

# Reconstructive Surgery Discussion May Be Helpful

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CARMEL, CALIF. — Taking the time to discuss reconstructive surgery with low-income women who undergo mastectomy for breast cancer has a direct, positive impact on their decision to have reconstructive surgery, results from a large survey showed.

Having such a discussion “may overcome disparities in receipt of reconstructive surgery in underserved women and is a potentially malleable factor,” Elaine Kwong said at the Western regional meeting of the American Federation for Medical Research. “Standardized protocols for discussion of breast cancer treatment options should be considered to overcome potential literacy and language barriers.”

Ms. Kwong, of the the University of California, Los Angeles, and her associates at the university’s school of public health conducted a longitudinal survey of 357 breast cancer patients who were receiving breast cancer treatment through the Medical Breast and Cervical Cancer Treatment Program. Women eligible for this program live below 200% of the federal poverty level.

Study criteria included being over age

17, having a first diagnosis of breast cancer within the last 6 months, being English or Spanish speaking, and not currently being treated for other cancers.

During telephone interviews with the women at 6 months and 18 months after their breast cancer diagnosis, the researchers administered the five-item version of the Perceived Efficacy in Patient-Physician Interactions Questionnaire, a scale that indicates patients’ confidence in communicating with providers.

Multiple regression analysis revealed that only discussion of reconstructive surgery by a health care professional had a significant relationship with reconstructive surgery that was either received or planned. This was independent of age, ethnicity, education, marital/partnered status, perceived health status, and other components of patient-physician communication.

Specifically, women who had discussions of reconstructive surgery with any

health care provider were 5.8 times more likely to undergo or schedule surgery, compared with those who did not have such discussions.

Being of Asian/Pacific Islander descent and being married or partnered negatively predicted the likelihood of undergoing or scheduling reconstructive surgery.

Breast cancer is the most common cancer in women and is also the second leading cause of cancer-related death in women. ■

## Postcards, E-Mail Both Work as Ca Screen Prompts

WASHINGTON — E-mail may be a convenient way to remind patients about routine health screening, but when it comes to mammograms, it’s no more effective than the good old-fashioned postcard, according to researchers from the Mayo Clinic in Rochester, Minn.

The clinic’s primary care unit sent notices to more than 6,600 women over 40, reminding them to come in for a routine mammogram.

The U.S. Preventive Services Task Force recommends that women over 40 receive a mammogram every 1-2 years.

Researchers found that the notices work: Women who had received reminders were significantly more likely to show up for a routine screening than were those women who had not received a notice.

Add in immunizations, lipid screens, and other preventive services, and reminders raised the chances of being fully up-to-date by about 50%.

But e-mail was only marginally better than “snail mail” in prompting a mammogram.

Of women who got their notice by computer, 72% came in for screening, versus 68% who got a postcard.

The difference was not statistically significant, Rajeev Chaudhry and his colleagues reported in a study presented at annual symposium of the American Medical Informatics Association.

—Todd Zwillich



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