Making better breast cancer screening decisions

Up until 2015, the U.S. Preventive Services Task Force recommended against routine screening mammography for women at the age of 50. In light of new research that challenges these recommendations, the Cleveland Clinic and ProPublica supplied us with Medicare data from millions of patients who underwent surgery between 2009 and 2013. We will be using these data to determine complications and then make their results available to the public.

Our Questions

How do you choose the surgeon with the lowest complication rate? What if you are considering a surgery and realize that your local surgeon is not the best? What if you are trying to go to a nearby hospital and you want to engage surgeons who will not fail you? Do you have to shift from a local surgeon to a surgeon with a high complication rate? Should you look for a surgeon with a low complication rate or a surgeon who does not fall into the number one category? Probably, yes!

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Our Goal

Our goal is to improve informed decision making and enhance patient engagement in this decision. We will encourage patients to ask their providers who take care for them whether their complications rates are consistent with recent findings and will be in line with the data. Patients will be encouraged to ask their providers who take care for them who is your best surgeon and what are their complication rates. Patients will be encouraged to look at the Medicare database and see how he or she compares with others in your area or nationally. Additionally, we will be encouraging patients to ask their providers who take care for them whether they are prepared for shared decision making and will be in line with the data.

Our Results

To perform our analysis, we identified all surgical complications occurring within 30 days of the procedure. Because there is no consensus on how to define surgical complication rates, we relied on the definition of the U.S. Preventive Services Task Force recommendation, particularly regarding the potential for harm.

How should patients weigh the benefits and risks of undergoing a particular procedure? How do you know if the benefits of undergoing a particular procedure outweigh the risks? How can patients understand that whether or not a surgeon is considered to be one of the best surgeons in the field? How do you determine whether a surgeon is one of the best surgeons in the field? How do you determine whether a surgeon is one of the best surgeons in the field?

Featured study-in-progress:
Understanding the Relationship between Surgical Volume and Complications

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