

What Leads Cancer Patients to Remain for Treatment After Getting a Second Opinion

A University of Colorado researcher found that involving plastic surgery, radiation oncology and more early in a patient's care can improve retention

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It's natural to seek out a second opinion when evaluating your surgical options for [breast](#), [colorectal](#), and [pancreatic cancer](#) — many surgical oncologists encourage it — but what makes a cancer patient stick with that second-opinion surgeon for their treatment, instead of going back to the surgeon that gave them their initial treatment plan?

It's a question that Alec McCranie, MD, a first-year resident in the [University of Colorado Department of Surgery](#), sought to answer in research recently published in the [Journal of Surgical Research](#).

"We noticed we were getting a number of patients coming to us for a second opinion, meaning they had seen a prior provider, gotten a treatment plan, and were interested in seeing what the other options might be," says McCranie, a graduate of the [CU School of Medicine](#). "We wanted to know what influenced the patients to stay at our institution, rather than staying with their original provider. We wanted to look from both a clinical and systems-level perspective to see how we can improve patient experience and resource allocation."

If you want me to stay

Under the supervision of his research mentor [Sarah Tevis](#), MD, associate professor of [surgical oncology](#) in the CU Department of Surgery, McCranie analyzed 18 months of patient data, finding 237 patients who came to CU for a second opinion after being seen by another provider. Though he didn't interview patients directly about their experiences, he found several aspects of care that increased the likelihood patients would remain at CU for their treatment.

In pancreatic and colorectal cancer, the research found that access to the advanced or potentially curative options available at an academic medical center such as CU was a big factor in patients remaining for their care after receiving a second opinion.

The data around breast cancer patients revealed more opportunities to adjust the circumstances around a patient's second opinion.

Involving plastic surgery, radiation oncology

For instance, McCranie found that breast cancer patients were almost 90% more likely to remain at CU for their care if a [plastic surgeon](#) was part of the multidisciplinary clinic (MDC) that evaluates new patients during their first visit.

"We think that's because it allows for more of an informed decision on reconstruction," he says. "They like having more of that education and feeling like there's an end to what they're going through — starting with the surgery, then ending with reconstruction."

Similarly, McCranie's research found, having radiation oncology involved in the breast cancer multidisciplinary clinic helped retain patients as well.

"A lot of that, we think, is because there's poor access to radiation oncology in the community, and it's also usually pretty expensive out in the community," he says. "There are studies that show that rural patients are less likely to continue to follow up with their radiation oncologist, because often there aren't any nearby."

Spanish-language support

One of the biggest growth opportunities McCranie saw in his research was that non-Hispanic patients were more likely to stay at CU after a second opinion than were Hispanic patients.

"That showed us a big opportunity to be able to involve more of the Spanish-speaking Hispanic population," he says. "We've now gotten more Spanish-speaking medical assistants and more Spanish-speaking faculty, which is something that patients seem to appreciate. All of our consents now can be in Spanish, and we have a lot more translators available as well."

Improving the second opinion

The Department of Surgery is acting on the research in other ways as well, encouraging plastic surgeons to meet with patients during the MDC or shortly thereafter and working with plastic surgery schedulers to ensure that the plastic surgeons patients meet with initially are the same ones who will perform their surgery down the line.

"We want to make sure that the surgeons they're seeing are going to be the ones who can help with reconstruction," he says. "A lot of times, the first phase of reconstruction can happen the same day they get a lumpectomy or a mastectomy, so we want to make sure the surgery is aligned timewise."

Action items

Now that the research is published, McCranie says, other cancer centers may use the findings to implement similar changes at their institutions. It's the actionable nature of the study that led the Journal of Surgical Research to feature it on the cover of its February 2025 issue, along with a digital illustration, created by McCranie, of a woman in silhouette, confronted by crisscrossing and overlapping paths.

"It's about understanding what drives patients to choose a treatment provider and being able to take that information and design health systems to be more efficient in allocating how they use their resources, or look at what they can change to increase their retention," he says. "I think that's why they wanted to feature it, is because we give, at least for breast cancer, modifiable things you can do in your practice to be able to increase the retention for these patients."

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