

PCPs Uncertain on Care for Cancer Survivors

BY CAROLINE HELWICK

NEW ORLEANS — Primary care providers often feel unequipped to deal with issues of cancer survivorship, according to a survey of 103 physicians, nurse practitioners, and physician assistants at the Henry Ford Health System in Detroit.

More than half (61%) were uncertain about their role in follow-up care (surveillance) for the most common types of cancer, Teresa Lynch, Ph.D., reported at the annual conference of the American Psychosocial Oncology Society. These included lung, breast, prostate, colorectal, bladder, melanoma, non-Hodg-

More than half (61%) of primary care physicians were uncertain about their role in follow-up care (surveillance) for the most common types of cancer.

kin's lymphoma, kidney/renal cell, leukemia, and endometrial malignancies.

Nearly half (46%) were uncertain of the patterns of morbidity associated with cancer treatments, she added, and 31% were uncertain as to what medical interventions are recommended for preventing or remediating morbidities associated with common cancers.

"Surveys of patients and professionals indicate that posttreatment cancer care is at best fragmented and at worse nonexistent," said Dr. Lynch, a psychologist at the Josephine Cancer Center at Henry Ford. "PCPs do want to care for cancer patients. They believe it is part of their role, but they are currently very unclear as to what their exact responsibilities are."

Dr. Lynch and her colleagues are initiating a survivorship program to address the posttreatment needs of approximately 4,000 new cancer patients a year at their center. The program will incorporate care plans into the electronic medical record (EMR), and provide education to fill the gaps in knowledge that they are identifying in surveys of PCPs.

This study involved 103 PCPs who provide services within the large, diverse health care system and who had access to EMRs. The online survey questioned their beliefs and attitudes about providing survivorship care—specifically, knowledge of survivorship care and surveillance.

About half of the respondents were house officers, 30% were senior staff, and the rest were nurse practitioners or physician assistants. In all, 42% were 20-30 years of age, 17% were 31-40, 14% were 41-50, and 27% were 51 years or older.

In all categories, older providers felt less familiar with the issues, and house officers felt most confident, Dr. Lynch reported. Significantly, older providers also said that they were not completely comfortable in caring for cancer patients.

"Providers definitely thought it was

important for them to understand cancer follow-up plans, but over 40% thought they did not receive timely information about changes in their patients' cancer status, medications, or treatments," she said. "Almost 30% of PCPs had difficulty determining patients' follow-up plans in the EMR."

More than half of the providers said they "rely" on patients to inform them of their follow-up plans. Yet more than 80%

of providers believed their patients are confused about follow-up.

"Based on these survey results, we believe that providers need a reliable source to guide their care of cancer patients, and patients need to be better informed about recommendations for follow-up care," she concluded.

Regarding psychosocial services, only about half of the respondents indicated that they were comfortable asking their

patients about emotional, family, and spiritual distress. Those who were more comfortable were also more likely to know when and where to refer patients for psychosocial services, and felt that their patients' needs were met by these referrals. Only 35% felt that the psychosocial needs of their patients were being met. ■

Disclosures: Dr. Lynch disclosed no conflicts of interest.

For patients with type 2 diabetes whose blood glucose is uncontrolled with orals alone

THIS IS NOT JUST A TIRE

IT'S SOMETHING WE TAKE FOR GRANTED UNTIL IT'S WEARING OUT



Treatment plans and glycemic targets should be individualized for each patient.

Important Safety Information About Insulin

Insulin is indicated to help control hyperglycemia in patients with diabetes mellitus. Possible side effects may include blood glucose levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Other medications and supplements could change the way insulin works. Glucose monitoring is recommended for patients with diabetes.

Defined as A1C <7%.

¹Including diet, exercise, and other diabetes medications.

References: 1. Holman RR. *Diabetes Res Clin Pract.* 1998;40(suppl):S21-S25. 2. Polonsky WH, Jackson RA. *Clin Diabetes.* 2004;22(3):147-150. 3. Hoerger TJ, Segel JE, Gregg EW, Saaddine JB. *Diabetes Care.* 2008;31(1):81-86. 4. Brown JB, Nichols GA, Perry A. *Diabetes Care.* 2004;27(7):1535-1540. 5. Data on file, sanofi-aventis, 2009. 6. Nathan DM, Buse JB, Davidson MB, et al. *Diabetes Care.* 2009;32(1):193-203. 7. Nathan DM. *N Engl J Med.* 2002;347(17):1342-1349.

Learn more at www.RethinkInsulin.com

sanofi aventis

© 2010 sanofi-aventis U.S. LLC

US.GLA.09.10.152