

Cancer type affects quality of care survivors receive

February 14 2013



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Claire F. Snyder, Ph.D., of the Johns Hopkins School of Medicine in Baltimore, Md., and colleagues used data from the Surveillance, Epidemiology, and End Results-Medicare database to assess the quality of chronic and acute condition care for 8,661 cancer survivors who were diagnosed in 2004 (aged 66 years or older) and survived three or more

years. Cases were compared with 17,322 controls (mean age, 75 years) to examine the proportions receiving recommended care.

The researchers found that, compared with controls, colorectal cancer survivors were significantly less likely to receive appropriate care on chronic and acute indicators (odds ratio [OR], 0.88 and 0.72, respectively). For prostate cancer survivors, quality care was more likely for chronic indicators (OR, 1.28) and less likely for acute indicators (OR, 0.75). Compared with controls, for [breast cancer survivors](#), there was no significant difference in the quality of care for chronic or acute indicators.

"These results have several important implications. First, in terms of survivorship research, these findings indicate that analyses combining multiple [cancer types](#) may not be appropriate," the authors write. "In terms of clinical implications, these results suggest that there may be certain groups (e.g., colorectal cancer survivors) that are less likely to receive appropriate care."

One of the authors disclosed [financial ties](#) to Eviti.

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