

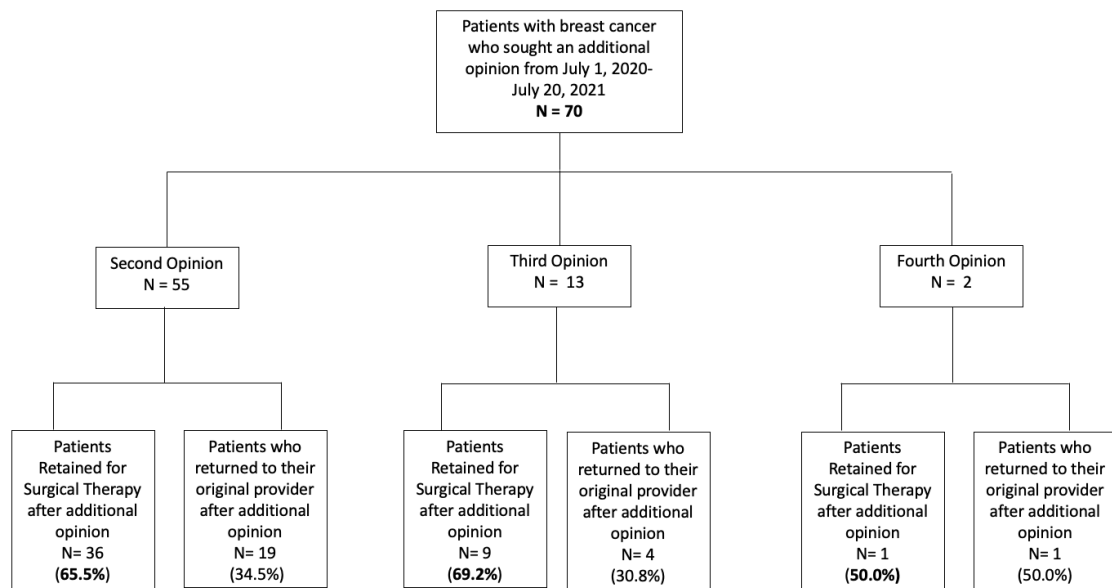
**“Should I Stay or Should I Go”: Second Opinion Retention in Breast Cancer Care at a Large Metro Healthcare System.** Alec McCranie (M.D., SOM), Laura Leonard, Victoria Huynh, Gretchen Ahrendt, Sarah Tevis, Department of Surgery, University of Colorado School of Medicine.

**Background:** Patients with breast cancer commonly seek second opinions. Previous studies have demonstrated that up to 16% of patients who receive second opinions had a change in diagnosis when seen by the second physician. Despite this, nearly 80% of patients returned to their initial physician for treatment. This study aimed to evaluate the retention rate for breast cancer patients seen within a large metro healthcare system and describe the patient, disease and treatment characteristics associated with transferring care to the second opinion provider.

**Methods:** A retrospective chart review of patients with breast cancer who were seen at a large academic medical center or an affiliated site within the healthcare system was conducted between July 1, 2020, and July 30, 2021. Patient demographics, tumor characteristics, treatment plans and treatment locations were reviewed. Descriptive statistics were used to describe the population. Univariate analysis was used to evaluate the relationship between retention of second opinion patients and their demographics, tumor and treatment characteristics.

**Results:** 70 patients with breast cancer sought second opinions. Second opinion patients represented 5.4% of all new patients seen during the study period. 69 (98.6%) were female and 1 (1.4%) was male. The average age of the patient was 54 years old 43 (61.4 %) had private insurance, 18 (25.7) had Medicare, and 6 (8.6%) had Medicaid. 21 patients (30%) were diagnosed with DCIS, 21 (30%) with stage 1 breast cancer, 20 (28.6%) with stage 2 breast cancer, and 9 (12.9%) with stage 3 breast cancer. Majority of patients (72.9%) were seen in our multidisciplinary clinic (MDC). Of the patients who sought an additional opinion at our institution, 15 patients (21.4%) were seen as a 3<sup>rd</sup> or 4<sup>th</sup> opinion. 29 (41.4%) patients received a different treatment recommendation and of these, 14 (45.2%) were recommended to undergo additional treatment. Overall, 65.7% of patients received surgical treatment at our institution but only 54.3% of patients received all their treatment at one of our sites. Ultimately 38 (54.3%) patients received their surgical treatment at our parent medical center and another 8 (11.4%) received surgical treatment at another site within our healthcare system. On univariate analysis insurance type, cancer stage, presence of a gene mutation, appointment type, provider specialty, and treatment recommendations were not associated with retention. Patients who consulted with plastic surgery during their second opinion visit more frequently received their surgical care at our institution ( $p<0.05$ ).

**Conclusion:** Patients who sought second opinions were retained at high rates at our medical center. Exploring the characteristics of patients who did and did not remain at our institution for treatment following their second opinion will allow us to better understand our patient population and their treatment priorities. We hope to use the information gained through this work to design interventions that will help improve the experience for patients with breast cancer who seek second opinions and improve the retention rates within our healthcare system.



**Figure 1.** Retention of Second, Third and Fourth Opinion Breast Cancer Patients for Surgical Therapy.