conferenceseries.com

3rd World Congress on

Women's Health & Breast Cancer

October 03-05, 2016 London, UK

The impact of coordinated multidisciplinary cancer service

Jamal Zekri ¹AlFaisal University, Saudi Arabia ²King Faisal Specialist Hospital & Research Centre, Jeddah, Saudi Arabia

Introduction: Timely access to cancer treatment is expected to improve patients' satisfaction and treatment outcome. A joint multidisciplinary breast cancer clinic (JMDBCC) is developed at the authors' hospital in January 2011 aiming to accelerate access to breast cancer care. Here, we assess the efficacy of this approach.

Methods: Patients were referred to relevant disciplines in different clinics on different days prior to the development of the JMDBCC. Metric data of access to care in 2010 represent the pre-JMDBCC era while those during the subsequent 5 years (2011-2015 inclusive) represent the post-JMDBCC era. The JMDBCC is comprised of 3 separate but closely adjacent subclinics conducted at the same time representing the 3 main relevant clinic based disciplines, namely, breast surgery, medical oncology and radiation oncology. A breast cancer coordinator facilitates the navigation of patients between the 3 sub-clinics. The aim of the clinic is to provide service to new patients within 7 days at each of the following stages: acceptance to first clinic visit (S1), first clinic visit to completion of appropriate investigations (S2) and completion of investigations to start of active treatment (S3). Thus, the total duration from acceptance to treatment (S1-3) is aimed to be within 21 days.

Results: Five hundred and fifty (including 49 new) patients attended relevant clinics pre-JMDBCC era. Mean time metrics for new patients were as follow: 13, 18, 21 and 46 days for S1, S2, S3 and S1-3 respectively. More patients were served each year during the subsequent post-JMDBCC era with improvement (acceleration) in all time metrics. For example 2797 (including 158 new) patients attended the JMDBC sub-clinics in 2013 with mean time metrics for new patients as follow: 4.3, 5.4, 5 and 15.4 days for S1, S2, S3 and S1-3 respectively. Number of patients and time metrics of other years in the post-JMDBCC era will be presented in details at the Congress.

Conclusion: A JMDBCC dramatically accelerates access to specialist multidisciplinary care. All institutions managing patients with breast cancer are encouraged to adopt such coordinated service. The impact of an effective JMDBCC on specific disease outcome (progression free and overall survival) should be addressed in future studies.

Biography

Jamal Zekri has received his higher medical oncology training in Weston Park Hospital (Sheffield, England). He practiced as a consultant medical oncologist at Clatterbridge Centre for Oncology (Merseyside, England) until April 2008. Currently, he is an associate professor at AI Faisal University and the head of medical oncology services at King Faisal Specialist Hospital & Research Centre (Jeddah, Saudi Arabia). He has published more than 50 papers in peer reviewed journals and presented more than 30 abstracts in international conferences.

jmzekri@hotmail.com

Notes: