Impact of Early Cancer Detection

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Background

- Cancer ranks as the second most common cause of death in the United States, and Healthy People 2023's goal is to promote evidence-based strategies for cancer screening and prevention.
- Early cancer detection leads to significantly improved outcomes, including higher survival rates, better care experiences, lower treatment side effects, and a better overall quality of life compared to late-stage diagnoses.
- Risk assessment is crucial for evaluating cancer development.
- A root cause analysis of the quality gap showed that the breast cancer risk assessment tool Tyrer-Cuzick also known as IBIS inaccurately reflected patient risk due to EMR integration issues.
- Life-time risk scores are incorporated in mammography reports and guides recommendations for management by the radiologist.

Methods

Purpose: This project aims to improve breast cancer risk assessment accuracy by resolving discrepancies between the hospital's EPIC risk calculation and the web-based Tyrer-Cuzick Model (IBIS).

QI Study Design: A pre-and post-intervention

Inclusion Criteria:

- Women without breast cancer or high-risk mutations (excluding BRCA), ages 40-70
- Women having screening mammograms

Exclusion Criteria:

- Women over the age of 70
- Women with a personal history of breast cancer
- Women having a diagnostic mammogram
- Women carrying high risk breast cancer gene mutation
- Men having a screening mammogram

Methods

Sample:

 Women without breast cancer or high-risk mutations (excluding BRCA), categorized by age: 40-49, 50-59, and 60-70, with 12 in each group.

Data Collection:

- Risk scores were recalculated with the IBIS tool, comparing lifetime predictions to EPIC scores.
- The interface between EPIC and the vendor was modified.
- Post-intervention scores from 36 random patients were compared between EPIC and IBIS, targeting a difference of 0.1% or less variance.

| | | Data | Collection | Tool | | |
|-------------------|---------|------------|------------|-----------|-----------|------------|
| Pre-Intervention | n Data | | | | | |
| | | | | | Web-Based | |
| | | | | Epic IBIS | IBIS | |
| | | | | Lifetime | Lifetime | Tool |
| Patient Code | Strata | Month/Year | Age | Score | Score | Descrepanc |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Post-Intervention | n Score | | | | | |
| | | | | | Web-Based | |
| | | | | Epic IBIS | IBIS | |
| | | | | Lifetime | Lifetime | Tool |
| Patient Code | Strata | Month/Year | Age | Score | Score | Descrepand |
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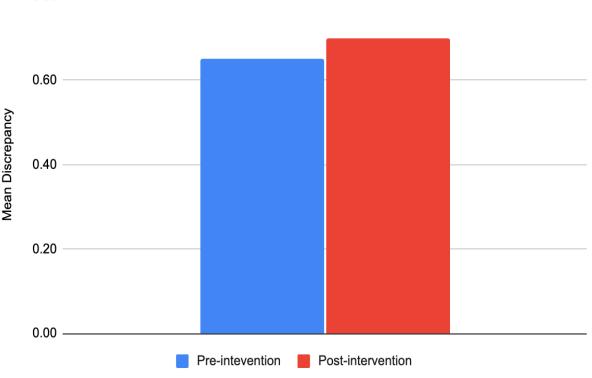
Results

| Summary of Percent Difference Pre- and Post-Intervention | | | | | | |
|--|--|---|--|--|--|--|
| | Tool Discrepancy (Absolute Value) | Percent Difference between EPIC and Wei | | | | |
| Pre-Intervention Strata 1 | 0.33 | 3.93 | | | | |
| Pre-Intervention Strata 2 | 0.83 | 10.35 | | | | |
| Pre-Intervention Strata 3 | 0.79 | 9.72 | | | | |
| Total Mean | 0.65 | 8.00 | | | | |
| Post-Intervention Strata 1 | 0.4 | 3.35 | | | | |
| Post-Intervention Strata 2 | 1.07 | 9.63 | | | | |
| Post-Intervention Strata 3 | 0.63 | 5.20 | | | | |
| Total Mean | 0.70 | 6.06 | | | | |

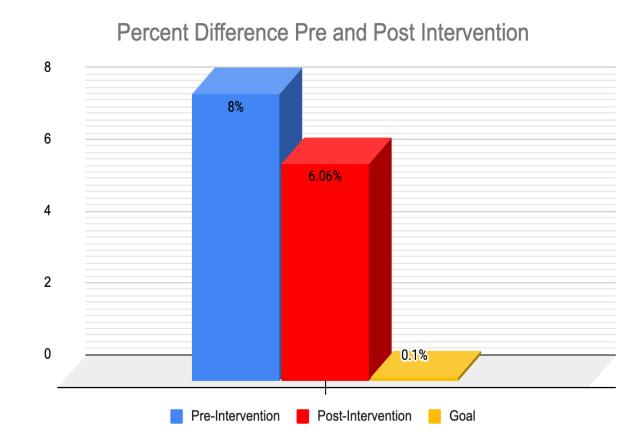
Results

Results:

- In EPIC, the pre-intervention group mean score was 11.9 (SD 6.1), and the IBIS score was 12.17 (SD 5.9), showing no significant difference (t= -1.416; p = .166).
- Post-intervention, EPIC was 12.0 (SD 5.9), and IBIS was 11.9 (SD 5.7), also with no significant difference (t =0.335; p = .740).



• Comparing pre- and post-intervention means revealed no significant difference (t =-0.18843; p = .82), with 8.00% pre-intervention and 6.06% post-intervention percent differences (p = 0.83), indicating no statistical significance.



Conclusions

- Scores fell short of the 0.1% target but showed improvement post-intervention.
- This progress indicates the potential for further improvement with a longer implementation period and ongoing staff education.



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