Who Should Provide Follow-Up Cancer Care?

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CHICAGO — Primary care physicians are willing to assume a greater role in providing comprehensive care to adult cancer survivors, new data suggest.

Of 330 community-based primary care physicians surveyed in Canada, 40% said they would be willing to assume exclusive care of patients immediately or within 1 year after completion of active treatment for breast, prostate, and colorectal cancer. One-third of physicians in the cross-sectional survey said they would do so for lymphoma patients.

Physicians located farther from cancer specialists were willing to accept earlier exclusive care of breast-, prostate-, and colorectal-cancer survivors, but not lymphoma survivors.

For all four cancer sites, physicians already providing care were significantly more likely to provide earlier exclusive care, according to results presented in a poster at the annual meeting of the American Society of Clinical Oncology.

The majority of physicians (69%) worked in a group practice, with 42% practicing in cities, 21% in suburbs, and 37% in rural areas or small towns. The average time to the closest cancer center was 58 minutes (median 30 minutes).

Follow-up care was defined as "well" routine cancer follow-up, and care after active treatment including surgery, chemotherapy, or radiation was complete and presumably curative.

Some Canadian oncology programs are starting to move toward discharging patients who are expected to do well or who are longtime survivors, lead investigator Dr. Lisa Del Giudice said in an interview.

Shifting care back to primary care physicians would make more efficient use of specialist care resources. However, more information was needed about the attitudes of primary care physicians and their willingness to provide exclusive care.

There are national and cancer organization guidelines regarding when to perform specific tests, but those guidelines don't address who should provide follow-up care, said Dr. Del Guidice of the University of Toronto and the Sunnybrook Health Sciences Centre.

Primary care physicians reported that the most useful tool in assuming patient care would be a standardized letter from oncologists that addresses the individual patient's needs. This was followed by printed guidelines, expedited re-referral to specialists, and telephone or mail advice from the specialist. More medical or support staff and pamphlets ranked at the bottom of the list.

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Primary care physicians were confident in their abilities, with two-thirds reporting they have the skills necessary to provide routine follow-up care. Just 37% agreed that specialists were more efficient at detecting occurrences than primary care physicians.

More than half (55%) of respondents reported that specialist clinics were overcrowded.

A majority (80%) of physicians felt they were more appropriate providers than specialists for addressing psychosocial support issues, Dr. Del Giudice and associates reported.

Although having primary care physicians provide follow-up cancer care could be cost effective, there are obstacles. Among respondents, 72% felt patients expect cancer follow-up from specialists, and only 23% believed that patients would rather go to their primary care physician for that care.

And 40% believed patients would not be adequately assured with follow-up from their primary care physician.

A randomized trial is planned to evaluate patient acceptance, and a second trial will examine administrative data to determine current practices and trends in follow-up cancer care in Canada, Dr. Del Giudice said. ■