

The Effect of a Required 48-Hour Window to Schedule Genetic Counseling on Time From Diagnosis of Breast Cancer to Surgery

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BACKGROUND: The length of time from diagnosis of breast cancer to surgery has steadily increased. Consultations and tests, in addition to a lack of available counseling programs, contribute to delays. Evidence suggests that delays between diagnosis and surgery may adversely affect patients.

OBJECTIVES: This article examines the effect of time from diagnosis of breast cancer to surgery by requiring nurse navigators to contact the genetic counseling office within 48 hours of the diagnosis to schedule an appointment for the patient as soon as possible.

METHODS: Using a quasiexperimental design, data of time from diagnosis to surgery among patients with breast cancer were collected retrospectively preintervention (N = 30) and prospectively postintervention (N = 30).

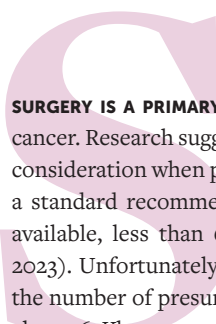
FINDINGS: Time from diagnosis to surgery decreased significantly from pre- (\bar{X} = 50.3 days, SD = 22 days) to postintervention (\bar{X} = 39 days, SD = 16 days) ($t = 2.25$, $p = 0.03$).

KEYWORDS

time to surgery; genetic counseling; breast cancer; nurse navigator

DIGITAL OBJECT IDENTIFIER

10.1188/24.CJON.157-161



SURGERY IS A PRIMARY TREATMENT FOR MOST PATIENTS diagnosed with breast cancer. Research suggests that time from diagnosis to surgery is an important consideration when planning care (Su et al., 2021; Tjoe et al., 2022). Although a standard recommended length of time from diagnosis to surgery is not available, less than 60 days is suggested (American College of Surgeons, 2023). Unfortunately, time from diagnosis to surgery has been increasing as the number of presurgery tests and consultations also increases (Bleicher et al., 2016; Khorana et al., 2019; Padilla-Ruiz et al., 2020).

Increased time from diagnosis to surgery can be a serious concern and has been found to affect overall survival (Su et al., 2021; Tjoe et al., 2022). Wiener et al. (2023) found an increased risk of death (hazard ratio = 1.15, 95% confidence interval [1.08, 1.23], $p < 0.001$) among patients whose time from diagnosis to surgery exceeded 57–63 days. Issues related to survival are particularly relevant among patients diagnosed with stage I or II breast cancer (Bleicher et al., 2016; Eriksson et al., 2018; Lee et al., 2016). In addition to survival, treatment delays may adversely affect patients psychologically, socially, and economically (McAllister & Schmitt, 2015; Padilla-Ruiz et al., 2020). Psychological symptoms, such as depression, anxiety, and post-traumatic stress disorder, are associated with waiting for a detailed cancer diagnosis (e.g., stage of disease) as well as making decisions regarding treatment (Alagizy et al., 2020; Chair et al., 2022; Rogers et al., 2022). Patients often experience fear of treatment and prognosis, denial regarding the seriousness of the diagnosis, helplessness related to their condition, and concerns regarding financial obligations (e.g., paying for treatment). Such experiences are likely to negatively affect patients' quality of life (Mirmahmoodi et al., 2020; Rogers et al., 2022).

Socially, newly diagnosed patients with breast cancer can experience loneliness, a sense of social isolation, and fatigue, which can minimize social interactions (Choi & Henneghan, 2022). Loneliness has been negatively correlated with optimal health outcomes (Fanakidou et al., 2018). Significant mental and physical fatigue may prevent patients from interacting with others. Social interaction is important to this group of individuals while they navigate their diagnosis and treatment process. In addition to psychological and social problems, patients diagnosed with breast cancer often experience financial toxicity (Greenup et al., 2019). Concerns regarding financial obligations, such