

Title:

Are Diagnostic Delays Associated with Distress in Breast Cancer Patients?

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Abstract

Introduction: Receiving a new breast cancer diagnosis can cause anxiety and distress, which can lead to psychiatric morbidity, decreased treatment adherence, and worse clinical outcomes.

Understanding sources of distress is crucial in providing comprehensive care. This study aims to evaluate the relationship between delays in breast cancer diagnosis and patient-reported distress. Secondary outcomes include assessing patient characteristics associated with delay.

Methods: Newly diagnosed breast cancer patients who completed a distress screening tool at their initial evaluation at an academic institution between 2014-2019 were retrospectively evaluated. The tool captured distress levels in the emotional, social, health, and practical domains with scores of “high distress” defined by current clinical practice guidelines. Delay from mammogram to biopsy, whether diagnostic or screening mammogram, was defined as >30 days.

Result: 745 newly diagnosed breast cancer patients met inclusion criteria. Median time from abnormal mammogram to core biopsy was 12 days, and 11% of patients experienced a delay in diagnosis. The non-delayed group had higher emotional ($p=.04$) and health ($p=.03$) distress than the delayed group. No statistically significant differences in social or practical distress were

found between groups. Older age, diagnoses of invasive lobular carcinoma (ILC) or ductal carcinoma in situ (DCIS), and clinical anatomic stages 0-I were associated with diagnostic delay.

Conclusion: Patients with higher emotional or health-related distress were more likely to have timely diagnoses of breast cancer, suggesting that patients with higher distress may seek healthcare interventions more promptly. Improved understanding of sources of distress will permit early intervention and mitigation.