Navigation programs' impact in a Colombian breast cancer patients cohort.

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Abstract Disclosures

Abstract

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Background: Breast cancer mortality rates in Colombia remain high in part due to unequal access to quality programs within the country's health care system. Patient navigation Program (PNP) is an intervention that aims at improving health care by providing coordination from diagnosis to treatment. The patient population in Colombian has two types of public health care insurance, a patient based (contributive regimen) and a government based (subsidized regimen) with wide differences in coverage between them. In Colombia a PNP was designed by a collaboration between the contributive regimen insurance plan (EPS.SURA) and the Instituto de Cancerologia (IDC). **Methods:** The goal of our study was to determine the association between our implemented PNP outcome measures such as overall survival (OS) and diseases free survival (DFS). A total of 2.729 breast cancer patients [1.257 navigated from EPS.SURA contributive regimen (NP.CR); 1.087 non-navigated from others non EPS.SURA contributive regimens (NNP.CR) and 385 non-navigated from government-subsidized regimen (NNP.SR) were treated at IDC from 2008 to 2013. Differences in OS and DFS among navigated and non-navigated patients stratified by health care regimen were tested using Kaplan Meier plots (Aim 1). Comparisons between frequencies of clinical pathologic variables (stage 0 to II *Vs* stage III and IV; positive *Vs* negative lymph nodes) and type of surgery (conservative *Vs* mastectomy) were tested using a chi-square test (Aim 2). **Results:** After a median follow-up of 34 month, OS was significantly higher for NP.CR compared with NNP.CR: HR 1.6; 95%CI, 1.2 - 2.1; and compared with NNP.SR: HR 2.5; 95%CI, 1.9 - 3.5. Median DFS was 32 month and it was significantly higher for NP.CR compared with NNP.CR: HR 1.2, 95%CI, 1.0 - 1.5; and with NNP.SR: HR 1.9, 95%CI, 1.6 - 2.6. Compared with the other two groups, NP.CR patient's have earlier breast cancer diagnosis (80.8%, 67.8%, 49,9%. P < .001); node negative disease (73.8%, 56%, 41%. P < .001); and conservative surgery (59.9%, 51.4%,31.9%. P < .001) **Conclusions:** Our findings provide evidence about how PNP improves OS, DFS, diagnosis at early stage, clinical pathologic variables and conservative surgery among patients in the Colombian Health Care System.