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The Role of Cancer Case Manager in the Multi-disciplinary Team to Ensure Timely Surgery for Breast Cancer Patients undergoing Neo-adjuvant Chemotherapy

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Introduction

Evidence showed long waiting time of surgery after neo-adjuvant chemotherapy might limit the benefit of the previous systematic treatment. The duration from last cycle of chemotherapy to surgery was within 6 weeks in local practice. However, there were multiple factors which might affect the arrangement of surgery, including surgical treatment decision, pre-operative imaging time, delay or intolerance of chemotherapy. The Cancer Case Manager (CCM) Program empowered CCM to have knowledge and skills to help the patient make shared surgical decision, to have authority to coordinate the appointment arrangement and to have responsibility to monitor the progress of neo-adjuvant chemotherapy.

Objectives

To evaluate the effectiveness of the CCM to ensure timely surgery for breast cancer patients undergoing neo-adjuvant chemotherapy.

Methodology

A retrospective review of breast cancer patients who attended our Breast Centre and underwent neo-adjuvant treatment from October 2014 to December 2016 was performed. The intervention included to contact the patients regularly to help them make shared surgical treatment decision, coordinate the pre-operative imaging appointment and fix the operation date with surgeon on the last cycle of chemotherapy.

Result

During the study period, 97 patients who had underwent neo-chemotherapy and

completed surgery was recruited for data analysis. 10 out of 97 patients were excluded as their operation was performed in private sector.

The mean waiting time of surgery was 4.28 weeks (2 weeks to 8 weeks).

The mean waiting time of breast conserving surgery or mastectomy was 4.1 weeks (2 weeks to 6.28 weeks).

The mean waiting time of mastectomy with immediate breast reconstruction was 5 weeks (3.14 weeks to 8 weeks).

The waiting time of 83 patients' operation was within 6 weeks (83/87).