

Move to Primary Care Scary for Some Ca Patients

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — Many people experience fear, anxiety, and depression during the transition from cancer patient to survivor, according to a panel of oncologists, survivors, patient advocates, and others at the annual conference of the National Comprehensive Cancer Network.

Patients should be screened at the very least for anxiety and depression after the acute treatment period, said Mary S. McCabe, R.N., who runs a program for adult cancer survivors at Memorial Sloan-Kettering Cancer Center in New York City. In her experience, many patients can handle their initial treatment psychologically, “but they then run out of gas, and face both anxiety and depression. ... They tell us that this is often the scariest time after the diagnosis. Up until then, there has been a plan.”

Oncologists need to start addressing the gamut of patients’ concerns before they transition back to their primary care provider, said Elizabeth Edwards, patient advocate, attorney, and wife of former North Carolina Senator and vice

presidential candidate John Edwards. She noted that oncologists are the ideal providers to discuss end-of-life concerns with survivors.

“I have developed trust with this person, I have placed my life in their hands, and I want to hear information from them, even if they refer me,” said Ms. Edwards, who has breast cancer.

It helps when oncologists address end-of-life issues early in the course of treatment, said Dr. Douglas W. Blayney, medical director at the University of Michigan Comprehensive Cancer Center, Ann Arbor. He typically tells patients: “We will only talk about the end now, once, and you can bring it up any time you want.” Having that conversation proactively and “letting the patient know you’re open, that you’re not going to talk doom and gloom all the time,” helps people feel comfortable talking about their biggest worry. “Working that into your conversation at the second or third visit saves time down the road, and it’s the polite thing to do.”

Quality-of-life issues are also important, said Dr. Blayney, who urged oncol-

ogists to be open to a discussion of sexual health issues. “Many of us at large institutions have a team who can explore these things ... but we as doctors need to introduce that to patients,” said Dr. Blayney, who is incoming president of the American Society of Clinical Oncology.

“Patients assume we only want to know what happens to them physically, but [sexuality] is a huge area of recovery for patients,” agreed Ms. McCabe.

Oncologists need to be proactive about asking survivors about all aspects of their lives, said Dr. Kenneth Miller, medical director, Lance Armstrong Foundation Adult Cancer Survivorship Clinic at the Dana Farber Cancer Institute in Boston. “Often, we ask cancer survivors how they are doing and they say ‘fine.’ But there is a family member there nodding their heads no.”

An automated system that screens survivors for various issues would be ideal, said Catherine M. Alfano, Ph.D., program director, National Cancer Institute Office of Cancer Survivorship. The Institute of Medicine outlined such a systematic process in an October 2007 re-

port called “Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs.” The number of issues that some patients want to discuss can be “overwhelming,” she said. Addressing these issues in a systematic way is key.

Patients have a tough time transitioning to primary care. “People want to cling to their cancer treatment providers. But clearly the doctors and nurses have to move on to take care of other people,” said Sam Donaldson, former ABC News anchor and a survivor of melanoma from a diagnosis in 1995.

Oncologists have a significant role to play in easing that transition. New guidelines from NCCN address Cancer Survivorship Care, and are aimed at guiding this process.

The transition time is also a period of opportunity, when doctors can teach patients how to optimize their time as survivors, and emphasize the importance of healthy nutrition, exercise, bone health, and smoking cessation.

Acute care and long-term survivorship “are both teachable moments,” said Dr. Miller. ■

Some Cancer Survivors Can't Afford Needed Medical Care

BY PATRICE WENDLING

Slightly more than 2 million cancer survivors in the United States forego necessary medical care because of cost concerns, and Hispanics and African Americans are twice as likely to do so, new research suggests.

Using the annual National Health Interview Survey database for 2003-2006, investigators identified 6,602 adult cancer survivors and 104,364 individuals with no history of cancer. During the survey, individuals were specifically asked if, during the past 12 months, there was a time when they needed medical care but did not get it because they could not afford it.

The overall prevalence of forgoing care because of cost among cancer survivors was 8% for general medical care, 10% for prescription medication, 11% for dental care, and 3% for mental health care, lead author Kathryn E. Weaver, Ph.D., and associates reported at a conference sponsored by the American Association for Cancer Research.

Based on this analysis, “slightly more than 2 million cancer survivors did not get the medical care that they needed because of cost,” Dr. Weaver, a cancer prevention fellow at the National Cancer Institute, said in an interview. There are 12 million cancer survivors in the United States, according to the most recent NCI Surveillance, Epidemiology, and End Results (SEER) data through 2007.

“Access to medical care is vitally important to this population, and we need to find ways of increasing their access to needed medical services,” she said. “Short of that, physicians should be aware that a significant number of cancer survivors are not getting care, and should make efforts to hook them up with free or low-cost services.”

When compared with white survivors, Hispanic survivors were more likely to forgo medical care (odds ratio, 1.55), prescription medications (OR, 2.14), and dental care (OR, 2.31). African American survivors were more likely than white survivors to forgo prescription medications (OR, 1.87) and dental care (OR, 1.57).

“The reason for this [underutilization] is largely due to insurance coverage rates, because when you adjust for coverage status and education, the disparity disappears,” she said.

In all, 12.5% of the 3,141 cancer survivors who were younger than 65 years had no insurance coverage, compared with 20% of those of a similar age without a history of cancer.

After adjustment of the data for health insurance status, education, and non-cancer related comorbidities, none of the interactions between cancer history and ethnicity was significant in the 3,461 survivors aged 65 years and older—a population almost entirely covered by the national Medicare program.

After adjustment, Hispanics aged younger than 65 years without a history of cancer were significantly less likely than their white counterparts to forgo medications (OR, 0.76) and dental care (OR, 0.74), but this pattern reversed for cancer survivors, Dr. Weaver said. Younger Hispanic cancer survivors were significantly more likely to forgo prescriptions (OR, 1.19) and dental care (OR, 1.31), compared with young white survivors.

Younger Hispanic cancer survivors may perceive such services, which are typically paid out of pocket, as being less important than seeing a physician, Dr. Weaver said. Some suggest that Hispanics in the general population are less likely to forgo health care services because of the “healthy immigrant effect.” This hypothesis has been suggested as an explanation for lower rates of many chronic diseases—including breast, cervical, and ovarian cancers—in recent immigrants, although this health advantage seems to disappear as time residing in the United States increases, she said.

Dr. Weaver acknowledged that the number of ethnic minority survivors in the sample was small, but said it is possible to extrapolate the findings to American cancer survivors because the population-based National Health Interview

Survey is representative of the general population at large, and it oversamples the number of blacks and Hispanics.

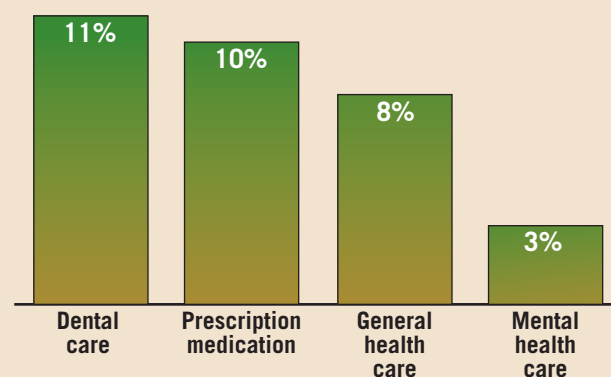
The study was limited by a lack of information on the survivors’ treatment status, she said. What was known is that 59% of survivors were more than 5 years post diagnosis at the time of the survey, 36% were 1-5 years post diagnosis, and 5% were less than 1 year since diagnosis.

The time since diagnosis was not significantly related to the forgoing of medical care, but should be studied further because of the potential for cancer recurrence and chemotherapy side effects (such as heart failure) to emerge over time.

“We need more research to look at cancer survivors who are at different points in the survival trajectory to understand what the financial barriers to care are at each of these points, because they might differ,” Dr. Weaver said. “Something we’re extremely concerned about in the [NCI’s] Office of Cancer Survivorship is the occurrence of late effects of cancer and its treatment.”

The study was supported by the NCI. The investigators disclosed no conflicts of interest. ■

Percentage of Cancer Survivors Forgoing Care Because of Cost



Note: Based on data from 6,602 adult cancer survivors.
Source: Dr. Weaver