



Service Priorities and Programmes
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A Study on Performance of One Stop Breast Clinic in Queen Elizabeth Hospital

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Introduction

The introduction of the breast One Stop Clinic (OSC) in UK in the 1990s has streamlined the triple assessment process (combination of clinical examination, imaging and cytopathological analysis) in patients with suspected breast cancer due to the reduced number of pre-diagnostic visits. Queen Elizabeth Hospital has established its own OSC in December 2011. With this new service, patients with a high suspicion of breast cancer were assessed by surgeons in the morning outpatient clinic, and referred to radiologists for breast imaging and biopsy in the same afternoon. It is hoped that with this service, patients with high likelihood of breast cancer can receive more rapid diagnosis and treatment. However, patients may receive earlier operation because of worse symptomatology or given a history of breast cancer, whatever type of clinic they attend. Thus uncertainty of the effectiveness of such kind of one stop clinic remains.

Objectives

The aim of this study is to determine the effectiveness of one stop clinic with consideration of other patient factors.

Methodology

This retrospective case-control study served to evaluate the performance of the one stop breast clinic at Queen Elizabeth Hospital for a period of one year (from December 2011 to November 2012). All patient attendances were retrieved by RIS (Radiological Information System) and further patient information was extracted from EPR (Electronic Patient Record). Data of patients attending the one stop clinic (OSC /case group) were compared with that of another group of patients who attended regular surgical breast clinic (non-OSC /control group) within the same period. All patients who were diagnosed with breast cancer and operated were selected for further statistical analysis. Data on age, presenting symptoms, history of contralateral breast cancer, type of clinic attended (OSC or non-OSC), and the duration from symptom onset to operation were retrieved for the included patients. A short symptom onset to operation time was defined as less than 6 weeks. Binary logistic regression was performed to determine the association between a short symptom onset to operation time, and the type of clinic attended, with age, symptomatology, and history of contralateral breast cancer as covariates. The level of statistical significance was

set at 5%. SPSS version 16.0 was used for analysis.

Result

A total of 850 patient attendances were reviewed. The positive tumour rate for OSC group and non-OSC group were 42.6% and 12% respectively. A total of 178 patients were diagnosed with breast cancer and operated. 146 patients were selected for further analysis while 32 cases were excluded due to missing data. The proportion of patients with short symptom to operation time for OSC group and non-OSC group were 12% and 3.3% respectively. Patients who attended the OSC were 22 times more likely to have a short symptom onset to operation time (ie within 6 weeks) than those who attended regular surgical breast clinic ($p < 0.05$), independent of their age, symptomatology, and history of contralateral breast cancer. Conclusion: One stop clinic is an effective clinical pathway to identify symptomatic patients for timely operation. The effectiveness of such kind of clinic is not just due to selecting patients with different demographic or clinical characteristics.