

Regular patient/clinician interaction can help increase follow-up cancer screening

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The line “talk to your doctor,” which appears in so many medical-related advertisements, is apparently right. An analysis of colorectal cancer (CRC) patients who maintained regular contact with their clinicians (doctors, nurses, specialists) indicates those patients are more likely to follow recommendations for detecting cancer recurrence than patients who do not. In fact, researchers found CRC patients were more than twice as likely to adhere to medical follow up procedures if they had regular patient clinician information engagement (PCIE).

The study was conducted by a team of researchers from the Center of Excellence in Cancer Communication Research (CECCR) at the University of Pennsylvania’s Annenberg School for Communication. The research team—doctoral student Andy S.L. Tan; Mihaela Moldovan-Johnson, Ph.D.; doctoral student Sarah Parvanta; Stacy W. Gray, MD; Katrina Armstrong, MD; and Robert C. Hornik, Ph.D.—followed over 300 CRC [patients](#) since 2005. The results of their work currently appear in the journal *The Oncologist*, the official journal of the Society for Translational Oncology. The article title is “Patient-Clinician Information Engagement Improves Adherence to Colorectal Cancer Surveillance after Curative Treatment: Results from a Longitudinal Study.”

The patients in the study—roughly half male, half female; mostly white (88.5 percent); a mean age of 68; and most (72.5%) indicating concern about cancer recurrence—responded to surveys over the three-year span of the study. All reported whether they had received specific follow up

screening tests—two or more office visits, two or more serum carcinoembryonic antigen (CEA) tests, and one colonoscopy. The study tracked how often these procedures were received in comparison to the amount of interaction patients had with their clinicians.

While only 41 percent reported receiving all three surveillance procedures, the researchers did note that patients who had consistent PCIE were 2.8 times more likely to adhere to recommended follow up tests.

In the article the research team acknowledges that several socio-demographic and clinical factors affecting whether or not someone follows advice cannot be modified. These include the patients' age, income level, race, and severity (stage) of the cancer. However, they note that understanding the impact and effects of PCIE can help health professionals develop pilot interventions to improve adherence through patient active engagement with their clinicians on cancer-related information.

“We recommend that prospective studies be considered to determine if pilot programs encouraging active patient engagement with clinicians about [cancer](#)-related information would be beneficial in terms of increasing the proportion of patients receiving post-treatment surveillance testing, and ultimately in improving patient outcomes and survival,” the researchers write in their conclusion.

More information: *The Oncologist* August 2012 [doi: 10.1634/theoncologist.2012-0173](https://doi.org/10.1634/theoncologist.2012-0173)

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