Many Diabetes Patients Skip Annual Mammogram

BY KATE JOHNSON
Montreal Bureau

Quebec City — One-third of menopausal women with diabetes do not receive annual screening mammography, according to results of a large study.

"Even though they had more frequent visits to physicians, compared with healthy women, women with diabetes have a 32% lower likelihood of getting mammograms," said Lorraine Lipscombe, M.D., a research fellow at the Institute for Clinical Evaluative Sciences, Toronto.

The retrospective study included approximately 69,000 women with diabetes, aged between 50 and 69 years, and compared them with about 663,000 controls of the same age, she reported at the joint annual meeting of the Canadian Diabetes Association and the Canadian Society of Endocrinology and Metabolism.

The women's medical records were taken from a provincial database as well as the Ontario Diabetes Database and tracked for 2 years, starting from their first physician visit to determine whether they had a screening mammogram, said Dr. Lipscombe, also of Sunnybrook and Women's College Health Sciences Centre, Toronto.

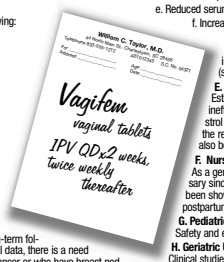
Compared with healthy women, those with diabetes had more physician visits per year (nine versus seven) and were more likely to see a specialist (29% versus 11%). However, significantly fewer diabetic women had at least one screening mammogram during the study period (38% vs. 47%, odds ratio 0.68).

This finding is of particular concern in light of evidence that suggests there may be an increased risk of breast cancer in women with diabetes, Dr. Lipscombe told this newspaper.

The mechanism for this increased risk may be a higher rate of obesity in this population, which can predispose women to breast cancer. It may also be related to insulin exposure, she said.

"Not just treatment with insulin, but possibly also the fact that there is a state of insulin resistance for many years before the onset of diabetes. This means that the body makes more insulin than normal, and because insulin is a growth factor it can increase the risk of breast cancer," she said.

The study results suggest that primary preventive care may be suboptimal in diabetes patients, and physicians should consider ways to ensure that patients get regular mammography reminders, according to Dr. Lipscombe. ■



Anastrozole Deemed Cost-Effective

San Antonio — Anastrozole is a cost-effective alternative to generic tamoxifen for primary adjuvant therapy in postmenopausal women with early-stage breast cancer, according to a new economic analysis.

Based upon the 68-month efficacy and safety data from the Arimidex, Tamoxifen, Alone or Together (ATAC) trial—see accompanying story—5 years of adjuvant anastrozole cost an estimated $23,740 per quality-adjusted life-year gained beyond that achieved with 5 years of tamoxifen, Gershon Y. Locker, M.D., reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

That's well within the bounds of what's considered reasonably cost-effective and reimbursable by U.S. health care standards, which variously define the threshold for cost-effectiveness as $50,000-$100,000 per quality-adjusted life-year, noted Dr. Locker of Evanston (Ill.) Northwestern Healthcare and Northwestern University.

The estimated incremental cost-effectiveness for anastrozole compared to tamoxifen was $29,132 per life-year gained without considering quality of life, the oncologist added.

His analysis used published (2004 Drug Topics Red Book) wholesale acquisition costs of $6.56/day for anastrozole (Arimidex) and $1.33/day for generic tamoxifen. The study factored in the direct medical costs of the increased rates of recurrent breast cancer, stroke, venous thromboembolism, and other adverse events associated with tamoxifen therapy, as well as the greater fracture risk entailed in anastrozole therapy.

—Bruce Jancin

Pages 22a—22d◊