

## POSTER ABSTRACTS

9<sup>th</sup> Annual HMO Research Network Conference

April 1-2, 2003 Denver, CO

Cancer  
39

### Routine Surveillance Care Receipt Among Cancer Survivors.

Jan Simpkins, MA., Henry Ford Health System, Center for Health Services Research  
Gary Chase, Ph.D., Penn State University, University Park, Pennsylvania  
Jennifer Elston Lafata, Ph.D., Henry Ford Health System, Detroit, Michigan  
Christine Cole Johnson, Ph.D., Henry Ford Health System, Detroit, Michigan  
Lois Lamerato, Ph.D., Henry Ford Health System, Detroit, Michigan  
Marianne Ulcickas Yood, ScD., Yale University, New Haven, Connecticut  
David Nathanson, M.D., Henry Ford Health System, Detroit, Michigan  
Greg Cooper, M.D., Case Western Reserve University, Cleveland, Ohio

**Background:** A number of guidelines advocate for routine surveillance to detect recurrent cancer and monitor for new primary tumors among cancer survivors. Yet little is known regarding the use of such care. Furthermore, indications for care received by cancer survivors is also not well understood.

**Methods:** A cohort of patients diagnosed with breast, colorectal, endometrium, lung, or prostate cancer between 1990 and 1995, who received treatment with curative intent were identified via tumor registry (N=100 per cancer). Information on outpatient care received and indication were compiled from medical records. Indication was determined according to the following taxonomy: SURV - routine surveillance or screening in the absence of signs or symptoms suggestive of recurrence or new primary; DIAG - diagnostic of signs or symptoms, follow-up to abnormal or non-diagnostic procedure, or unrelated to cancer surveillance or diagnosis. The proportion of procedures delivered by indication was determined overall and by cancer site. The most commonly received SURV procedures were identified and compared to national guideline recommendations.

**Results:** In the first 18 months of follow-up the majority (82%) of procedures was delivered for SURV purposes, ranging from a high of 91% among endometrial cancer survivors to a low of 75% among breast cancer survivors. The table indicates national guideline recommended SURV care and the 4 most commonly received SURV procedures by cancer site.

#### Site Guideline

Recommendation Percent of Cohort Receiving SURV Procedure in 18 Months Following Curative Treatment Breast  $\geq 2$  Office Visits

1 Mammogram Office Visit

84% Mammogram

68% Liver Enzyme Test

52% PAP Smear

51%

Colon  $\geq 2$  Office Visits

0-1 Colon Exam

## POSTER ABSTRACTS

9<sup>th</sup> Annual HMO Research Network Conference

April 1-2, 2003 Denver, CO

### Cancer 39

Office Visit  
92% Carcinoembryonic Antigen  
54% Colonoscopy  
51% Liver Enzyme Test  
46% Endo.  $\geq 2$  Office Visits Office Visit  
93% PAP smear  
93%  
Digital Rectal Exam  
91% Mammogram  
56% Lung  $\geq 2$  Office Visits  
0-4 Chest X-rays Office Visit  
97% Chest X-ray  
83% Liver Enzyme Test  
44% Clinical Breast Exam  
37% Prostate  $\geq 1$  Office Visit  
 $\geq 2 + \leq 4$  PSA Office Visit  
97% Prostate Specific Antigen 83% Liver Enzyme Test  
47% Prostate Acid Phosphatase  
35%

**Conclusion:** Findings indicate that the majority of outpatient care received by cancer survivors is for routine surveillance, but that many patients do not receive recommended SURV care, particularly among breast and colon cancer survivors.