One-Stop Clinic for Breast Cancer
Accelerating access to diagnosis & treatment
Disclosures

Presenter has the following disclosure:

Employed by GE Healthcare
Objectives

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.¹

Breast Cancer: Basic and Clinical Research
Monica M Rivera-Franco and Eucario Leon-Rodriguez
# Breast Cancer stages and survival rates at diagnosis

## BREAST CANCER STAGES

**Stage 0 and 1:**
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

**Stage 3:**
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

## SURVIVAL RATES VARY PER COUNTRY

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)

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One Stop Clinic for Breast Cancer
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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 Researchers
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
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)**

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
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**

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**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
Clinical **Triage** of Patients

- 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

**MULTIDISCIPLINARY 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\(^1\)
• 96% of FNA patients were able to leave with a diagnosis the same day
• Sensitivity 97.2% and specificity: 99.7% \(^1\)
• Biopsies avoided in 10% of all patients who underwent a CESM\(^1\)
• Up to 50% reduced total cost per patient for benign cases and by 33% of costs for malignant cases\(^1\)

1. The outcomes presented are based on a large-scale and well-analyzed large-scale one-stop breast care clinic. European Journal of Cancer 66 (2016) 131-137

Patients very satisfied with the one-day diagnosis\(^1\)
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
- Mexico
- Algeria
- Kenya
- USA
- China

MEDELLIN

- Screening population of 123,000 women
- Serve 62% of screening population
- Projected 5000 patients with BIRADS 4 and 5

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
Assessment of the sites and carepathways with Multidisciplinary Team Project teams at
  • Dinamica
  • Gustave Roussy
  • GE Healthcare

Gustave Roussy visit Medellin to meet the team and assess clinics.

Visit of multidisciplinary team from Medellin to meet Gustave Roussy team. Training on organizational and clinical algorithms.

One Stop Clinic opens at the INCODOL hospital

Multidisciplinary team
  • 4 Days a week
  • 17 pts per day
  • 4 defined care pathways
  • 4 clinics
Sura – Tiempo Para Ti

« Time For You »

4 CAREPATHWAYS

Asymptomatic | FU BIRADS 3 | 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
Results from **EPS Sura**, Medellin, Colombia

**Pre Program Country Data:**
Average time between suspicious lesions and diagnosis:

<table>
<thead>
<tr>
<th>Lesion Type</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Risk Diagnostic site (BIRAD 4B, 4C, 5)</td>
<td>2 days</td>
</tr>
<tr>
<td>Low-Risk Diagnostic site (BIRAD 4A)</td>
<td>5 days</td>
</tr>
</tbody>
</table>

**PROGRAM BY THE NUMBERS**

<table>
<thead>
<tr>
<th></th>
<th>Total Women</th>
<th>Total Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening</strong></td>
<td>78,217</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
<td>4694</td>
</tr>
<tr>
<td><strong>Positive</strong></td>
<td>447 / 9.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td>4247 / 90.4%</td>
<td></td>
</tr>
<tr>
<td><strong>In Situ</strong></td>
<td>99 / 22%</td>
<td></td>
</tr>
<tr>
<td><strong>Surveillance</strong></td>
<td>4915 / 4.8%</td>
<td></td>
</tr>
</tbody>
</table>
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
GE Healthcare’s Oncology Solutions

FOSTERING BEST PRACTICES BETWEEN INSTITUTIONS TO IMPROVE ACCESS TO DIAGNOSIS AND TREATMENT
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http://amsus.cds.pesgce.com

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