

Patient Satisfaction and Safety in Telehealth Follow-Up for Breast Cancer Surveillance

Chen N, Teoh B, Mikhail R, Wang XR, Owens L, Loh SW, Ng S, Ooi WM

Background: The COVID-19 pandemic necessitated telehealth follow-up for breast cancer surveillance. This has continued at the Austin breast unit. We sought to assess the safety of this approach and patient experience from a questionnaire.

Methods

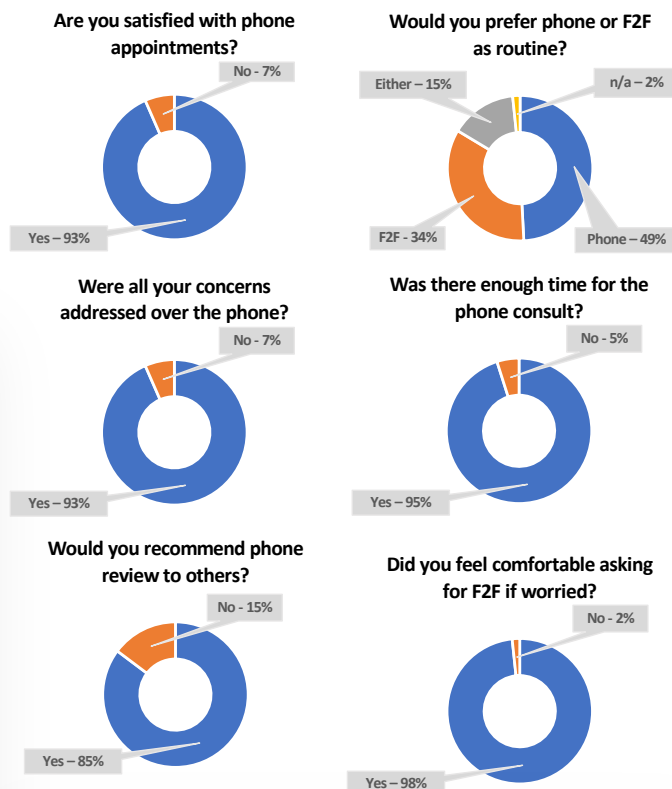
Patients undergoing breast cancer surveillance via telehealth over a six month period in 2023 were invited to participate. Patients who agreed completed a questionnaire regarding their experience. Patients post bilateral mastectomy were excluded.

Results

- 61 completed questionnaires
- Average age 61.57 (range 33-85)

Disease Factors	N (%)
Gender	
Female	61 (100%)
Male	0 (0%)
Surgery	
Breast Conservation Surgery	42 (68.9%)
Mastectomy	18 (25.4%)
Axillary clearance (no primary)	1 (1.6%)
Histology	
Invasive ductal cancer +/- DCIS	46 (75.4%)
Invasive lobular cancer	2 (3.3%)
Other invasive cancer	6 (9.8%)
DCIS only	7 (11.5%)
Molecular Subtype	
HR+	46 (75.4%)
HER2+	8 (13.1%)
Triple negative	1 (1.6%)
n/a (i.e. in DCIS)	6 (9.8%)

Telehealth Outcomes	N (%)
Imaging ready by appointment	
Yes	49 (80.3%)
No	12 (19.7%)
Required Face to Face	
Yes	0 (0%)
No	61 (100%)
Required Biopsy	
Yes	0 (0%)
No	61 (100%)
Interval cancer detected	
Yes	0 (0%)
No	61 (100%)



Conclusion

- No interval cancers were detected.
- There was no jump over from telephone to F2F.
- A vast majority of patients were satisfied with telephone for breast cancer surveillance.
- Telephone for breast cancer surveillance appears safe.

Limitation: further studies with larger cohort over an extended period necessary to confirm these preliminary findings and ensure the continued safety and efficacy of telephone follow-up in breast cancer surveillance.