

Cancer Patients Miss Shots in PCP-Specialist Gap

BY JANE SALODOF MACNEIL
Senior Editor

LOS ANGELES — Primary care physicians cannot assume cancer patients are receiving influenza or pneumonia vaccinations while in the care of oncology specialists.

When surveyed at the University of Pennsylvania in Philadelphia, a third of radiotherapy patients aged 50 years and older reported they never had an annual flu shot. Among those who were aged 65 years and older, 30% said that they never were vaccinated against pneumococcal pneumonia.

National guidelines call for vaccination of persons in these age groups. Moreover, by dint of their cancers and the treatments they were receiving, the patients surveyed were susceptible to life-threatening infections. Yet many of them said that they did not know about the vaccines, did not need them, or that the vaccinations were not recommended by a physician.



Cancer patients see multiple physicians, none of whom oversee routine prevention and maintenance measures.

DR. VAPIWALA

Such patients are falling into a gray zone, according to Dr. Neha Vapiwala, who presented results of the 214-person survey in a poster at the annual meeting of the American Society for Therapeutic Radiation and Oncology. Cancer patients see multiple physicians, none of whom are taking responsibility for routine prevention and maintenance measures, she said.

Although primary care physicians were more likely to recommend vaccinations than oncologists were, they did not do so routinely, according to the subgroup of patients who were vaccinated. Only 7% said a cancer specialist discussed vaccinations with them; 44% cited conversations with their primary care physicians.

"If there is ever a question about that cancer patient sitting in your office—a question about which routine health maintenance and prevention measures should or shouldn't be recommended—pick up the phone, send that e-mail, communicate with the oncologist," Dr. Vapiwala urged primary care physicians during a press briefing at the meeting.

Clearer mandates are needed on vaccinations for cancer patients and "which physician is responsible for what," she said. "Until that happens, we have patients now every single day in our clinic where assumptions are being made that specialist X is taking care of this item and primary care physician Y is taking care of that."

Though the study relied on patient responses, Dr. Vapiwala, a radiation oncologist at the university, said anecdotal experience supports the finding that

vaccinations are being overlooked by oncologists.

"We only have to survey the 12 physicians in our department to find the overwhelming majority are guilty. I include myself in that group," she said.

Patients with a wide range of cancers were surveyed in outpatient clinics at the University of Pennsylvania. An unusually high proportion, 98%, completed usable questionnaires. Overall, 28% of patients reported having received one or two doses

of the pneumococcal vaccine. More than half, 58%, said they had yearly flu shots. The median age was 56 years.

The investigators reported no difference among cancer types or treatment regimens with respect to inadequate vaccinations. "There is no reason to believe any of these patients—being in an outpatient setting—had any condition that would prevent them from receiving their vaccines," Dr. Vapiwala noted.

Asked whether using electronic health

records to prompt oncologists might be a solution, she said that would be of limited help in tracking which patients need the flu shots.

"Everyone in the room can go get it [a flu shot] at the supermarket, but the people who are actually really sick are not getting it anywhere because they either think they don't need it or they think they are too sick or their doctor didn't bring it up," she said with the admonition: "Somebody has to bring it up." ■

High expectations
for lowering
very high triglycerides (≥500 mg/dL)

Important Safety Information:

1. LOVAZA is contraindicated in patients who exhibit hypersensitivity to any component of this medication.
2. Before instituting LOVAZA therapy, it should be confirmed that TG levels are consistently abnormal.
3. LOVAZA should be used with caution in patients with known sensitivity or allergy to fish.
4. The patient's TG, LDL-C and ALT levels should be monitored periodically during LOVAZA therapy. In some patients, LOVAZA increased LDL-C. LOVAZA therapy should be withdrawn in patients who do not have an adequate response after 2 months of treatment.
5. Some studies with omega-3-acids demonstrated prolongation of bleeding time, which did not exceed normal limits and did not produce clinically significant bleeding episodes. Patients receiving treatment with both LOVAZA and anticoagulants should be monitored periodically.
6. There are no adequate and well-controlled studies in pregnant women. Use LOVAZA during pregnancy only if the potential benefit justifies the potential risk to the fetus; and use with caution when administering LOVAZA to breastfeeding women.
7. LOVAZA was well-tolerated in controlled studies. The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain.
8. Please see full prescribing information.

References: 1. Lovaza Prescribing Information. Liberty Corner, NJ: Reliant Pharmaceuticals, Inc; 2007. 2. Data on file, Reliant Pharmaceuticals, Inc. 3. Ginsberg HN. Insulin resistance and cardiovascular disease. *J Clin Invest*. 2000;106:453-458. 4. Stalenhoef AFH, de Graaf JD, Wittekoek ME, Bredie SJH, Demacker PNM, Kastelein JJP. The effect of concentrated n-3 fatty acids versus gemfibrozil on plasma lipoproteins, low density lipoprotein heterogeneity and oxidizability in patients with hypertriglyceridemia. *Atherosclerosis*. 2000;153:129-138. 5. Garg R, Vasamreddy CR, Blumenthal RS. Non-high-density lipoprotein cholesterol: why lower is better. *Prev Cardiol*. 2005;8:173-177.



Reliant Pharmaceuticals, Inc.
Liberty Corner, NJ 07938

© 2007 Reliant Pharmaceuticals, Inc.

RLOV-C1005

August 2007