

Misaligned Treatment Timelines in Breast Cancer: When Fast-Track Pathways Miss the Right Patients



AGEING - CZ

Real-World Differences in Breast Cancer Management by Detection Method: A Czech National Analysis

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INTRODUCTION

Breast cancer is a group of diseases with different histopathology and disease stage in patients with different clinical features.

Early access to the therapy is expected to be beneficial but its real impact varies.

OBJECTIVES

To compare **care delivery patterns** in SCR (screening) vs. DIG (symptomatic) patients with breast cancer

To evaluate **time-to-treatment** associations with overall survival

To evaluate the degree of **care centralization**

METHODS

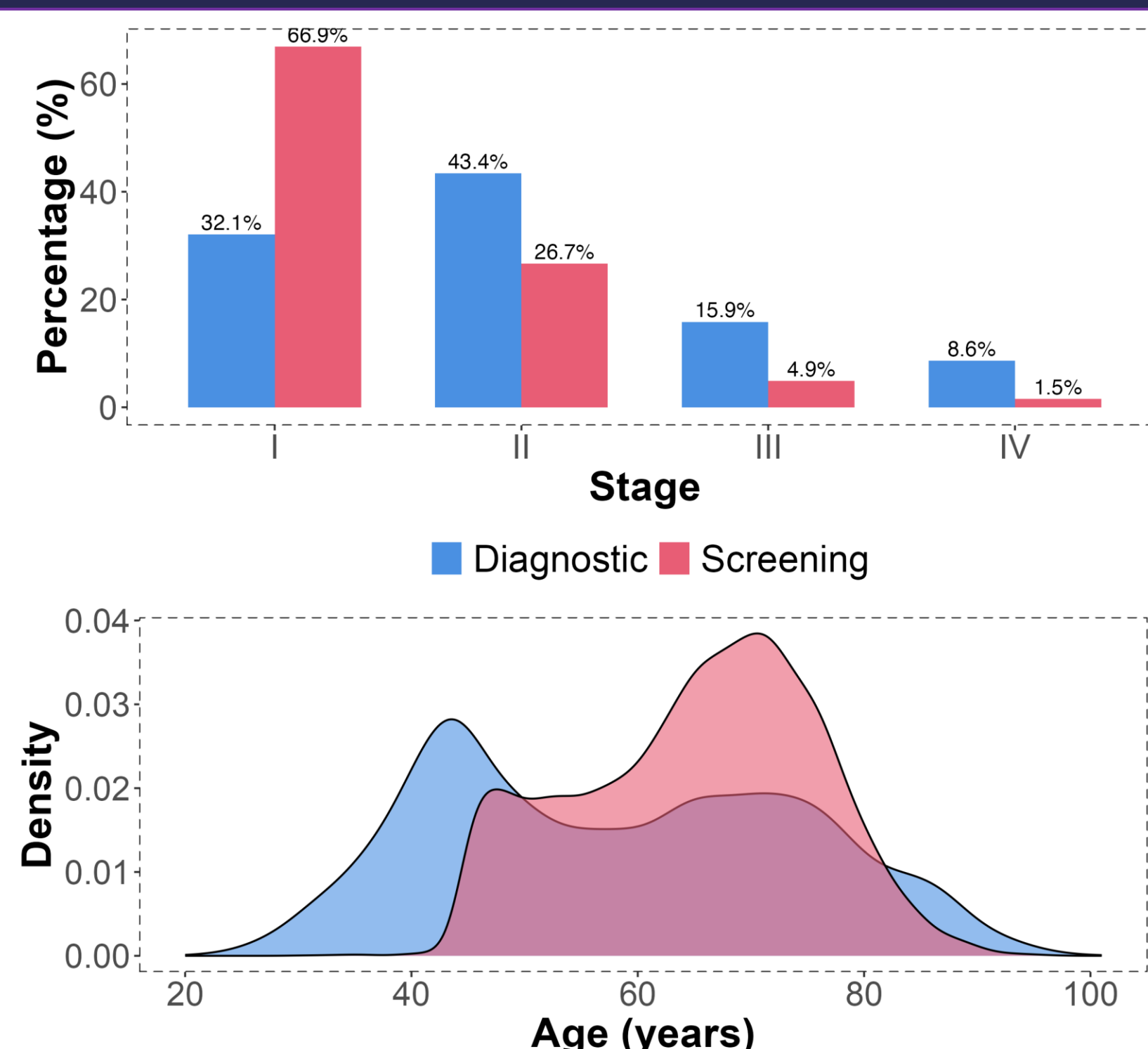
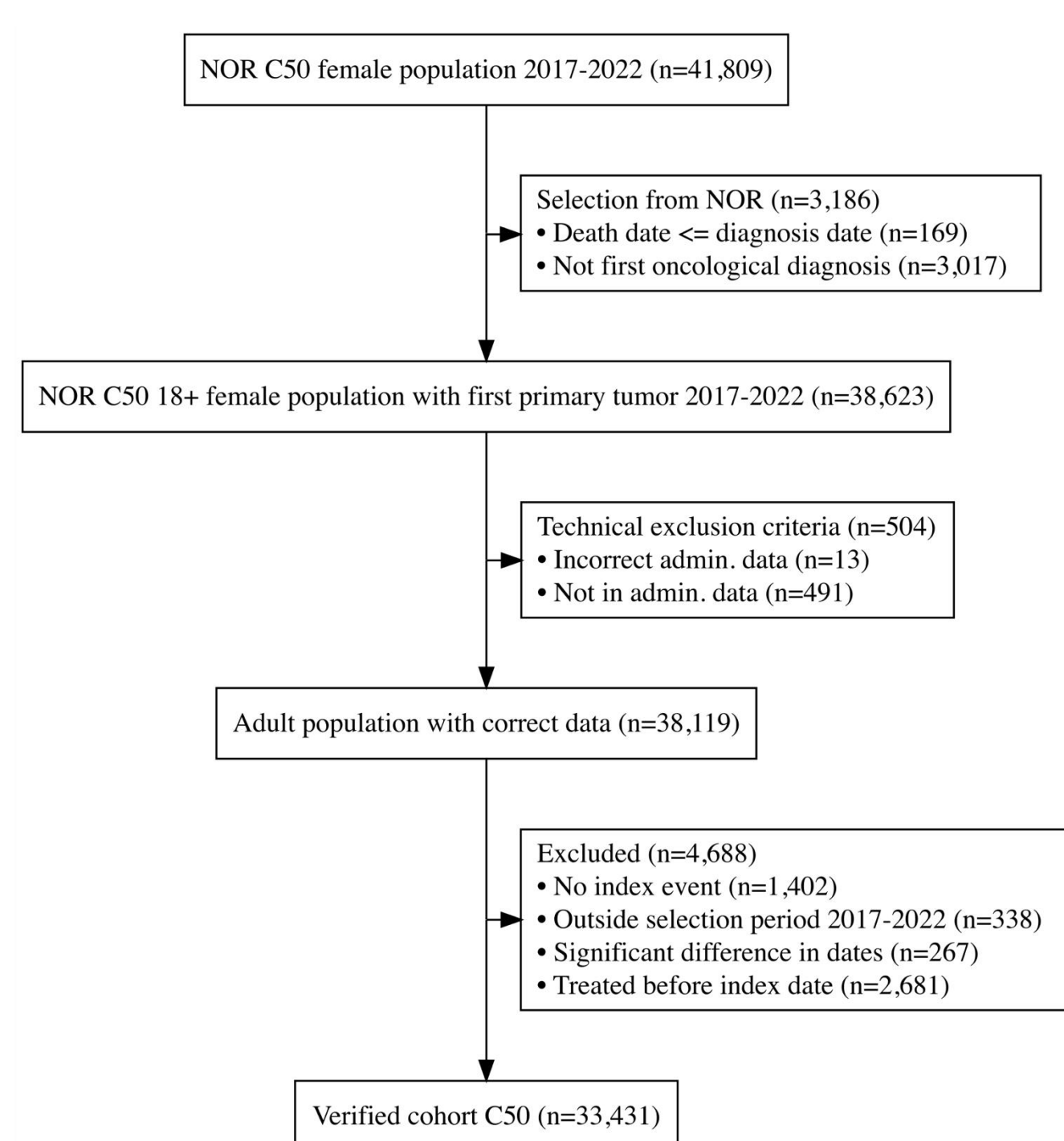
We used Czech National Oncology Registry (NOR) and health insurance claims for women diagnosed with primary breast cancer in 2017-2022.

Patients were stratified by detection method (screening vs. diagnostic). Outcomes included stage at diagnosis, time to first-line therapy (measured from mammography), centralization of care to specialized cancer centres (COC) and overall survival.

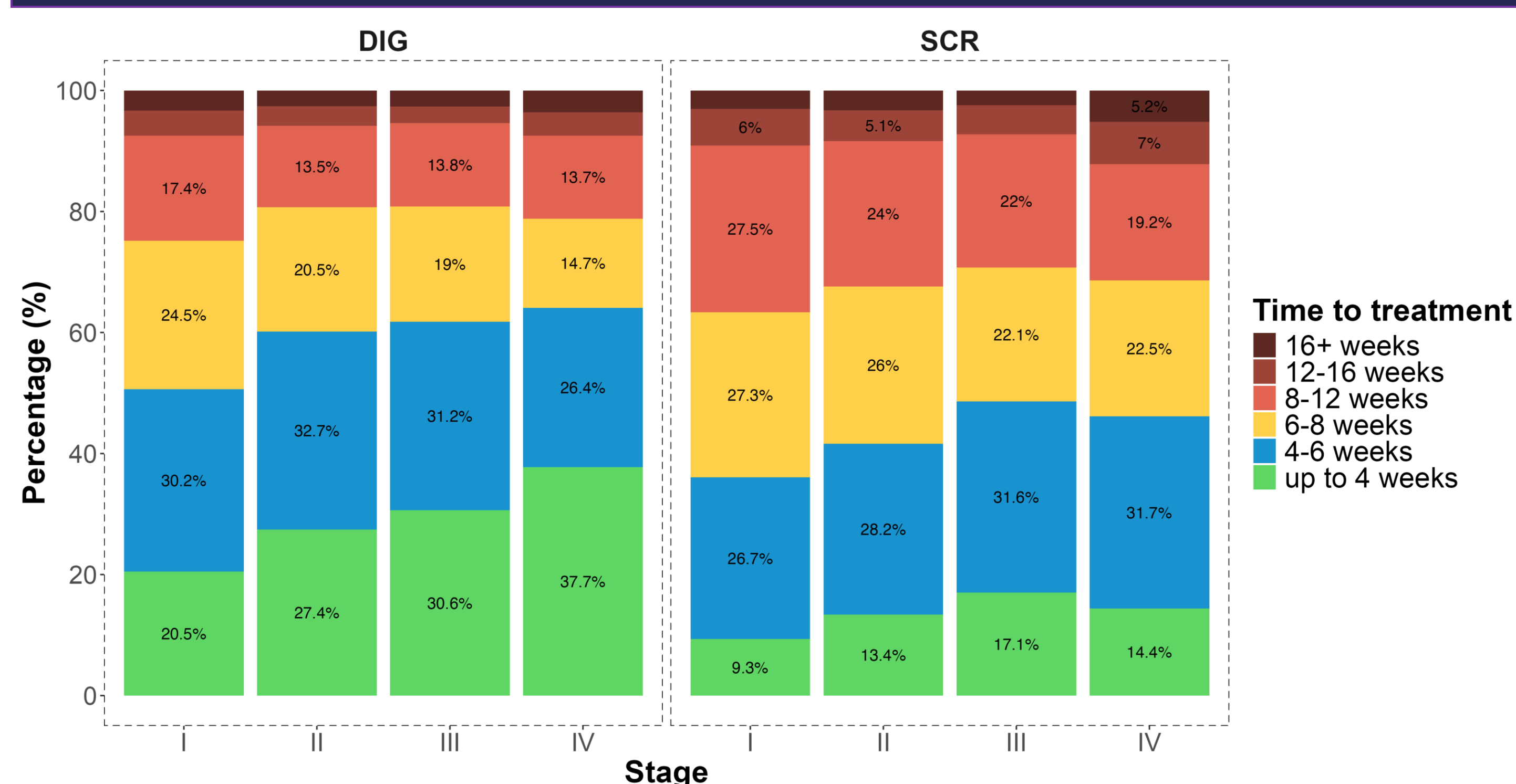
Cox proportional hazards models was stratified by clinical stage adjusting for age, treatment centralization, diagnosis year, and neoadjuvant therapy.

RESULTS

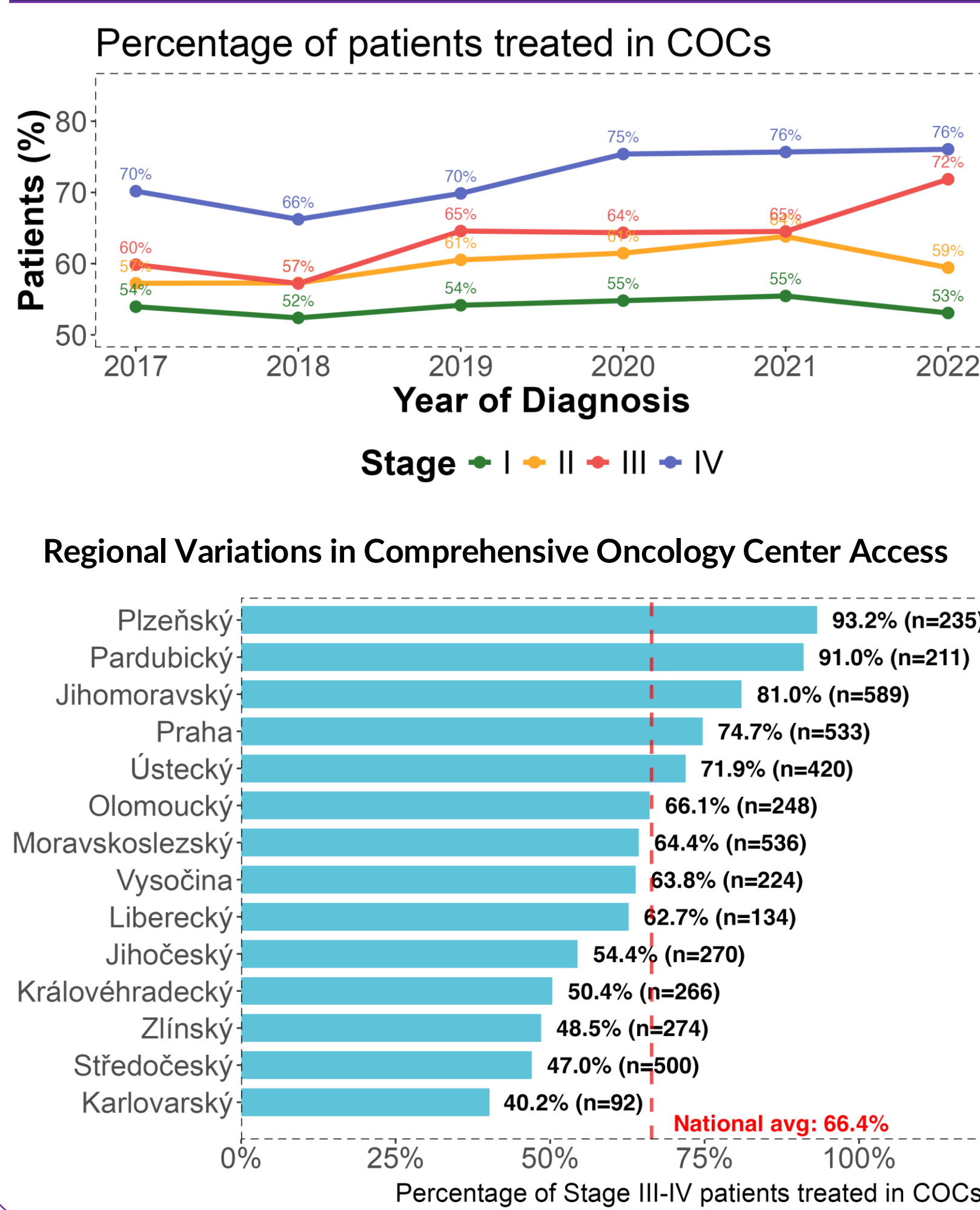
Population



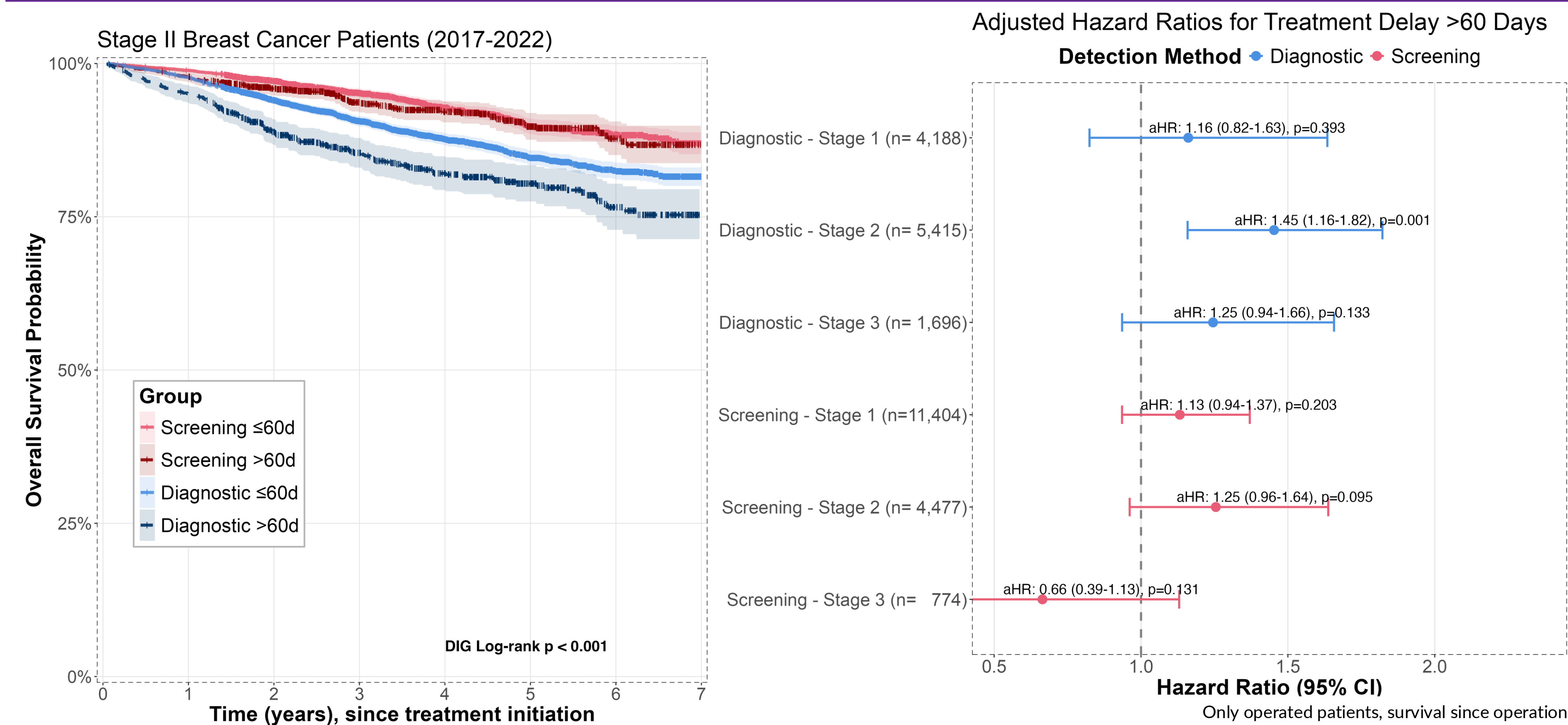
Time to treatment



Centralization



Time to treatment vs overall survival



CONCLUSION

- In our study comparing symptomatic and screening-detected breast cancer patients, we have found that symptomatic patients receive faster treatment (median 37 vs 47 days in screening), but they experience significantly worse survival regardless of the stage.
- Time to treatment has stage-specific and diagnostic-method-specific effects. Only in Stage II symptomatic patients, delays >60 days are associated with an increased mortality risk (HR ~1.2-2, p<0.05).
- Future research is needed to determine optimal risk-stratified treatment timelines across different disease stages and patient subgroups.



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