

# Renee and Eileen: Breast Cancer Treatment at the Speed of Light



By John Kehoe, MD

*Given all the technological advances today, is it possible to operate on breast cancer patients less than a week from diagnosis?*

Renee and Eileen didn't know each other. Renee came from the islands and worked in design in Manhattan. Eileen was Brooklyn Irish and worked in healthcare in Staten Island. Both lived in Brooklyn. They had little else in common until their breast cancer was diagnosed in my office at about the same time. Their paths never crossed, until they met each other in the waiting room at Gramercy Surgery Center.

I remember walking into the waiting

room and seeing both of them with their supportive families and friends.

I had met Renee for the first time 10 days before and Eileen 7 days prior. Both had agreed to be "fast tracked" for treatment after they were diagnosed. It was a wild ride for both of them to be brought to the operating room so quickly. But like

so many patients with breast cancer, the very idea of breast cancer inspired unspeakable levels of anxiety and fear. They would do anything to rid themselves of this feared intruder as quickly

as possible.

I had commented to a colleague a few years ago that the work up for a breast cancer patient was becoming so prolonged, complicated and arduous that it must feel like a lifetime for patients to get to the operating room.

After that conversation, I gathered my staff and asked a question. Can we get the newly diagnosed breast cancer patient into the operating room in less than a week from diagnosis? They said it was probably not possible (they had been working too long with hospital-based ambulatory services). I challenged them to

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make it happen.  
And they did.

What was needed was clear: A cooperative radiology group and a cooperative ambulatory surgery unit. Having worked over the years with a top private radiology group, we persuaded their administrators and doctors to join us in this fast track venture. Any additional radiological work-up post-diagnosis, including MRI and MRI guided biopsies, were compressed into a forty eight hour window. If a needle localization was needed, I recruited outside radiologists to act quickly on the patient's behalf.

None of this would have worked unless we had an ambulatory surgery center that could work in parallel. What my staff and I found most impressive was how quickly and willingly the Gramercy staff assisted us with this fast track effort. My surgical coordinator, who has worked with a number of hospital-based ambulatory centers, commented: "I have never seen anything like this. Very efficient, no nonsense." From the financial folks, to the anesthesiologists, even to the physicians assistants doing the pre-op to the schedulers—these administrators and clinicians were efficient, fast moving and committed. They made it happen.

Renee and Eileen woke up in the recovery room within a few hours of each other with that special sense of relief breast cancer patients feel post-op when they know the tumor has been removed and can't do any further damage. Anxiety and fear gave way to more positive emotions regarding the future. How much better for patients to reach this point of relief quickly, rather than waiting weeks to do so?

For the Renees and Eileens of the world, moving at the speed of light to the operating room to start their treatment and their road to recovery is empowering. Just what the doctor ordered...

Disclaimer: Renee and Eileen are not these patients' real names.

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