Breast cancer treatment delays affect survival

Judy Jones, *Malmesbury, Wiltshire*

Cutting delays in detecting and treating breast cancer saves lives, according to a review of more than 100 000 cases worldwide. Women waiting three months or more for treatment are less likely to survive beyond five years than those facing shorter delays, according to the study (*Lancet* 1999; 353:1119-26).

From 1 April all patients suspected of having breast cancer must be seen by a hospital specialist within 14 days of an urgent referral by their GP, Baroness Hayman, the health minister, announced on the eve of publication of the study.

New guidelines on the management of patients with breast problems will be distributed to GPs over the next few weeks. More than 30 000 women are diagnosed with breast cancer every year in the United Kingdom, and 14 000 die of the disease.

Three quarters of all new breast cancers are detected after women present with symptoms of the disease, rather than through the national screening programme.

Delays occur for two main reasons. Firstly, between 20% and 30% of women with symptoms do not visit a doctor until three months or more have elapsed. Secondly, the gap between a referral by the GP and the first hospital appointment exceeds three months in 6% to 16% of cases.

Researchers at Guy's and St Thomas's Hospital, London, found that 5 year survival rates were 12% lower among women whose treatment did not begin until three months or more after their first symptom appeared. Their review of 87 studies worldwide was funded by the Imperial Cancer Research Fund for the NHS cancer research and development programme.

The risk factors associated with delay were examined in a separate study in the *Lancet* (1999;353:1127-31). Delays in reporting symptoms to GPs were more common among older women, but younger women were more likely to face long waits after their first consultation with a family doctor.

Better education of both

Baroness Hayman and TV personality Diana Moran, who has had breast cancer, at the launch of the government's pledge on referrals

patients and doctors is needed to speed up the process of detection and treatment, the researchers concluded. Nevertheless, the effect of a delay in diagnosis on the survival rates of patients with breast cancer—and the resource implications of remedial action—remains controversial.

A retrospective analysis of 36 000 patients in Yorkshire, also published in the *Lancet* (1999;353:1132-5), found that

delays in diagnosis of three months or more after referral by a GP had no adverse effect on a woman's chances of survival.

The team at Huddersfield Royal Infirmary who carried out the analysis argued that diverting resources from other services to meet the government's new guarantee of a specialist appointment within two weeks of a referral by a GP was not justified by the evidence. □

Strokes at night more likely to delay care

Fred Charatan, *Orlando*

Patients who have strokes during the night wait 4-7 hours longer to seek emergency treatment than those whose strokes occur during the day, according to a US study.

This delay in seeking medical help is important because the type of treatment a stroke patient receives is partly determined by the length of time

since the stroke began, warned researcher Dr Wayne Rosamond, assistant professor of epidemiology at the University of North Carolina, Chapel Hill. He was speaking at a meeting of the American Heart Association in Orlando last week.

A total of 559 patients with stroke-like symptoms were questioned on their arrival at hospital emergency rooms in North Carolina, South Carolina, and Colorado, about when their symptoms began. If the symptoms were present when the patient awoke, the investigators determined the last time the patient was free of symptoms. They found that one third of

patients noticed stroke symptoms on awakening. When the onset of stroke occurred between 10 00 pm and 2 00 am, up to 11 hours passed before the patient arrived at the hospital. Patients whose symptoms occurred between noon and 4 00 pm delayed arriving at the hospital by only 2.5 hours. The median time of arrival at the hospital was 5.5 hours for those who awoke with symptoms, compared with 2.5 hours for those whose symptoms first appeared while awake.

Dr Rosamond warned that when a stroke starts during sleep the patient may be aware of symptoms only after he or she wakes. This means that the exact

time of stroke onset cannot be accurately determined, and the longer delay in seeking treatment reduces the response to thrombolytic drugs.

"Clot busting drugs must be given within three hours of the onset of symptoms to be effective at all," said Dr Rosamond, "... a substantial proportion of patients are asleep when the symptoms occur ... we need to find a way for people to understand stroke symptoms and treat them as a dire emergency so they will get to the hospital sooner, and we need to find new ways to improve care for the one third of patients who wake up with symptoms of stroke." □