THE PRACTICAL APPLICATION OF SOUTH AFRICAN BREAST CENTER GUIDELINES WITHIN THE PRIVATE HEALTHCARE SPACE

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Introduction: Breast cancer care in South Africa presents challenges that are different from those seen in purely first, or 3rd world countries. However the basic premise that patients who are assessed at critical junctions along their care pathway at MDT meetings, and who are treated under the auspices of a specialized unit, have better long term outcomes than those who are not, remains. Nietz *et al* [1], have suggested guidelines for how this could be achieved in a South Africa context, but as yet to our knowledge no centers have attempted to put these guidelines in place.

Objective: We wanted to see if it were possible to agree co-operation agreements and institute these guidelines of at the combined centers of Life Vincent Pallotti and Kingsbury Hospitals- both private hospitals with many individual practitioners.

Method: We generated a co-operation agreement, a patient care pathway, and a basic data capturing form. Whilst a computerized data capture solution was being created, we commenced with a paper form. This was agreed on and signed by 2 breast surgeons, 10 clinical/radiation oncologists, and 2 others, on 11 Dec 2024. Subsequently, a third surgeon joined. Data capture of all new patients presenting to any member of the team from 15 Jan 2025 commenced, with the first MDT with official records taken on 16 Jan 2025. No ethical approval was sought. Patients were re-presented at critical junctions along their care pathways as appropriate (e.g. after primary surgery, or after development of metastatic disease), and MDT decisions recorded. We report here our initial processes followed, and basic data analysis of the first 6 months of data captured,

Results: We recorded 217 new patients presenting to our units in 6 months. 54% were submitted by the 3 surgeons, with the remaining 46% by 11 oncologists/other. 80 patients were recorded in Feb, March, April, and 112 in May, June, July. All patients had the date of presentation, the name, the ID number or DOB of patient and presenting doctor correctly captured. 13 patients had no record captured of the decision taken at MDT 87 patients should have been re-presented within the 6 month period. 27 of these (or 31%) either had no record of re-presentation or it was unclear what the MDT decision was.

Conclusion: It is possible to set up initial patient data capture forms and basic co-operation agreements between individual practitioners in the private sector, with relatively few resources. We have identified a number of shortcomings in our initial attempt which we aim to rectify. Long term benefit of this approach as regards patient outcome is awaited.

1. Neitz *et al.* Establishing Requirements for Breast Centers in Low- and Middle-Income Countries: A South African Perspective: JCO Global Oncol 18 June 2025