

Don't Avoid Breast Cancer Second Opinions for Fear of Delaying Care, New Study Suggests

Research Shows Second Consult and Treatment at Comprehensive Cancer Center Meets CoC Guidelines for Timely Treatment

LAS VEGAS, NV, UNITED STATES, May 1, 2025 /EINPresswire.com/ -- Concerns about delaying treatment should not deter most patients with breast cancer from seeking a second opinion on diagnosis and treatment, suggests a [new study](#) presented this week at the American Society of Breast Surgeons Annual Meeting.

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Feeling comfortable with the path chosen for breast cancer treatment is extremely important. This study should reassure patients that a second opinion need not impact all-important timeliness of care.”

Pooja Varman, MD, Cleveland Clinic

Researchers examined the time between initial biopsy and initiation of therapy for patients diagnosed and treated at the Cleveland Clinic (internal) and patients who received their diagnosis and initial workup elsewhere before coming to the Cleveland Clinic for a second opinion and treatment (external).

The study was led by Pooja Varman, MD, General Surgery Resident and Surgical Education Research Fellow and

Zahraa Al-Hilli, MD, MBA of the Cleveland Clinic.

“For both cohorts, time from biopsy to first treatment fell well within the Commission on Cancer (CoC) guidelines,” says Dr. Varman. “Not surprisingly, Cleveland Clinic internal patients had an even shorter time to treatment, but external patients’ average time to treatment was still well within guidelines.”

“Breast cancer is a life-altering experience. For patients, exploring all treatment options and finding a physician and clinical team they are comfortable with is crucial,” she says. “But of course, timeliness is critical in cancer care.”

Dr. Varman notes that this is one of the first studies that examines the relationship between second opinions and time to treatment comparing internal and external patients at a single comprehensive cancer center.

“Patients should be reassured that if they explore care options immediately after diagnosis, a

short delay because of a second opinion is not detrimental to care," she says.

"While institutional differences in timing certainly may occur," Dr. Varman adds, "it is likely that other comprehensive cancer centers have measures in place to expedite and deliver care within a timeframe similar to our institution. Patients may inquire in advance about how long the second opinion process actually takes."

The retrospective study focused on newly diagnosed patients with DCIS and stage I to III breast cancers between January and July 2024. They did not receive chemotherapy or other therapies prior to the second opinion. Patients with metastatic disease or who declined the standard of care were excluded. The mean age of the cohort was 59.8 years. Of the external patients, 38.1% came from outside of Ohio.

Internal and external patients began treatment at a mean of 35 and 41 days post-diagnosis respectively. CoC guidelines call for treatment initiation for patients not receiving pre-surgical therapies at 60 days. In addition to the time elapsed between consults, treatment delays between internal and external patients were also attributable to the need for additional imaging exams and biopsies for the second opinion as well as pre-surgical consults with plastic surgeons, if required.

"Patients seek out second opinions for a wide variety of reasons," says Dr. Varman. "Cancer treatment is a physically and emotionally difficult journey and feeling comfortable with the path chosen is extremely important. This study should reassure patients that a second opinion need not impact all-important timeliness of care."

For additional press releases about research presented at the meeting, [click here](#).

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