



Exploration of Patient Retention in Seeking a Second Opinion; a Retrospective Cohort Study

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Background

- A second opinion is a complete re-evaluation by another physician.
- 80% of patients report that they would want a second opinion if diagnosed with a serious illness.
- Most patients seek second opinions for information needs and reassurance.
- More than 40% seek second opinions because they are dissatisfied with the communication from their initial provider.
- Upwards of 32% have a change in their treatment plan after a second opinion.
- Despite this, 80% return to their initial provider.
- Therefore, we aimed to identify the factors associated with second opinion retention rates.

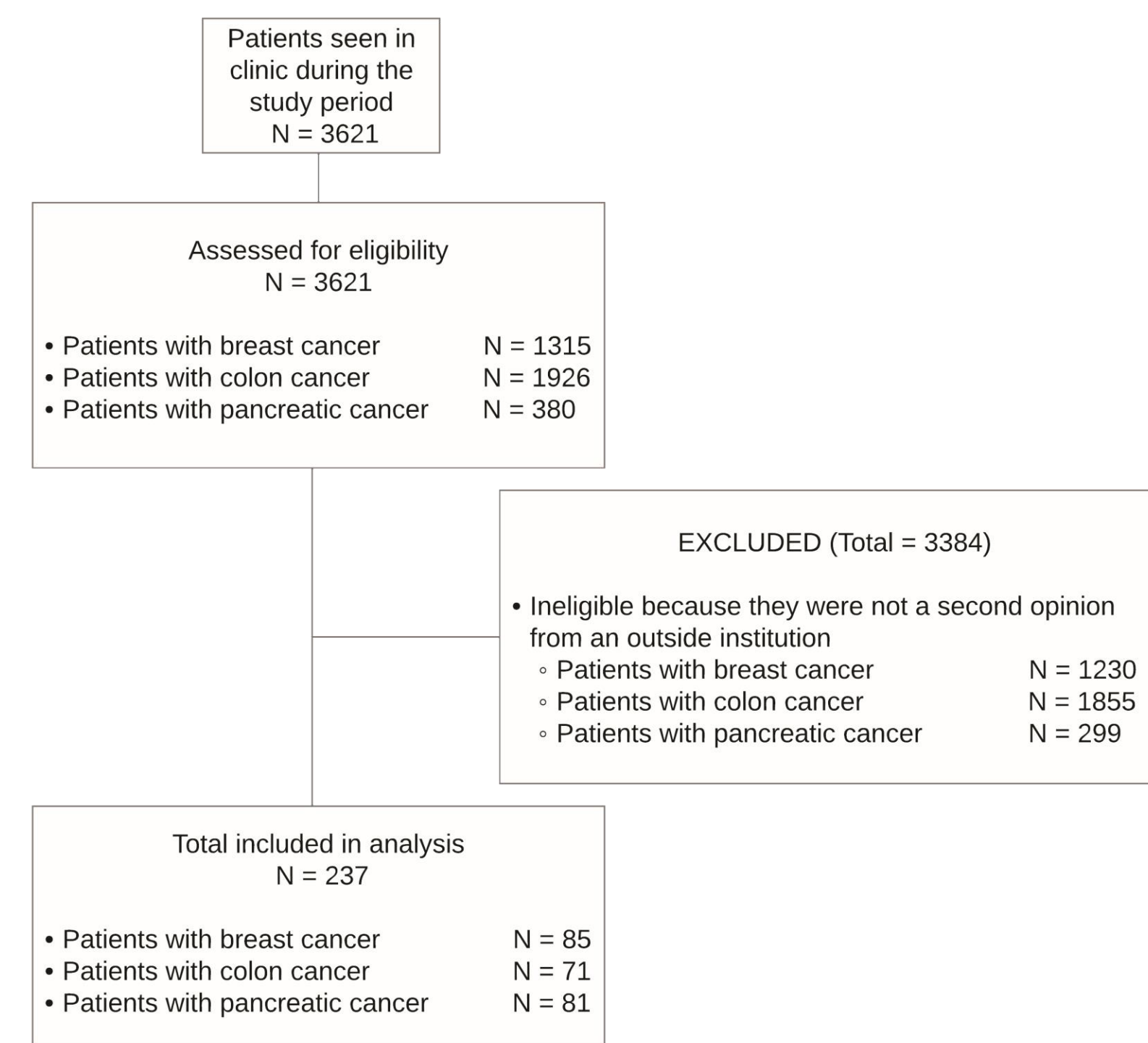
Methods

- Retrospective cohort study on patients with breast, colon, and pancreatic cancer.
- Electronic medical records were reviewed between July 1, 2020 and October 31, 2021.
- Patient, disease, and treatment characteristics were collected.
- Retention groups were compared to the non-retained groups for each cancer cohort.

Disclosures and References

- We have no financial disclosures of conflicts of interest
- Okamoto S, Kawahara K, Okawa A, Tanaka Y. Values and risks of second opinion in Japan's universal health-care system. *Health Expectations*. 2015;18(5):826-38.
- Hillen MA, Medendorp NM, Daams JG, Smets EMA. Patient-Driven Second Opinions in Oncology: A Systematic Review. *Oncologist*. 2017 Oct;22(10):1197-211.
- Tattersall MHN, Dear RF, Jansen J, Shepherd HL, Devine R, G Horvath L, et al. Second opinions in oncology: the experiences of patients attending the Sydney Cancer Centre. *Medical Journal of Australia*. 2009;191(4):209-12.
- Philip J, Gold M, Schwarz M, Komesaroff P. Second medical opinions: the views of oncology patients and their physicians. *Supportive Care in Cancer*. 2010 2010;09(01):18(9):1199-205.
- Mellink WA, Henzen-Logmans SC, Bongaerts AH, Ooijen BV, Rodenburg CJ, Wiggers TH. Discrepancy between second and first opinion in surgical oncological patients. *Eur J Surg Oncol*. 2006 Feb;32(1):108-12.

Patient Characteristics and Outcome Variables



Parameter	Breast, N=85 N (%)	Pancreas, N=81 N (%)	Colorectal, N=71 N (%)
Three or more opinions	23 (27.1%)	17 (21%)	13 (18.3%)
Radiation oncologist at second opinion	51 (60.0%)	4 (4.9%)	9 (12.7%)
Treatment recommendations matched first opinion	44 (55%)	41 (52.6%)	21 (31.3%)
More treatment offered at second opinion	21 (58.3%)	23 (62.2%)	47 (66.2%)
Retained for surgery	38 (71.7%)	27 (90%)	44 (93.6%)
Retained for systemic or radiation therapy	17 (65.4%)	15 (30.6%)	7 (35.0%)
Retained for surveillance	66 (77.6%)	34 (42.5%)	35 (49.3%)
Retained for any treatment	69 (81.2%)	49 (62.8%)	55 (79.7%)

Results

- 237 patients obtained second opinions
 - 85 patients with breast cancer
 - 71 patients with colon cancer
 - 81 patients with pancreatic cancer
- Pancreatic Cancer
 - Locoregional disease was associated with retention (P=0.03).
 - Patients that were offered a different treatment plan at their second opinion were more likely to be retained for systemic therapy (P=0.009).
- Colon
 - A different treatment plan was associated with retention (P=0.003).
 - No prior treatment was associated with retention for oncologic surveillance after their treatment period (P=0.006).
- Breast
 - Patients that identified as non-Hispanic were more likely to be retained at the second opinion site for treatment offered (73.6%, 53, P=0.024) and surveillance (81.8%, 63, P=0.012).
 - Patients that had a visit with a radiation oncologist at their multidisciplinary clinic (MDC) visit were associated with retention for treatment (P=0.007) and for surveillance (P=0.0041).
 - Patients seen by a plastic surgeon during their MDC visit were more likely to be retained for the treatment offered (88.2% versus 63.9%; P=0.04) and for surveillance (83.3% versus 55%, P=0.02).

Conclusions

- Focusing these visits on education and expectations for patients with stage IV pancreatic cancer may be more useful.
- Patients with colon cancer are more likely to stay with the second opinion physician when a different treatment plan is offered.
- Involving a plastic surgeon in MDC visits for patients with breast cancer may increase retention rates.