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.

Results
237 patients obtained second opinions 65 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.