

Coordinating Care for Breast Cancer Pays Off

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Breast cancer survivors are more likely to receive recommended care when they see both an oncology specialist and a primary care physician, data from a study of trends in survivor care between 1998 and 2002 in nearly 24,000 survivors suggest.

Claire F. Snyder, Ph.D., of Johns Hopkins University, Baltimore, and her colleagues used data from the Surveillance, Epidemiology and End Results Medicare-linked database (SEER-Medicare) to look at preventive, screening, and surveillance care trends in the 23,731 survivors of stage I-III breast cancer who were older than age 65 years, in fee-for-service Medicare, and diagnosed between 1998



Those patients who were seen by both types of providers were more likely to receive preventive care.

DR. SNYDER

and 2002. The survivors were grouped into five cohorts based on their year of diagnosis, and trends in this population were compared with those in controls.

Most survivors (55%-60% in each cohort) were followed during their first year of survivorship by both a primary care physician and an oncology specialist. The percentage of survivors who were followed by only an oncology specialist increased, and the percentage who were followed by only a primary care physician decreased over the study period, Dr. Snyder said.

The study was funded by the American Cancer Society.

Those patients who were seen by both types of providers were shown after risk adjustment to be more likely to receive each of the types of preventive care that were measured (J. Clin. Oncol. 2009 Jan. 21 [doi:10.1200/JCO.2008.18.0950]).

Of all survivors who were seeing both a primary care physician and an oncology specialist, 60% received flu shots, compared with fewer than about 50% in the other physician-mix groups; nearly 40% received cholesterol screening, compared with between 20% and just over 30% in the other groups; about 33% received colorectal cancer screening, compared with about 13%-22% in the other groups; and about 18% underwent bone densitometry, compared with fewer than 14% in the other groups, Dr. Snyder said.

The study was limited by the inclusion of only those survivors who were older than age 65 years in the Medicare fee-for-service program, and by the lack of data on why specific preventive services were or were not provided.

The findings emphasize the importance of coordination of care between both types of providers in providing follow-up care, she concluded.

In an earlier iteration of the study, data comparing 23,731 survivors with an equal number of "screening controls" (defined as those matched by age, ethnicity, sex, and region, as well as mammogram in the survivor's year of diagnosis) were presented by Dr. Snyder at the annual meeting of the American Society of Clinical Oncology.

Breast cancer survivors were found to be less likely to receive preventive care,

with the exception of mammography, than were screening controls. However, trends over time in survivors' care tended to be better than in screening controls, Dr. Snyder said. No differences were seen over time in trends in primary care provider visits, but survivors' visits to other physician specialists increased faster than did those of controls.

Both survivors and screening controls received more flu shots (with similar in-

creases over time in both groups), and more cholesterol screening (with a faster increase in rates among survivors over time) in 2002, compared with 1998. Also, more survivors received bone densitometry in 2002, compared with 1998; the rate in screening controls didn't change significantly over time. In the case of colorectal cancer screening, both groups received less screening in 2002, compared with 1998, she said. ■

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*Whether these observed differences represent true differences in the effects of Levemir®, NPH insulin, and insulin glargine is not known, since these trials were not blinded and the protocols (eg, diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences in weight has not been established.

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