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Second opinions from comprehensive cancer centers changed treatment plans for African-American patients

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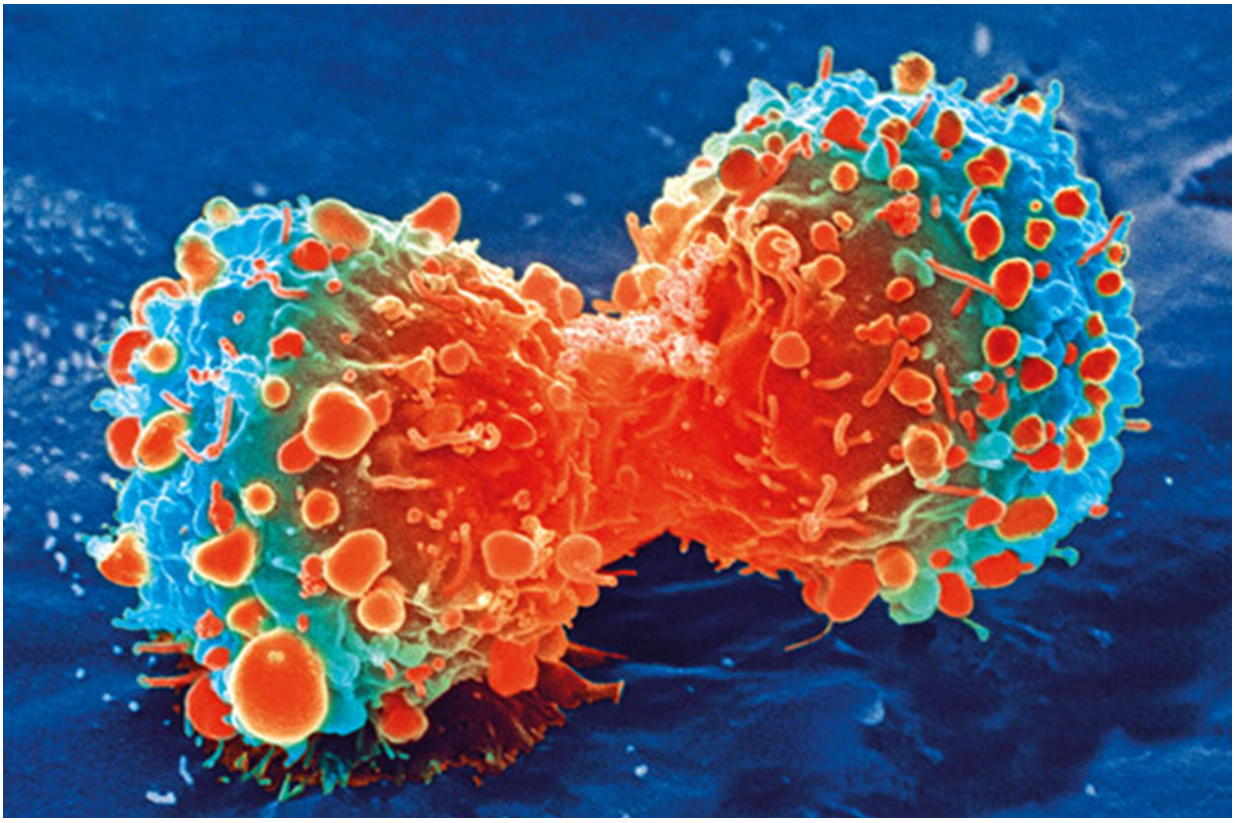

Cancer cell during cell division. Credit: National Institutes of Health

African American breast cancer patients who received second opinions from an NCI-designated Comprehensive Cancer Center (CCC)

experienced changes to their treatment plans, according to results of a developmental study presented at the 12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held here Sept. 20-23.

"Emerging research shows that NCI-designated Comprehensive Care Centers have the best cancer outcomes compared with all other clinical settings," said the study's lead author, Rena J. Pasick, DrPH, professor at the UCSF Division of General Internal Medicine and a member of the UCSF Helen Diller Family Comprehensive Cancer Center. Aside from providing patient care, these centers receive support from the National Cancer Institute to conduct research, including clinical trials.

Research has shown that African Americans and other ethnic minorities are under-represented as patients in CCCs, due to factors such as geographic distance, insufficient insurance, and perceptions that academic medical centers are less welcoming to diverse patients, Pasick noted.

In this study, Pasick and colleagues examined the feasibility of offering consultations by CCC physicians to African American women with breast cancer, and evaluated whether the second opinions made a difference in their treatment plan. Pasick said they chose this population because African American women have well-documented disparities in breast cancer mortality.

The researchers recruited 14 patients from the San Francisco Bay Area, and physicians from UCSF conducted consultations at no charge to the patients. Most consultations were conducted in person, with a few video sessions. Patients received coaching on how to ask questions and seek clarification. Patients were interviewed three weeks after the consultation, and again one year later to gauge the impact of the consultation.

Pasick found that all 14 patients received recommendations that ultimately changed their treatment plan. Some recommendations were for moderate changes, such as different ways to monitor the patients or manage side effects. Others were more significant, such as adding or changing medications, modification of monitoring plans, and recurrence prevention protocols.

Pasick cited one case in which a patient at a public hospital was being treated unsuccessfully with carboplatin and taxol for a stage 3 tumor associated with a p53 mutation. The CCC physician recommended a change to doxorubicin and cyclophosphamide. Two years later, the patient is in remission.

Pasick said this study, while small, indicates that adding a second opinion from a CCC has the potential to improve patient outcomes, and is worthy of future study in larger trials.

"CCC second opinion consultations are feasible, and can lead to improvements in treatment, monitoring, and management of side effects. For a relatively small cost to the CCC for each consultation, the institution can directly serve high-risk communities in a unique and potentially high-impact way," Pasick said. "That is a message to CCCs and to the highest level of the National Cancer Institute regarding an important opportunity for service."

She added that this study reinforces that patients should always consider a second opinion, and when possible, should seek it from an institution that conducts research and has access to the latest treatments.

Pasick said future research should examine cost-effectiveness and whether certain patient groups are most likely to benefit from second opinions.

Pasick cautioned that patients' trust in their treating clinicians is important and should not be undermined. Ideally, she said, experts from the comprehensive cancer centers and the other health facilities would work together, sharing expertise and working together for patient benefit.

More information: Lyen C. Huang et al. What factors influence minority use of National Cancer Institute-designated cancer centers?, *Cancer* (2013). DOI: 10.1002/cncr.28413

12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved: www.aacr.org/Meetings/Pages/Me … aspx?EventItemID=183

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