Roundtable Program (subject to change)

Time	Topic	Who
1.30-1.40	Welcome and introductions	Andrew Spillane
1.40-2.15	Overview of causes of variation in access to BR and possible solutions (from I-BREAST study)	Kathy Flitcroft & Meagan Brennan
2.15-3.15	Group discussions including additional issues and potential solutions	Attendees
3.15-3.45	*Afternoon tea*	
3.45-4.30	Prioritising recommendations	Attendees (AS moderator)
4.30-5.15	Actioning proposed strategies	Attendees (KF moderator)
5.15-5.30	Conclusions and next steps	Kathy Flitcroft

The *Improving Breast Reconstruction Equity of Access through Stakeholder consultation and Translation into policy and practice (I-BREAST)* project.

This project comprised three components. The first was geo-spatial mapping of where BR was performed using 2013 data from the BreastSurgANZ Quality Audit. This mapping confirmed the concentration of BR services in capital city areas and along the south-eastern coastline.[1] More surprisingly, detailed analysis of this data on a state and territory basis showed the lack of BR availability even within capital city areas,[2] and subsequent analysis of data from the NSW Admitted Patient Data Collection confirmed this finding.[3] Both studies revealed an estimated national and NSW BR rate of 18%, although accurate estimates are difficult to obtain in Australia.[4]

The second component involved 90 in-depth interviews with breast and reconstructive plastic surgeons, health professionals and women with breast cancer over a two-year period. This qualitative data raised many issues surrounding access to, and satisfaction with, BR. As part of the I-BREAST project, three systematic reviews were undertaken. These explored women's reasons for wishing to have BR,[5] women's expectations of BR[6] and decisional regret associated with their choice.[7] I-BREAST interview data was used to document the impact that lack of BR choice can have on women[8] and in two further publications currently under review: one on improving informed choice through designated referral pathways[9] and another using BR as a case study of delivering patient-centred care.[10] The latter paper provided examples of barriers to patient-centred care as well as cases of exemplary care delivered in well-resourced settings. A final two publications will be submitted shortly: the first on demarcation issues between sub-specialties of breast and plastic surgeons[11] and the second on specific BR barriers in non-metropolitan areas of Australia.[12]

The final stage of the I-BREAST project is this roundtable discussion that aims to translate these empirical findings into feasible and acceptable recommendations for policy and practice changes to reduce the unwarranted variation in access to this important component of cancer survivorship. A report of this roundtable process and outcomes will be published and made widely available.

References:

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2) Flitcroft K, Brennan M, Costa D, Spillane A. Regional variation in immediate breast reconstruction rates in Australia. BJS Open 2017; 1: 114-21. DOI: 0.1002/bjs5.19
3) Feng Y, Flitcroft K, van Leeuwen MT, Elshaug AG, Spillane A, Pearson S-A. Patterns of immediate breast reconstruction in New South Wales, Australia: A population-based study. ANZ J Surg (accepted 24 June 2019).
4) Flitcroft K, Brennan, ME, Spillane AJ. The difficulties of sourcing Australian health data: The case of breast reconstruction. ANZ J Surg 2016;86(7-8):537-539. doi: 10.1111/ans.13590
5) Flitcroft K, Brennan M, Spillane A. Making decisions about breast reconstruction: A systematic review of patient-reported factors influencing choice. Qual Life Res 2017; 26(9), 2287-2319. doi:10.1007/s11136-017-1555-z
6) Flitcroft K, Brennan M, Spillane A. Women's expectations of breast reconstruction following mastectomy for breast cancer. A systematic review. Support Care Cancer, 2017;25(8):2631-61. doi: 10.1007/s00520-017-3712-x
7) Flitcroft K, Brennan M, Spillane A. Decisional regret and choice of breast reconstruction following mastectomy for breast cancer: A systematic review. Psycho-oncology. 2018; 27:1110–20 DOI: 10.1002/pon.4585
8) Flitcroft KL, Brennan ME, Spillane AJ. The impact on Australian women of lack of choice of breast reconstruction options: A qualitative study. Psycho-oncology 2019; 28(3): 547-52. https://doi.org/10.1002/pon.4974
9) Flitcroft K, Brennan M, Spillane A. Health system barriers to the discussion of breast reconstruction options in Australia: Improving informed choice through appropriate referral. (Under review, Cancer Treat Res Comms)
10) Flitcroft K, Brennan M, Spillane A. Principles of patient-centred care for cancer services and barriers to their implementation: A case study of breast reconstruction in Australia. (Under review, Support Care Cancer)
11) Flitcroft K, Brennan M, Spillane A. "On the frontiers of change": Breast surgeons' views on demarcation between surgical sub-specialties in Australia.
12) Flitcroft K, Brennan M, Spillane A. Increasing access to breast reconstruction for women living in under-serviced non-metropolitan areas of Australia.