

# Patient navigation leads to faster diagnosis for breast cancer, according to new study

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Today researchers from The George Washington University published a study showing that breast cancer patients can reduce potentially dangerous delays in the identification of breast cancer with the assistance of patient navigation services. Patient navigation—a service that helps patients overcome barriers to getting health care, including setting up appointments, dealing with health insurance, and helping with fears about cancer—led to a nearly four-fold reduction in the time it took to diagnose a suspicious breast lump, the new study found.

"The time savings really paid off for the women in this study," says lead author Heather J. Hoffman, Ph.D., an associate professor of epidemiology and [biostatistics](#) at The George Washington University School of Public Health and Health Services (SPHHS). "A quicker diagnosis of [breast cancer](#) often translates to faster treatment and might give women a better shot at survival."

Hoffman led the analysis of "T1" data (time delay from suspicious finding to diagnostic resolution) as part of a team including Steven Patierno, Ph.D., principle investigator to the George Washington University (GW) arm of a [National Cancer Institute](#)-funded, national multicenter Patient Navigation Research Program (PNRP) and former executive director of the GW Cancer Institute. Additional analyses of this rich local and national data set are also underway. Patierno, formerly a professor in the GW School of Medicine and Health Sciences and SPHHS, is now the deputy director of the Duke Cancer Institute in North Carolina.

Previous research had suggested that navigation services can help women, especially low-income women, overcome obstacles that might result in long lags in diagnosis and treatment of breast cancer. Breast cancer kills more than 40,000 women every year in the United States and is a particular problem in the District of Columbia—a city that struggles with one of the highest breast cancer death rates in the nation.

Hoffman and the PNRP research team, which included seven other DC-based cancer health organizations, wondered if patient navigation might help address that burden in the nation's capital. To find out, the team studied 2,601 women who were evaluated at nine hospitals or clinics in the District of Columbia. All of the women had a breast lump, which raised the worry of cancer, and about half received navigation services. The remainder of the women got the standard advice to follow up on the lump but did not get the extra help that a patient navigator often provides, Hoffman said.

Navigators in the study were trained to deal with a lack of insurance, childcare difficulties and other barriers that can mean missed medical appointments and a delay in the provision of care. In some cases, women who do not get this extra help wait so long that a small and treatable cancer grows and becomes difficult, if not impossible, to stop.

The researchers discovered that patient navigation services shaved days off the time it took to get a diagnosis. For example, women in the navigated group had a mean diagnosis time for breast cancer of just 25 days. In contrast, women in the control group waited an average of 42 days to receive a diagnosis, a delay that slows down the next step—initiation of treatment: surgery, chemotherapy, radiation therapy or other treatments that can prevent the cancer from spreading.

Navigation services offered to women who needed a test known as a biopsy had even more of a time advantage: Women in this study who

needed a biopsy got a diagnosis in just 27 days if they received navigation. Similarly, women who did not get extra help in navigating the system found that it took a lot longer—an average of 58 days—to get a diagnosis of cancer.

"Navigators follow up with women and encourage them to go on for additional tests until they get an answer either one way or the other," Hoffman said, adding that many women feel overwhelmed or paralyzed by fear when they find a breast lump or get a mammogram with an abnormal result. "With help, many women are able to move forward to get the care they need," she said.

But this study also suggests that navigation services can also overcome other obstacles to care—such as the lack of health insurance. In fact, the team found that women without insurance who had the help of a navigator were significantly more likely to get a timely diagnosis compared to uninsured women who did not get navigation. Hoffman says uninsured women often have trouble finding health care providers who will treat them and they also face other barriers to care, including a lack of transportation to the clinic or childcare.

Hoffman, Patierno, and their colleagues published the study in the October issue of *Cancer Epidemiology, Biomarkers & Prevention*, a journal published by the American Association for Cancer Research. The authors say the study is limited to the District of Columbia and additional research is needed to determine if [women](#) in other cities or in rural areas will get a similar time edge when offered [navigation services](#).

Provided by George Washington University

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