

Results: DSS (Bon Secours) and NS (NCRI) are summarized in Table. 5 year survival figures are numerically higher in the private hospital compared with national data for each individual stage. Taking stages 1 to 3 combined, the 95% confidence intervals do not cross each other, indicating statistical significance.

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Stage	Bon Secours (DSS)		NCRI (NS)	
	DSS	95% CI	NS	95% CI
1	100	96.5-100	98	97.2-98.9
2	95.2	90.6-97.1	90.9	89.9-91.8
3	89.5	70.5-96.5	71.5	69.2-73.9
1-3 combined	97	93.9-97.8	90.4	90.0-91.4

Conclusions: We found evidence of superior outcomes in patients with early breast cancer treated at a private hospital compared with national outcome figures. This was demonstrated in ‘all comers’ (stages 1-3 combined), and particularly in patients with stage 3 breast cancer. Potential reasons for this disparity include differences in socio-economic status, health-seeking behaviours and/or underlying health status between the two populations included. Differences in extent or timeliness of access to therapies may also contribute.

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210P Comparison of breast cancer outcomes in a private hospital with national outcomes in a country with a mixed public/private healthcare model

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Background: Ireland has a mixed model of healthcare delivery with a public healthcare system funded by general taxation and a large private healthcare insurance system, covering 43% of the population in 2012 and 2016. We set out to examine disparities in outcomes among patients with breast cancer treated in a private hospital compared to national outcomes over a comparable period.

Methods: Medical records of patients diagnosed with early (Stage 1-3 as per AJCC version 5) breast cancer between 2010 and 2015 at Bon Secours Hospital, Cork, Ireland were reviewed. Staging was confirmed and 5-year disease specific survival (DSS) and overall survival (OS) were calculated. DSS was compared to 5-year net survival (NS) figures from the National Cancer Registry of Ireland (NCRI) for a comparable period (2010-2014).