Coordinating Care for Breast Cancer Pays Off

BY SHARON WORCESTER
Southeast Bureau

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 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 more likely to receive preventive care.

DR. SNYDER

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 increases 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.

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

For your patients with type 2 diabetes, start once-daily Levemir®

Levemir® helps patients with diabetes achieve their A1C goal.1,2

• 24-hour action at a once-daily dose4
• Provides consistent insulin absorption and action, day after day4,5
• Less weight gain2,3

For more on managed care plans, visit novomedinlink.com/Levemir

References:
1. Davis KB, Voskuil ME, Brown MR, Guo Y, Heidrich HF, Brandenburg KR, Curb JD, Merkatz IR, Ladowski SR. Health status and outcomes in patients with type 2 diabetes who were switched from insulin to insulin analogues: a randomized controlled trial. J Clin Endocrinol Metab. 2009 Mar;94(3):926-34.

Please see brief summary of Prescribing Information on adjacent page.

Levemir® and Levemir® are registered trademarks of Novo Nordisk A/S. © 2008 Novo Nordisk Inc. 191336932. November 2008