

Breast cancer survivors who receive tailored health plans are more likely to get recommended care

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Credit: University of California, Los Angeles

Physicians of low-income breast cancer survivors are more likely to implement recommended survivorship care if the survivors also receive counseling and a tailored survivorship care plan, a study led by UCLA researchers has found.

Women who received these interventions following treatment reported

approximately 12.2 percent greater implementation of survivorship care recommendations than those who did not.

"The results are very exciting as they clearly demonstrate that the combination of a survivorship care plan with counseling can empower low-income women as they transition from [breast cancer](#) patient to breast [cancer](#) survivor," said Dr. Patricia Ganz, director of Prevention and Control Research at the UCLA Jonsson Comprehensive Cancer Center and a co-author of the study.

The study is published online in *Journal of Clinical Oncology*.

The nonprofit Institute of Medicine has long recommended the implementation of treatment summaries and survivorship care plans (TSSPs), with the objective to improve ongoing clinical care and the coordination of care of cancer survivors, and address the immediate post-treatment and long-term effects of the disease.

Low-income women are also a population in particular need of TSSPs because they tend to have less access to high quality healthcare. Despite this, there has been little data collected from clinical trials to support the widespread adoption of TSSPs and no standard protocol for their implementation, said Dr. Rose C. Maly, lead author of the study and a Jonsson Cancer Center member.

The study recruited 212 low-income and predominantly Latina (72.6 percent) women with stage 0–III breast cancer, who were between 10 and 24 months after their diagnosis, and at least one month past definitive treatment. The women were randomly assigned to receive either a survivorship care [intervention](#) or just the usual care. The intervention group received usual care plus a one-hour in-person counseling session with a survivorship care nurse, who then drafted individualized TSSPs.

Patient adherence to recommended follow-up care was 48.7 percent for those who received only usual care versus 55.7 percent in the intervention group. Physician implementation was 48.6 percent in the control group versus 60.8 percent in the intervention group. Physicians were more likely to implement recommended [survivorship care](#) when survivors were more satisfied with care and information.

The results also showed that the intervention was particularly effective in the Latina population. The TSSPs were provided in Spanish when appropriate, and Latinos have historically been shown to have poorer communication with their physicians. In this study, 97.1 percent of Latinas versus 73.7 percent of non-Latinas reported that the TSSPs improved communication with their doctors. The [intervention group](#) may have been more likely to benefit from an improved understanding of the TSSP and better informed interaction with their physician, Maly said.

As part of the one-hour intervention, study participants were coached to write down their three most important questions as a means of increasing communication with their physicians. Each woman was also encouraged to make an appointment with the physician most involved with her cancer care to discuss the TSSP, and to take a copy of her TSSP to future visits with other providers.

"One of the most important findings of this study is that women should not be afraid to ask their doctor to pay attention to their chief concerns," said Maly. "When [women](#) are empowered to better understand and talk about their survivorship needs, it is directly and positively related to [physician](#) implementation of their recommended care."

The UCLA researchers hope the study will lead to further investigation of whether these findings are unique to this vulnerable low-income population and their physicians, and if this type of intervention may have

wider applicability to other cancer survivor types and settings. Future research may also examine the impact of interventions on the symptoms experienced by [breast cancer survivors](#) as well as if the timing of interventions closer to the end of active treatment could result in greater benefit to patients, said Ganz.

More information: Rose C. Maly et al. Randomized Controlled Trial of Survivorship Care Plans Among Low-Income, Predominantly Latina Breast Cancer Survivors, *Journal of Clinical Oncology* (2017). [DOI: 10.1200/JCO.2016.68.9497](#)

Provided by University of California, Los Angeles

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