care, stakeholders should discuss on how to implement such a short stay programme on a larger scale.

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Clinical features and characteristics of triple negative breast cancer with "basal-like" phenotype

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Background: The aim of our research was to explore the clinical features and characteristics of triple negative breast cancer with "basal-like phenotype", in order to assess the behaviour of these tumours characterised by poor prognosis, affecting young women and lacking effective hormonal or targeted therapy.