

Virtual consultations for breast cancer patients in Ontario and the impact on wait times and referral patterns: A population-based study

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Gallie Day, May 2, 2025, Toronto, ON

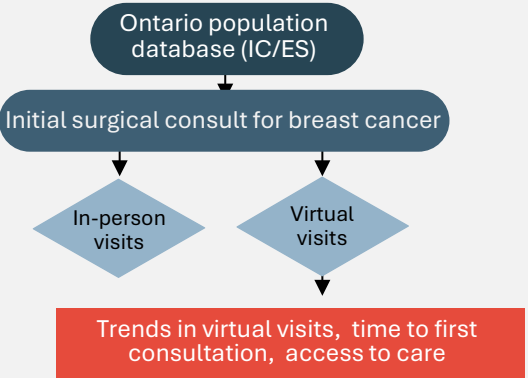
INTRODUCTION

- During COVID-19, breast surgeons in Ontario rapidly adopted virtual consultations
- Virtual care has the potential to affect wait times, facilitate timely referrals, and decrease travel times and loss of income for patient
- However, lack of physical examination may leave surgeons hesitant to plan complex cancer treatments virtually

Objective

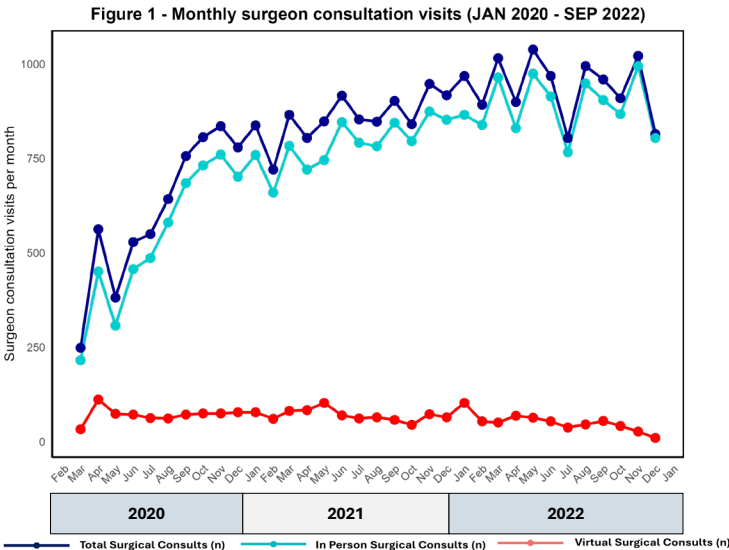
To characterize breast cancer patients seen virtually versus in-person, quantify wait times, and analyze referral patterns

METHODS



RESULTS

- We identified 28,262 breast cancer patients diagnosed from March 14, 2020 to December 31, 2022**
 - Only 2,181 patients (7.7%) received virtual surgical consultations.
 - Virtual patients were more likely to have ER positive, HER2 negative, node-negative disease ($p < 0.001$)
 - 1-year mortality was similar between cohorts, virtual 2.9% vs. in-person 2.3% ($p = 0.084$).



- Trends over time:** Peak virtual consultations were in April 2020 (13.2%)
- Wait times:** For virtual consultations, median diagnosis-to-consult was 7 days vs. 12 days in person ($p < 0.001$); diagnosis-to-surgery was similar (42 vs. 43 days; $p = 0.009$); and subsequent visits were higher (median 4 vs. 3; $p < 0.001$)
- Referrals:** Plastic surgery referrals were higher among virtual patients (19.0% vs. 16.4%; $p = 0.002$) and more virtual patients underwent mastectomy with reconstruction (9.3% vs. 7%); medical and radiation oncology referral rates were similar

CONCLUSION

- Virtual consultation was associated with shorter wait times from diagnosis to assessment



- Virtual visits can suit early-stage breast cancers, surgeons may prioritize in-person assessments for more complex BC cases
- Virtual consultation may facilitate Plastic Surgery assessment
- Investigating long-term patient-centric outcomes of virtual versus in-person consultations is essential

FUTURE RESEARCH

Understanding barriers towards expanding Virtual Care:

- Demographic differences
- Disparities in underserved populations
- Rural vs. urban challenges
- Technology access and literacy