Aim: Cancer is one of the most serious health problems worldwide. The implementation of screening programs and diagnostic and therapeutic advances have achieved an increase in survival. However, there are patients who do not benefit from screening programs: very young patients, those older than 69 years, and those who develop intercal cancers. In order to reduce time from the onset of signs or symptoms of suspected breast cancer (BC) to diagnosis and start of treatment, we perform a breast cancer fast-track program (BCFP).

Methods: The programme began in June 2009; we present data from the first 4 years (June 2009-July 2013) in the Clínico-Malvarrosa Health Department in Valencia. Breast surgeons, primary care (PC) physicians, and oncology coordinators regularly met to discuss suspected cases of BC, and initially set guidelines with the criteria to be used by PC physicians to refer patients to BCFP. On the same day that the PC physician identified a patient with suspected BC, an index card was sent to the oncology coordinator, who reviewed these cases and referred those meeting previously defined criteria to breast surgeons.

Results: 582 proposals were sent to the hospital and finally 547 patients came to the first visit for the Specialist. 115 out of 547 referred cases were diagnosed with BC. 76 women were diagnosed of BC in the age range in which screening with mammography is not recommended. The median time from submission of a proposal to the specialist assessment was 20 days, 9 days to histopathological diagnosis, and 22 days to initiate treatment. It took a median of 15 days to confirm the absence of BC in 432 patients with initial suspicion of it.

Conclusions: The results show that the time interval between patient referral by the PC physician to the specialist, diagnosis of breast cancer, and start of therapy can be reduced. We optimized existing resources with no additional costs associated with the implementation of this programme.

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