Mammography Rates 'Abysmal' for Mentally Ill

BY DIANA MAHONEY
New England Bureau

NEW ORLEANS — Women being treated for a mental health disorder may be getting shortchanged when it comes to preventive medical care, said Caroline C. Carney-Doebbeling, M.D.

A comparison of insurance claims data for 59,673 women with a mental illness diagnosis and 131,683 without one showed that the presence, type, and severity of the mental illness significantly influenced receipt of mammography during the 5-year period being considered, Dr. Carney-Doebbeling said at the annual meeting of the Society of General Internal Medicine.

The mammography rates for women diagnosed with severe anxiety and mood disorders "were abysmal," she noted.

Compared with women with no mental illness diagnosis, women who were classified as having moderately severe or highly severe symptoms of mental illness had odds ratios of 62% and 38%, respectively, for receiving a mammogram. Women with "low-severity" mental health symptoms were as likely as their peers without mental illness to undergo mammography, said Dr. Carney-Doebbeling of the University of Iowa.

The type of diagnosis also influenced mammography rates. "Women with any psychotic disorder, regardless of the severity, received fewer than half the number of mammograms as women in the control group," Dr. Carney-Doebbeling said.

The women who fared the worst were those with highly severe mental illness and a diagnosis of a somatoform disorder. "The likelihood of receiving a mammography in these women was only 17%," she said.

Data for the study came from an analysis of all Wellmark Blue Cross Blue Shield claims records during 1996-2001 for women aged 40-65 years who had filed at least one medical claim and who did not have a diagnosis of breast cancer. Women were classified as having a mental health disorder if this diagnosis was reflected in at least one claim during the eligibility period.

The criterion for low-severity mental health disorder was the absence of a dual mental health diagnosis or related hospitalization. A moderately severe classification was noted for those who had a dual diagnosis or hospitalization; a high-severity classification required the presence of both.

The investigators used multivariate logistic regression to compare mammography rates among women who had any mental illness diagnosis with those who had none, and to determine if there were associations between specific type and severity of mental health disorders. The analyses were adjusted for age, number of months of eligibility, rural residence, and number of non–mental health visits to primary care physicians and ob.gyns.

"With few exceptions, mental illness was a significant barrier to mammography receipt among women in this study," Dr. Carney-Doebbeling said. "There is no clear indication of why this should be, considering all of the women were insured and should have had similar access to mammography facilities."

It is possible the fragmentation of the current mental health care system serves as a barrier, she said, "as prior studies have noted that women with chronic mental health disorders often have difficulty with care disparities."

"These data have significant implications for the overall health of women," particularly in light of the high incidence and prevalence of mood and anxiety disorders in women, Dr. Carney-Doebbeling said. More research is needed to understand the relationship between the underuse of mammography and mental illness/mental health care to develop effective interventions for increasing screening rates in this population, she concluded. ■

Adding Bevacizumab Improves Breast Cancer Survival Rates

BY JANE SALODOF MACNEIL
Southwest Bureau

ORLANDO, FLA. — Adding the antiangiogenic agent bevacizumab to standard chemotherapies for breast cancer produced significant survival gains in a phase III trial reported at the annual meeting of the American Society of Clinical Oncology.

The results were hailed both as a step into the mainstream of cancer treatment for targeted agents and as an advance likely to change the standard of care for breast cancer.

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Bevacizumab, a monoclonal antibody, blocks vascular endothelial growth factor (VEGF), preventing the growth of blood vessels that feed tumors. The Food and Drug Administration approved the drug last year for the treatment of advanced colorectal cancer when used in combination with a chemotherapy regimen consisting of irinotecan plus 5-fluorouracil (5-FU) and leucovorin.

The antiangiogenic strategy, proposed in 1971 by Judah Folkman, M.D., of Children's Hospital Boston (N. Engl. J. Med. 1971;285:1182-6), was long doubted by many in the oncology community. That began to change in 2003, with the report of a 5-month survival advantage with the addition of bevacizumab to standard therapy for advanced colorectal cancer.

Genentech Inc., the maker of Avastin, supported the study. The company also is supporting clinical trials of the drug in ovarian, renal cell, and other cancers.

In the first interim report from the first trial of an antiangiogenic agent for breast cancer, bevacizumab has so far improved overall survival 33% for patients who received the agent in addition to standard first-line therapy with paclitaxel for locally recurrent or metastatic breast cancer. The multicenter trial randomized 350 patients to the bevacizumab-paclitaxel combination and 365 to standard treatment.

Principal investigator Kathy Miller, M.D., said although the data are still early, progression-free survival and response were clearly improved.

Dr. Miller of Indiana University Cancer Center in Indianapolis reported that median progression-free survival was 11.0 months in the bevacizumab-paclitaxel arm, compared with 6.1 months for women who only were treated with paclitaxel (hazard ratio 0.50). She said 28.2% responded to the combination therapy, but only 14.2% responded to paclitaxel alone.

Although 13.3% of bevacizumab patients were treated for grades 3 and 4 hypertension, Dr. Miller said side effects were manageable. Bleeding occurred in fewer than 1% and proteinuria in 2.5% of the bevacizumab patients.

Grade 3 neuropathy also was more common with bevacizumab, occurring in 19.9%, versus 13.6% of the control arm.

Commenting on the trial, Eric P. Winer, M.D., said unanswered questions include whether continuing on bevacizumab might be beneficial, and for how long.

Dr. Winer of Dana-Farber Cancer Institute in Boston said treating a breast cancer patient with bevacizumab costs $4,000 biweekly, or $104,800 for a year. He based his estimate on 95% of the wholesale price and a patient body weight of 60 kg, adding colon cancer treatment requires half the dose used in the breast cancer trial, sponsored by the National Cancer Institute and conducted by ECOG. ■

Panels Address Physician Roles in Managing Ca Survivors

BY JANE SALODOF MACNEIL
Southwest Bureau

ORLANDO, FLA. — Primary care physicians and other clinicians from specialties outside of oncology can expect to find their respective roles spelled out in new guidelines under development for medical management of cancer survivors.

Among the proposals in the works is an individual "end-of-treatment summary" that would be drawn up for each patient when he or she completes treatment. This would describe the therapies delivered and enumerate the long-term responsibilities of oncologists and other physicians in monitoring the patient for late effects.

Patricia A. Ganz, M.D., discussed the guidelines at the annual meeting of the American Society of Clinical Oncology (ASCO). In an interview, she said a template is nearly complete and will be available in November when an Institute of Medicine panel is to issue its report on medical and social issues facing adult cancer survivors.

Dr. Ganz, director of cancer prevention and control research at the Jonsson Comprehensive Cancer Center of the University of California, Los Angeles, is cochair of a new ASCO Survivorship Task Force, along with the society's incoming president, Sandra J. Horning, M.D.

The task force will hold its first formal meeting this month, outgoing ASCO president David H. Johnson, M.D., said. He also said the society's health services committee is drafting clinical practice guidelines addressing late effects of treatment, secondary malignancies, and psychosocial effects.

The Children's Oncology Group (COG) has already created a Web site, www.survivorshipguidelines.org, where gynecologists, internists, family physicians, and other health care providers can find "Long-Term Follow-up Guidelines for Survivors of Childhood, Adolescent and Young Adult Cancers." Smita Bhatia, M.D., said COG developed the guidelines in consultation with primary care and specialist physicians in response to an earlier Institute of Medicine report on survivors of pediatric cancers (April 2003).

"The biggest challenge is transitioning patients from pediatric to adult settings. We hope that the guidelines will smooth the transition somewhat," said Dr. Bhatia, director of epidemiology and outcomes research in the pediatric division of the City of Hope Comprehensive Cancer Center in Duarte, Calif. She described the guidelines (J. Clin. Oncol. 2004;22:4979-90) and Web site in her discussion of a study that found most childhood cancer survivors had severe health problems by age 45 years.

One challenge Dr. Bhatia cited is that late effects occur many years after these patients are treated in pediatric centers. By then, they usually are cared for in general adult practices where physicians may have limited access to their histories.

She cited a study that found "only 35% of childhood cancer survivors understand that serious health problems could result from past treatment" (JAMA 2002;287:1832-9). Just 72% could report their diagnosis precisely. Although 94% knew they had chemotherapy, fewer could name chemotherapy drugs such as doxorubicin (52%) and daunomycin (30%).

Kevin C. Oeffinger, M.D., principal investigator of the new sudy, estimated that a primary care physician might have three or four pediatric cancer survivors in his or her practice. "Most primary care physicians are not aware of the population, and survivors are not aware of the risk," said Dr. Oeffinger of the University of Texas Southwestern Medical Center at Dallas. ■