# One-Stop Clinic for Breast Cancer

Accelerating access to diagnosis & treatment





Presenter has the following disclosure:

Employed by GE Healthcare



To discuss access as a critical component of addressing disparities in women's health, as illustrated by the example of the "One-Stop Clinic for Breast Cancer"

# **Delays** in diagnosis and treatment

The **low survival rates** in developing countries are explained by **scarcity of early detection programs**, resulting in a high proportion of women presenting with **late-stage disease at diagnosis**, along with the **lack of adequate diagnosis** and treatment facilities.<sup>1</sup>

Breast Cancer: Basic and Clinical Research

and Eucario Leon-RodriguezBreast Cancer

. 2018; 12: 1178223417752677

# Breast Cancer stages and survival rates at diagnosis





#### Stage 0 and

If the cancer is detected at this time, chances of survival are between 95 and 100 per cent



#### Stage 2:

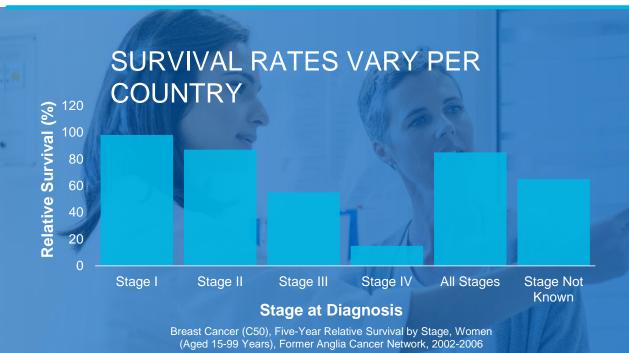
The cancer is still in the earlier stages, but there is evidence that the cancer has begun to grow or spread



The cancer is considered advanced with evidence of it invading surrounding tissues near the breast

#### Stage 4:

This stage indicates that cancer has spread beyond the breast to other areas of the body



According to the current report, the risk that a woman will be diagnosed with breast cancer during the next 10 years, starting at the following ages, is as follows:

- Age 30 . . . . . 0.44 percent (or 1 in 227)
- Age 40 . . . . . 1.47 percent (or 1 in 68)
- Age 50 . . . . . 2.38 percent (or 1 in 42)
- Age 60 . . . . . . 3.56 percent (or 1 in 28)
- Age 70 . . . . . 3.82 percent (or 1 in 26

National Cancer Institute : SEER database. 2007-2009 USA

# **Gustave Roussy**



The premier European Cancer Centre – Villejuif France. Centre for patient care, research and teaching, and patients with all types of cancer.

The first dedicated One Stop Clinic for Breast Cancer in France

3500 **Employees** 

545 **Doctors**  1400 Nursing

Staff

450

Researcher

One Stop Clinic for Breast Cancer © 2019 General Electric Company - All rights reserved





Diagnostic Breast Cancer Clinic for women with signs or symptoms of Breast Cancer.

Designed by Dr. S. Delaloge and team in 2004 to receive women from the French screening program.

Organized and efficient care pathway that fosters same day diagnosis

19,000 women have been treated at the clinic since 2004

1. The challenge of rapid diagnosis in oncology: Diagnostic accuracy and cost analysis of a large-scale one-stop breast clinic European Journal of Cancer 66 (2016) 131e137 7

# Collaboration

- GE Healthcare sponsored the data mining of the breast clinic in 2012
- The analysis confirmed the clinic diagnosed 75% of patients the same day
- Oxford Analytica confirmed Gustave Roussy's findings
- One Stop Clinic breast study published in European Journal of Cancer 2016

HIGHLY ACCURATE DIAGNOSES

97% sensitivity

99.7%
Specificity

REDUCED UNNECESSARY BIOPSIES AND SURGERIES

Biopsies avoided

in 10%

Of all patients who underwent Contrast Enhanced Spectral Mammography (CESM)\*\*

<sup>1.</sup> The challenge of rapid diagnosis in oncology: Diagnostic accuracy and cost analysis of a large-scale one-stop breast clinic European Journal of Cancer 66 (2016) 131e137

# One Stop Clinic for Breast Cancer

#### **CLINIC OBJECTIVES**

- Improve quality of diagnoses
- Reduce time intervals to render diagnoses
- Lower costs of the complete procedures
- Improve patients' satisfaction
- Improve pain management
- Reduce patients' anxiety
- Improve patients' information for recalls

# Patients' Care Pathway

#### **Appointment**

Suspect lesion/No diagnosis



#### Welcome/Consultation

Clinical examination + explanation of diagnosis pathway



#### **Diagnosis Examination**

Mammography/Ultrasound/FNA/Biopsy



#### **Diagnosis + Choice of Treatment**

**Multidisciplinary Consultation** 



Disclosure of diagnosis + Presentation of treatment plan

# Clinical **Triage** of Patients

GUSTAVE/ROUSSY—CANCER CAMPUS GRAND PARIS

- Patients referred to breast center for suspect lesions (BI-RADS 3,4,5)
- All patients with solid tumors receive FNA to rule out benign lesions and detect malignancy
- Microcalcifications are biopsied with sterotaxy and those patients receive a diagnosis on another day during the week
- Malignant patients have core biopsies at lumpectomy or surgery

#### MULTIDISCIPLINAR Y TEAM MEMBERS

3 Radiologists

1 Breast Surgeon

1 Oncologist

1 Cytologist

1 coordination nurse

1 pathology technician

1,2 nurse

1,5 imaging technician

1 person to welcome patients

3 medical assistants

### **Published Results**

# CLINICAL AND ECONOMIC OUTCOMES

- 75% of patients have their results on the same day<sup>1</sup>
- 96% of FNA patients were able to leave with a diagnosis the same day
- Sensitivity 97,2% and specificity: 99,7% <sup>1</sup>
- Biopsies avoided in 10% of all patients who underwent a CESM¹
- Up to 50% reduced total cost per patient for benign cases and by 33% of costs for malignant cases<sup>1</sup>
- •1. Togather of spid decrosising to the large scale of six present of the six present of



# One Stop Clinic for Breast Cancer

# IDENTIFICATION OF PILOT SITES

## **Gustave Roussy and GE Healthcare** developed a partnership

Set up pilot clinics in countries that would benefit the most from diagnosis in the same day.

GE evaluated pilot sites:

- Colombia
- Algeria
- USA
- MexicoKenya
- China



© 2019 General Electric Company - All rights reserved

# One Stop Clinic adapted to Medellin, Colombia



Feb 2016

Share

Assessment of the sites and carepathways with Multidisciplinary Team

Project teams at

- Dinamica
- Gustave Roussy
- GE Healthcare

GUSTAVE

Mar 2017

**Co-Create** 

Gustave Roussy visit Medellin to meet the team and assess



SURA

**Pivot** 

**Jun 2017** 

Visit of multidisciplinary team from Medellin to meet Gustave Roussy team.

Training on organizational and clinical algorithms.



**Implement** 

2018-2019

One Stop Clinic opens at the INCODOL hospital

Multidisciplinary team

- 4 Days a week
- 17pts per day
- 4 defined care pathways
- 4 clinics

13

# Sura – **Tiempo Para Ti**

« Time For You »

#### 4 CAREPATHWAYS

**Asymptomatic** 

FU BIRADS FU BIRADS 4&5

Surveillance

- Patients 15 per day
- **Staff** Nurse radiologist pathologist,

mastologist -

healthcare personnel

• **Education** GPs training via webex

Telemarketing to patients

Dedicated web site

• Cost 7-30\$ HMO subsidizes 80% of the co-

pay

101,972 Patients in the Program
4694 diagnostic patients
4247 negative Findings
447 positive Findings





Diagnóstico especializado creado para acompañar a las mujeres en el **cuidado de sus senos** 



# Results from EPS Sura, Medellin, Colombia

#### **Pre Program Country Data:**

Average time between suspicious lesions and diagnosis:

#### 65 days

High-Risk Diagnostic site (BIRAD 4B, 4C, 5)

#### 2 days

Low-Risk Diagnostic site (BIRAD 4A)

5 days

| PROGRAM BY THE NUMBERS |                     |
|------------------------|---------------------|
| Total Women            | Total Men           |
| 101,972                | 26                  |
| Screening              | Diagnosis           |
| 78,217                 | 4694                |
| Positive               | Negative            |
| 447 / 9.5%             | <b>4247 / 90.4%</b> |
| In Situ                | Surveillance        |
| 99 / 22%               | 4915 / 4.8%         |

sura 3

# Learnings & Next Steps

- Assessment of the pilot sites. Follow the patient journey
- Clinical pathways are reasonable and achievable
- Training needs make everyone feel comfortable
- Stakeholder buy in and lock down with contracts
- Small and skilled project team
- Run the project like a business
- Financial support and governance
- Be ready to pivot if you face barriers
- Embrace diplomacy and empathy

Designing a One Stop Clinic for the United States





If you would like to earn continuing education credit for this activity, please visit:

http://amsus.cds.pesgce.com

Hurry, CE Certificates will only be available for 30 Days after this event!

