

# Study finds breast cancer survival increases with early diagnosis and treatment

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October is Breast Cancer Awareness Month. According to a recent Cleveland Clinic study, breast cancer survival increases when treatment involving surgery, chemotherapy and radiation are completed within 38

weeks of the initial diagnosis.

"Most of the original time to [treatment](#) studies were looking at individual aspects of care. So what was the time frame, time from diagnosis to treatment, what was the time between the different treatments, but we hadn't found any studies that looked at what was the time from diagnosis to completion of all treatment," said Debra Pratt, MD, [breast](#) specialist for Cleveland Clinic and lead author on the study.

She said they looked at more than 28,000 [breast cancer patients](#) who had surgery, chemotherapy and radiation as part of their treatment. They discovered that if all three were completed in less than 38 weeks, there was a higher five-year survival rate.

However, if treatment took longer than that, it did affect their survival.

Dr. Pratt said this information builds on previous research noting poorer outcomes when there was a delay in starting treatment. It also emphasized the need to identify why treatment in some cases is delayed.

"Another interesting aspect of that cut off was, that cut off was good for no matter what type of breast [cancer](#) you had, so if you had different receptor patterns of your breast cancer, it didn't make any difference," she said. "So we should not triage patients based on their different types of cancers because every patient can have an effect on their outcome if we're taking too long."

Dr. Pratt said when it comes to detection, women should be regularly doing self breast exams at home. Mammograms are also recommended for women over the age of 40, regardless of if they have a family history of breast cancer.

**More information:** Debra Pratt et al, Time to Completion of Breast

Cancer Treatment and Survival, *Annals of Surgical Oncology* (2021).  
[DOI: 10.1245/s10434-021-10116-9](https://doi.org/10.1245/s10434-021-10116-9)

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