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**Reducing Delays in Diagnosis - Characteristics of Women with Timely
Follow-up after an Abnormal Mammogram**

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Background: Delays in the diagnostic work-up process, by women or clinical systems, can result in sleepless nights for women who have an abnormal mammogram. During this time, patients experience high anxiety, which can turn into frustration from even the shortest delays. We evaluated mammograms with follow-up within six months and examined characteristics of women related follow-up time.

Methods: We followed 27,060 screening and 6,513 diagnostic mammograms done at Group Health from 1996-2003 with one or more follow-up procedures including biopsy, surgical evaluation, fine needle aspiration or ultrasound/diagnostic imaging. This analysis was based on women who returned for follow-up within 14 days of their mammogram among all women who returned for follow-up within 180 days (61.3% of screening and 83.1% of diagnostic exams). Using logistic regression, we determined whether the odds of follow-up within 14 days (compared to follow-up after 14 days) were associated with breast cancer risk factors (age, body mass index (BMI), family history, biopsy history, or breast symptoms).

Results: The median follow-up time was 13 days for all screening exams and 0 days for all diagnostic. After adjusting for all other risk factors, women were more likely to come in for follow-up within 14 days of a screening mammogram if they had a first or second degree family history of breast cancer vs. none (odds ratio, 95% confidence interval: 1.07, 1.02-1.13); any breast symptoms vs. none (1.30, 1.16-1.45); or 2+ previous biopsies vs. none (1.30, 1.17-1.45). Women were less likely to return for follow-up within 14 days of a screening mammogram if they were 65 or older vs. <50 (0.90, 0.84-0.97). Among diagnostic mammograms, women were more likely to have follow-up within 14 days if they had any breast symptoms vs. none (2.36, 1.98-2.81).

Conclusions: In general, women with risk factors for breast cancer were more likely to come in sooner for follow-up compared to women without risk factors. Women with risk factors may have empowered themselves to come in sooner or clinics may have encouraged them to come in sooner. Ensuring that all women return for follow-up in a timely manner should be a priority of breast clinics regardless of risk factors.