Roles of Hospital-Based Cancer Registries

**Education** — Reports of registry data help physicians evaluate the success of specific cancer treatments.

**Lifetime Patient Follow-up** — A cancer registry serves as an automatic reminder to physicians and patients to schedule regular physical examinations, thereby assuring continued medical supervision of cancer patients.

**Research** — The data collected and maintained in the registry is valuable for researchers interested in cancer causes, diagnosis, and treatment. Fundamental research on the epidemiology of cancer is initiated using the accumulated data.

**Cancer Registries Support Education, Patient Follow-up, and Research**

Hospital-based cancer registries collect, manage, and analyze data on persons diagnosed with cancer. Data uses vary according to the needs of the individual cancer programs. In hospital-based cancer registries, cancer registrars work closely with physicians, hospital administrators, and health care planners to maintain records of the patient’s history, diagnosis, therapy, and outcome. The three most important reasons for maintaining a cancer registry are education, lifetime patient follow-up, and research. The American College of Surgeons Commission on Cancer requires program participation in the maintenance of a hospital-based cancer registry. The United States now has more than 1,300 such programs.

**Roles of Hospital-Based Cancer Registries**

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**Reporting to the New York State Cancer Registry**

Each time a person is diagnosed with a new tumor, the hospital where the person is diagnosed and/or treated reports information about the person and tumor to the New York State Cancer Registry, located in Albany at the New York State Department of Health.

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**Breast Cancer Demonstration Project Staff**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Principal Investigator</td>
<td>Kathleen Ceccone</td>
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<tr>
<td>Advisory Board Chair</td>
<td>Dr. Harold Freeman</td>
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<td>Project Director</td>
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<td>Data Analyst</td>
<td>Carol Barry Lanzara</td>
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<td>Administrative Assistant</td>
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Department of Health. The Cancer Registry monitors cancer incidence throughout the state by collecting, processing, and reporting information about every New Yorker diagnosed with cancer. All information reported to the Cancer Registry is considered confidential.

State law requires hospital-based cancer registries to report information to the state registry. Public Health Law specifies that reports be submitted within six months of when the patient was seen. The state registry counts the number of tumors, not the number of hospital admissions. Reports from different hospitals and different years are matched in the registry database so that an accurate count of the number of tumors can be made.

Data from the registry are used to identify the need for public health interventions and evaluate the effectiveness of public health programs. The state registry also plays an important role in research. One recent study found a possible association between alcohol consumption and breast cancer. The state registry also published a report that contains county-level statistics on breast and cervical cancer. This report was designed to help county health departments and Breast Health Partnerships in their program planning efforts.

HANYS BCDP Interviews Hospital-based Cancer Registrars

The HANYS BCDP recently interviewed cancer registrars working at project hospitals to explore how registry data can support breast cancer services at their facilities. Resource planning and allocation were identified as additional reasons for maintaining a hospital-based cancer registry. A hospital with a cancer registry can assess the need for mammography services by examining how many patients are screened in the facility annually and whether they live in the hospital’s service area. This type of information can also be used in conjunction with the HANYS BCDP Mammography Screening Program Development Guide (described in September issue of Mosaic). The Guide uses nationally recognized data sources and marketing techniques to locate women at risk for breast cancer in a hospital’s service areas by neighborhood and provides additional information about their demographic characteristics and use of cancer services. Similarly, reports that identify the number of cases diagnosed at late stages and the demographic characteristics of breast cancer patients can be used in conjunction with the HANYS BCDP Outreach and Education Resource List to communicate prevention and treatment information. The information can be tailored to the population’s socioeconomic, cultural, and educational backgrounds. The Resource List is available online at the HANYS BCDP Web site by going to www.hanys.org/quality_index/Breast_Cancer_Project/breast_cancer_project.htm and clicking on “Resource List.”

In addition, a hospital-based cancer registry report showing that the breast cancer patient population has increased in age may affect treatment options and calculations of the hospital’s survival data.

According to the National Cancer Registrars Association, registry data may also be used to:

- develop criteria and procedures for evaluating the quality of patient care as required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- coordinate cancer program activities within the hospital in conjunction with the hospital cancer committee;
- analyze referral patterns of cancer patients to identify needs for future health care facilities;
- develop educational programs for hospital personnel, patients, and the public;
- plan, organize, and implement community cancer programs and community cancer control activities;
- coordinate cancer activities into a program approved by the American College of Surgeons and JCAHO; and
- report to central registries.

Additional information about cancer registrars can be found on the Web at the sites of the National Cancer Registrars Association (www.ncra-usa.org) and the New York State Cancer Registry at www.health.state.ny.us/hys/daily/cancer/cancer.htm.

Harold P. Freeman, M.D., President and Chief Executive Officer of North General Hospital in Harlem and HANYS BCDP Advisory Board Chair, was recently appointed Associate Director for Reducing Health Disparities at the National Cancer Institute (NCI). Dr. Freeman is an accomplished cancer researcher and renowned authority on the relationship between race, poverty, and cancer. He chairs the Presidents Panel on Cancer, an eleven-member board that reports directly to the President of the United States. Dr. Freeman has also served as President of the American Cancer Society and as Director of Surgery at New York’s Harlem Hospital Center.

In his role at the NCI, Dr. Freeman oversees implementation of a nationwide strategic plan to improve efforts to understand and reduce the vulnerability of many minority and under-served populations to cancer. National data and reports from the Institute of Medicine (IOM), NCI, and other sources document the extent to which racial and ethnic minorities and other medically underserved groups are more vulnerable to the disease. For example, although the rate of breast cancer in African Americans is not as high as in white women, African American women are more likely to die from the disease once it is detected.

NCI’s nationwide Strategic Plan to Reduce Health Disparities calls for:

- expanding research on the determinants of cancer-related disparities;
- expanding capacity to define and monitor these disparities;
- strengthening research on prevention, early detection, treatment, and communications;
- improving research dissemination and collaborations that will translate research into practice; and
- strengthening professional education and training and working to increase the number of minority scientists.

F.F. Thompson Hospital

In a program funded by the Canandaigua Business and Professional Women’s Organization, F.F. Thompson Hospital’s mammography department recently began offering background music to relax patients as they undergo stereotactic or needle localization biopsy procedures. A breast health nurse makes a compact disc player available for patients to use, and patients can bring their own recordings or borrow a music selection from the on-site library. Hospital staff report that patients have responded enthusiastically.

North General Hospital

North General Hospital in New York City recently established a cancer screening service as part of its Comprehensive Cancer Prevention Program. The service offers patients a one-on-one consultation with a specially trained nurse practitioner and screens for breast, cervical, prostate, and colon cancers. It is designed to identify individual health risks and social and environmental factors that have been linked to higher rates of cancer-related morbidity and mortality among disadvantaged and minority populations. Its goals are to:

- assess individual cancer risk by identifying lifestyle and familial influences and signs and symptoms associated with cancer diagnoses.

From the HANYS BCDP Sites
The NWHIC Web site contains a list of links to the resources that offer information and advice on breast cancer screening and treatment based on information from medical professionals. Yet patients, families, and caregivers have told us that there is significant variation in the information they get. These variations are most likely to cause confusion among patients from poorer socioeconomic backgrounds and patients with language, education, and cultural differences.

The HANCYS BCDP has updated its Web site to help caregivers and patients from varying backgrounds make breast health decisions. Following is a guide to using the HANCYS BCDP Web page in patient education.

The HANCYS BCDP Web page can assist health care providers in:

- providing consistent information and educational materials to patients,
- helping to reduce disparities in care in minority and under-served populations, and
- managing the wealth of breast cancer information that is available.

To access the HANCYS BCDP Web page, go to www.hancys.org and click on “Breast Cancer Project.”

Materials are organized separately for health care professionals and consumers and appear in two main profiles. The Health Promotion and Early Detection Profile contains publications designed to foster awareness and understanding of breast cancer and the need for early detection. The Patient Education and Support Profile includes publications designed to help health care providers treat and educate their patients. Spanish and Chinese language resources are available for consumers.

Reorganized and Expanded Web Links

HANCYS BCDP Web page has reorganized and expanded its breast cancer Web Links page to include foreign language resources, interactive information, listservs, electronic newsletters, and minority resources (see “What’s New on the Web?” on page 6). These new sections are described below.

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Proposed Agenda for the Measurement of Quality-of-Care Outcomes in Oncology Practice

This article reviews the different phases of cancer care and provides examples of ways to measure the phase-specific quality of breast cancer care in oncology practice. The authors state that using process and outcome measures could affect practice patterns and the health of populations.

Building Quality into Comprehensive Breast Care: A Practical Approach

The authors describe five building blocks of development in an attempt to simplify the process of defining, building, and delivering high-quality breast care, regardless of the practice setting or sponsoring organization.

Cultural Orientation: An Emerging Dimension of Quality in Women’s Health Services

Quantitatively, minority women access health services less frequently than their Caucasian counterparts. This article describes a qualitative basis to explain some of the differences in health care use, perspectives, and among women in selected cultural segments. It offers Hispanic and African American perspectives based on a review of the literature and primary market research and a list of actions through which health care providers can demonstrate cultural competency.

Measuring Quality in Women’s Health Care: Issues and Recent Developments

This study examines the work of the Women’s Advisory Panel of the National Committee for Quality Assurance to illustrate challenges and strategies for developing quality measures that address key health concerns of women and reflect their perspectives. The authors state that the development of quality measures in women’s health is essential for reporting that is meaningful for women, quality improvement efforts within health care organizations, and research to identify the conditions that optimize quality in women’s health care.

Gender and Patient Satisfaction with Primary Care: Tuning in to Women in Quality Measurement

The authors studied the relationship between patient gender and satisfaction with primary care visits. They used 1999 data on 1,691 women and 760 men making primary care visits in a large academic health system designated as a National Center of Excellence in Women’s Health. They found that women’s overall satisfaction is more dependent than men’s on informational content, continuity of care, and extent of multidisciplinary care. The study concludes that quality improvement and research in women’s primary care could benefit from gender analysis of patient satisfaction data and gender-sensitive patient satisfaction measures.

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RELATED PUBLICATIONS OF INTEREST

HANYS BCDP WEB PAGE: continued from page 3

ListServs/Electronic Newsletters — This section lists a broad range of electronic breast cancer newsletters, all of which are free of charge. The newsletters include information for health providers and cancer survivors ranging from multimedia educational tools and programs to clinical trials notification services.

Minority Resources — This section identifies information targeted at minority groups including African American, Asian, other women of color, lesbians, women with physical disabilities, and men. The resources include information on breast cancer, mammography, diagnosis and treatment options, and resource guides.

Resources Available Through HANYS BCDP Web Links Page

General Information — Government Resources

Overview — Federal

Breast Cancer News — New York State

Links — Interactive Information

Toll-Free Help Lines — ListServ/Electronic Newsletters

Resources in English and Spanish — Minority Resources

Best Practices/Clinical Guidelines — National Organizations

Cancer Resources and Guides — Patient Decision-Making Tools

Complementary Therapies — Research Summaries

Foreign Language Resources — Free Medical Search Sites

Support Groups/Survivorship — Support Groups/Survivorship

Web site — Consumer Designations

The HANYS BCDP is continually developing this Web site and welcomes readers’ questions and comments.

ADVISORY BOARD FOCUSES ON MEASURING OUTCOMES AND PATIENT NAVIGATION STRATEGIES

At its October 10 meeting, the HANYS Breast Cancer Demonstration Project (BCDP) Advisory Board focused on measuring treatment outcomes in breast cancer care and strategies for providing patient navigation to diverse non-English-speaking patient populations. The HANYS BCDP staff thanked the Advisory Board members for their participation and contributions to the project over the past two years.

Quality Breast Cancer Care and Treatment Outcomes

Bruce E. Hillner, M.D., presented an overview of cancer treatment outcomes in quality of care. Dr. Hillner, a professor and researcher at the Medical College of Virginia and the Massey Cancer Center, specializes in health care economics and the cost and effectiveness of cancer therapies. Dr. Hillner identified several organizational factors associated with improved breast cancer outcomes including:

- higher case volume,
- better technical delivery,
- early adoption of new treatments, and
- superior coordination of services.

He said that information from multiple systems and sources, including administrative claims, clinical records, and tumor registries (see related article on page 1), should be coordinated in breast cancer management. In addition, Dr. Hillner emphasized the need for prospective tracking systems that respond to external benchmarks. He offered the following recommendations to the HANYS BCDP for developing a model of breast health care:

- Distinguish between managing actual and suspected breast cancer.
- Focus on clinical data available from the cancer registry.
- Narrow the horizon of measurement activities to care given within one year of diagnosis.

The HANYS BCDP Advisory Board will consider Dr. Hillner’s advice as it continues to identify quality measurement tools for possible inclusion in a breast cancer care evaluation system. The Advisory Board has formed a subcommittee to focus on identifying process and outcome measures. Chair by Dr. Karen Kanisif, Director of the Breast Cancer Center at New York Hospital Medical Center of Queens, the committee will study and make recommendations to the Advisory Board regarding phase-specific quality measures for breast cancer care. Phase-specific refers to where a patient is in terms of diagnosis and treatment.

Patient Navigation for Diverse Populations

Patient navigators play an important role in advancing the HANYS BCDP’s goals of increasing patient access to cancer care and decreasing fragmentation of services. Navigators support patients throughout their course of care by providing information and bridging gaps that can occur in care.

The Advisory Board discussed how to implement patient navigation for non-English-speaking patient populations. Suggestions included:

- hiring bilingual patient navigators for the most commonly spoken languages,
- relying on bilingual community volunteers and staff from within the hospital,
- having bilingual students participate in patient navigation clinical experiences, and
- using teachers of English as a second language to refer interpreters.

HANYS BCDP Helps Care Providers Communicate with Non-English-Speaking Patients by:

- expanding the HANYS BCDP Web site to include links to cancer sites in more than a dozen foreign languages,
- providing the Education and Outreach Resource List (see story on page 3); and
- investigating the potential use of language translation software.
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- Governmental Organizations
- Best Practices/Clinical Guidelines
- National Organizations
- Cancer Resources and Guides
- Patient Decision-Making Tools
- Complementary Therapies
- Research Reports
- Foreign Language Resources
- Free Medical Search Sites
- Support Groups/Survivorship
- Web site Consumer Designations

The HANYS BCDP is continually developing this Web site and welcomes readers’ questions and comments.
Of Health and the NIH’s (HON) Breast Cancer Page. French Language English/Chinese vocabulary page is from a program sponsored by WGBH Public Broadcasting in Boston.

www2.wgbh.org/MBCWEIS/LTC/QSCC/chinlist.htm

This breast cancer links page, available in English and Spanish, contains links to sites in 12 foreign languages including Arabic, Chinese, French, German, Hebrew, Italian, Japanese, Korean, Portuguese, Russian, and Spanish.

HANYS BCDP Web page has reorganized and expanded its breast cancer Web Links page to include foreign language resources, ... newslet-ters, and minority resources (see “What’s New on the Web?” on page 6). These new sections are described below.

Breast Cancer Survivors, health professionals, and legislators.

The stated mission of the Cancereducation.com newsletter is to improve cancer care through the dissemination of up-to-date and accurate edu-ca-tional programming and information for health care professionals, cancer patients, and their family members. It includes access to multi-media educational tools and programs.

The Breast/Cancer NEWLettErs (distributed daily and weekly)

Register at: www.breastcancer.net

The BCSN Newsletter is delivered free of charge to over 5,300 breast can-cer survivors, health professionals, and legislators.

This breast cancer page, available in Portuguese, English, and Spanish.

The Breast Cancer News: Information for Survivors (distributed monthly)

Register at: www.healthweb.com/BreastCancer/BMCAll/CHS/breast_cancer_news.htm

The Breast Cancer News provides breast cancer survivors information to assist them in their efforts to deal with treatment and rehabilitation. It is delivered free to breast cancer survivors, support groups, and health professionals.

The Imaginis Breast Health Newsletter (distributed weekly)

Register at: www.imaginis.com/newsletter

The Imaginis Breast Health Newsletter contains breast health and women’s health news with content created by a team of breast health spe-cialists for women and their physicians.

BREAST CANCER E-MAIL NEWSLETTERS

IntElliHeaLth’s WEEKly CANcer EMails (distributed weekly)

Register at: www.intellihealth.com/ElHeli/WSW/HHW/000/24479/7046.html

IntElliHealth’s weekly Cancer E-Mail provides news and information on cancer along with links to resources. Its information and products are from more than 150 health care sources including Harvard Medical School, University of Pennsylvania School of Dental Medicine, the National Institutes of Health, other government agencies, major non-profits, pub-lishers, and news media.

The CANcerEDUCaTIOn.COM NEWSLtErs (distributed weekly)

Register at: www.cancereducation.com/CancerSysPages/NR/LogIn.html

The stated mission of the Cancereducation.com newsletter is to improve cancer care through the dissemination of up-to-date and accurate edu-ca-tional programming and information for health care professionals, cancer patients, and their family members. It includes access to multi-media educational tools and programs.

The Breast/Cancer NET NewsLETTERS (distributed daily and weekly)

Register at: www.breastcancer.net

The BCSN Newsletter is delivered free of charge to over 5,300 breast can-cer survivors, health professionals, and legislators.

The Breast Cancer News: Information for Survivors (distributed monthly)

Register at: www.healthweb.com/BreastCancer/BMCAll/CHS/breast_cancer_news.htm

The Breast Cancer News provides breast cancer survivors information to assist them in their efforts to deal with treatment and rehabilitation. It is delivered free to breast cancer survivors, support groups, and health professionals.

ImaGiNaS Breast Health Newsletter (distributed weekly)

Register at: www.imaginis.com/newsletter

The Imaginis Breast Health Newsletter contains breast health and women’s health news with content created by a team of breast health spe-cialists for women and their physicians.

BREAST CANCER AND ENVIRONMENTAL RISK FACTORS PRoGRAM- E UPDATE (BCERF)

Register at: www.ce.correedu/berc/upgrade.Signup.Cfm

The BCERF e-update, put out several times a year, highlights new addi-tions to the Cornell University BCERF Web site and developments in the area of environmental risk and breast cancer.

CENTeRWatch CLINICAL TRIALS PATIENT NOTIFICATION SERVICES

Register at: www.ce.centerwatch.com/patientsite

CenterWatch offers patients, friends, family members, and health profes-sional e-mail notification of upcoming clinical trials in particular therapeutic areas. This service also announces drugs that have been recently approved by the Food and Drug Administration in a particular therapeutic area.

HANYS BCDP WEB PAGE IS AN EFFECTIVE EDUCATION TOOL

HANYS BCDP Web Page is an Effective Education Tool for All Patients

Research shows that patients make decisions about breast cancer screen-ing and treatment based on informa-tion from medical professionals. Yet patients, families, and caregivers have told us that there is significant variation in the information they get. These variations are most likely to cause confusion among patients from poorer socioeconomic back-grounds and patients with language, education, and cultural differences.

The HANYS BCDP has updated its Web site to help caregivers and patients from varying backgrounds make breast health deci-sions. Following is a guide to using the HANYS BCDP Web page in patient education.

HANYS BCDP Web page can assist health care providers in:

- providing consistent information and educational materials to patients,
- helping to reduce disparities in cancer care in minor-ity and under-served populations, and
- managing the wealth of breast cancer information that is available.

To access the HANYS BCDP Web page, go to www.hanys.org and click on “Breast Cancer Project.”

Education and Outreach Resource List

The Education and Outreach Resource List, located in the Information and Literature section of the HANYS BCDP Web page, includes links to breast cancer education, out-reach, and disease management tools that span the contin-uum of care. The list is designed to help health care providers identify materials most appropriate for their patient popula-tions based on age, culture, literacy levels, primary lan-guage, and race.

Materials are organized separately for health care profes-sionals and consumers and appear in two main profiles. The Health Promotion and Early Detection Profile con-tains publications designed to foster awareness and under-standing of breast cancer and the need for early detection. The Patient Education and Support Profile includes pub-lications designed to help health care providers treat and edu-cate their patients. Spanish and Chinese language resources are available for consumers.

Reorganized and Expanded Web Links

HANYS BCDP Web page has reorganized and expanded its breast Web Links page to include foreign language resources, interactive information, listservs, electronic newsletter, and minority resources (see “What’s New on the Web?” on page 6). These new sections are described below.

Foreign Languages — Health care providers can use the foreign language section of the links page to identify breast health information for patients in Arabic, Chinese, French, German, Greek, Hebrew, Italian, Japanese, Korean, Polish, Portuguese, Russian, and Spanish. Foreign language mate-rials available include basic information on breast cancer, mammography, and diagnosis and treatment options.

Interactive Information — This section connects breast cancer patients and families with health professionals via live interactive Web broadcasts. Patients can ask questions of breast health experts and scientists from around the world and receive responses.

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News from the HANYS BCDP Sites continued on last page

Department of Health. The Cancer Registry monitors cancer incidence throughout the state by collecting, processing, and reporting information about every New Yorker diagnosed with cancer. All information reported to the Cancer Registry is considered confidential.

State law requires hospital-based cancer registries to report information to the state registry. Public Health Law specifies that reports be submitted within six months of when the patient was seen. The state registry counts the number of tumors, not the number of hospital admissions. Reports from different hospitals and different years are matched in the registry database so that an accurate count of the number of tumors can be made.

Data from the registry are used to identify the need for public health interventions and evaluate the effectiveness of public health programs. The state registry also plays an important role in research. One recent study found a positive association between alcohol consumption and breast cancer. The state registry also has published a report that contains county-level statistics on breast and cervical cancer. This report was designed to help county health departments and Breast Health Partnerships in their program-planning efforts.

HANYS BCDP Interviews Hospital-based Cancer Registrars

The HANYS BCDP recently interviewed cancer registrars working at project hospitals to explore how registry data can support breast cancer services at their facilities. Resource planning and allocation were identified as additional reasons for maintaining a hospital-based cancer registry. A hospital with a cancer registry can assess the need for mammography services by examining how many patients are screened in the facility annually and whether they live in the hospital's service area. This type of information can also be used in conjunction with the HANYS BCDP Mammography Screening Program Development Guide (described in September issue of Mosaic). The Guide uses nationally recognized data sources and marketing techniques to locate women at risk for breast cancer in a hospital's service areas by neighborhood and provides additional information about their demographic characteristics and use of cancer services.

Similarly, reports that identify the number of cases diagnosed at late stages and the demographic characteristics of breast cancer patients can be used in conjunction with the HANYS BCDP Outreach and Education Resource List to communicate prevention and treatment information. The information can be tailored to the population's socioeconomic, cultural, and educational backgrounds. The Resource List is available online at the HANYS BCDP Web site by going to www.hanys.org/quality_index/Breast_Cancer_Project/breast_cancer_project.html and clicking on “Resource List.”

In addition, a hospital-based cancer registry report showing that the breast cancer patient population has increased in age may affect treatment options and calculations of the hospital's survival data.

According to the National Cancer Registrars Association, registry data may also be used to:

- develop criteria and procedures for evaluating the quality of patient care as required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- coordinate cancer program activities within the hospital in conjunction with the hospital cancer committee;
- analyze referral patterns of cancer patients to identify needs for future health care facilities;
- develop educational programs for hospital personnel, patients, and the public;
- plan, organize, and implement community cancer programs and community cancer control activities;
- coordinate cancer activities into a program approved by the American College of Surgeons and JCAHO; and
- report to central registries.

Additional information about cancer registrars can be found on the Web at the sites of the National Cancer Registrars Association at www.ncra-usa.org and the New York State Cancer Registry at www.health.state.ny.us/hns/daily/cancer/cancer.htm.

HANYS BCDP’s Efforts to Help Reduce Cancer Disparities in Minority and Under-served Populations Include:

Mammography Outreach Program Development Guide: Hospitals can use the Guide to develop effective mammography screening outreach programs tailored to the demographic characteristics of the neighborhoods they serve. A detailed description of the Guide is in the September 2000 issue of Mosaic.

HANYS BCDP Web Site. The Project's Web site has numerous links to information and support for minority and other underserved women. Health care providers can use the site to help them identify outreach and education materials most appropriate for their patient populations. (See story on page 3).

NCI’s nationwide Strategic Plan to Reduce Health Disparities calls for:

- expanding research on the determinants of cancer-related disparities;
- expanding capacity to define and monitor these disparities;
- strengthening research on prevention, early detection, treatment, and communications;
- improving research dissemination and collaborations that will translate research into practice; and
- strengthening professional education and training and working to increase the number of minority scientists.

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Harold P. Freeman, M.D., President and Chief Executive Officer of North General Hospital in Harlem and HANYS BCDP Advisory Board Chair, was recently appointed Associate Director for Reducing Health Disparities at the National Cancer Institute (NCI). Dr. Freeman is an accomplished cancer researcher and renowned authority on the relationship between race, poverty, and cancer. He chairs the President’s Panel on Cancer, an interagency board that reports directly to the President of the United States. Dr. Freeman has also served as President of the American Cancer Society and as Director of Surgery at New York’s Harlem Hospital Center.

In his role at the NCI, Dr. Freeman oversees implementation of a nationwide strategic plan to improve efforts to understand and reduce the vulnerability of many minority and under-served populations to cancer. National data and reports from the Institute of Medicine (IOM), NCI, and other sources document the extent to which racial and ethnic minorities and other medically under-served groups are more vulnerable to the disease. For example, although the rate of breast cancer in African Americans is not as high as in white women, African American women are more likely to die from the disease once it is detected.

HANYS BCDP ADVISORY BOARD CHAIR APPOINTED TO NATIONAL CANCER INSTITUTE POST

F.F. Thompson Hospital

In a program funded by the Canandaigua Business and Professional Women’s Organization, F.F. Thompson Hospital’s mammography department recently began offering background music to relax patients as they undergo stereotactic or needle localization biopsy procedures. A breast health nurse makes a compact disc player available for patients to use, and patients can bring their own recordings or borrow a music selection from the on-site library. Hospital staff report that patients have responded enthusiastically.

North General Hospital

North General Hospital in New York City recently established a cancer screening service as part of its Comprehensive Cancer Prevention Program. The service offers patients a one-on-one consultation with a specially trained nurse practitioner and screens for breast, cervical, prostate, and colon cancers. It is designed to identify individual health risks and social and environmental factors that have been linked to higher rates of cancer-related morbidity and mortality among disadvantaged and minority populations. Its goals are:

- assess individual cancer risk by identifying lifestyle and familial influences and signs and symptoms associated with cancer diagnoses;
Roles of Hospital-Based Cancer Registries

Hospital-based cancer registries collect, manage, and analyze data on persons diagnosed with cancer. Data uses vary according to the needs of the individual cancer programs. In hospital-based cancer registries, cancer registrars work closely with physicians, hospital administrators, and health care planners to maintain records of the patient’s history, diagnosis, therapy, and outcome. The three most important reasons for maintaining a cancer registry are education, lifetime patient follow-up, and research. The American College of Surgeons Commission on Cancer requires for an approved cancer program includes the maintenance of a hospital-based cancer registry. The United States now has more than 1,300 such programs.

Cancer Registries Support Education, Patient Follow-up, and Research

Education — Reports of registry data help physicians evaluate the success of specific cancer treatments.

Lifetime Patient Follow-up — A cancer registry serves as an automatic reminder to physicians and patients to schedule regular physical examinations, thereby assuring continual medical supervision of cancer patients.

Research — The data collected and maintained in the registry is valuable for researchers interested in cancer causes, diagnosis, and treatment. Fundamental research on the epidemiology of cancer is initiated using the accumulated data.

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Surprise discoveries in the search for the cause of breast cancer led the way to the realization that prevention is better than cure. Nurse practitioner Valerie Cuyjet, conducts North General’s cancer screening service and works closely with the hospital’s patient navigators and health education department to provide a continuum of services to patients. For more information, call her at (212) 423-1710.

North Shore-Long Island Jewish Health System Employee Mammography In-reach Project

North Shore-Long Island Jewish Health System has been awarded a grant from the Goldman Family Foundation to conduct an “Employee Mammography In-reach Project” that encourages female employees over the age of 40 to receive annual mammograms. The grant funds mailings and outreach to the approximately 5,500 female employees over age 40 at the system’s Manhasset and Long Island Jewish campuses. The project’s goal is to cover both campuses within one year and schedule 2,000 employees for mammography screenings. The employees’ medical insurance is to cover the cost of the screenings.

Health System Breast Health Initiative

The North Shore-Long Island Jewish Health System’s Breast Health Initiative has a multidisciplinary committee of clinical leaders from women’s health, medical oncology, radiology, surgery, pathology, radiation oncology, and other involved departments. The HANYS Breast Cancer Demonstration Project supports the committee’s activities. Its accomplishments include developing and implementing a standardized pathology-reporting format for breast biopsies at all of the system’s hospitals. The committee holds monthly breast tumor case conferences with multidisciplinary participation from all of the system’s facilities via a system-wide teleconferencing.

Southside Hospital

As part of its outreach efforts, a committee of Southside Hospital nursing, mammography, and social work staff have helped the Town of Islip Breast Cancer Coalition develop services for newly diagnosed breast cancer patients. Jointly they have examined breast reconstruction, the Study of Tamoxifen and Raloxifene (STAR) Breast Cancer Prevention Trial, and the submission of risk assessment forms to the National Cancer Institute. Southside’s mammography suite has received donations from the Coalition for English and Spanish magazine subscriptions for patients and a compact disc player to provide music for patient relaxation.

Other Southside outreach efforts include distributing “Lend A Helping Hand” program brochures. The brochure lists services and supports for breast cancer patients including transportation, housekeeping, lawn mowing, and food preparation. Southside plans to continue its community outreach and to increase services to patients including access to clinical trials.

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Reporting to the New York State Cancer Registry

Each time a person is diagnosed with a new tumor, the hospital where the person is diagnosed and/or treated reports information about that person and tumor to the New York State Cancer Registry, located at Albany at the New York State...