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Improving Breast Cancer Outcomes Through Patient Navigation

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Breast cancer deaths have been decreasing for several decades with half of the improvement attributed to mammographic screening.¹ Cancer screening is not just a screening test but also involves a complex sequence of events at which women can be lost because of individual, provider, health system, and societal factors.² If diagnostic follow-up and treatment are needed, navigation has a role beyond the initial screening tests. Helping women navigate the health-care system to get to and through treatment is critical for optimal outcomes. Studies using the National Cancer Institute's CISNET models have found that appropriate treatment will provide the best outcomes and likely decrease mortality, especially in underserved women.^{3,4} Patient navigation is a novel intervention that has been implemented widely and the purpose of which is to help patients traverse the complex healthcare system.⁵ The objective of patient navigation is that women who participate, especially those from underserved populations, breast cancer outcomes will improve by decreasing the amount of time it takes for women to receive follow-up services and avoiding loss to follow-up. If diagnostic follow-up and treatment are not obtained, the full benefit of screening is not realized.

The article by Oppong et al. in this issue describes the patient navigation program implemented in the Capital Breast Care Center (CBCC) in Washington, DC. The article examined the interval to diagnosis after an abnormal mammogram for women receiving patient navigation services through CBCC.⁶ Oppong et al. found that from 2010 to 2012, just less than 10% of women who received screening mammograms through CBCC were recommended to have additional follow-up; 80% of those who were recommended for follow-up returned for diagnostic imaging within a median of 39 days. Of the 162 women recommended for biopsy, 81.5% received the biopsy within a median of 21 days. The authors indicate that these intervals are within performance standards for CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which recommend that women complete a diagnostic workup within 60 days of an abnormal screening mammogram.⁷

Within a broader context, these findings highlight some important opportunities to address disparities in follow-up intervals in breast cancer screening for underserved women. Similar to the NBCCEDP, black and Hispanic women in the study had differing proportions

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completing follow-up.⁷ These findings suggest that patient navigation will need to be tailored to meet the unique needs of different racial and ethnic groups. Any abnormal mammogram result does need to get timely workup, diagnosis, and treatment as a way to reduce loss to follow-up and maintain continuous treatment for a cancer that can be detected early. Studies from Canada have reported that women who have a 6- to 12-month delay to diagnosis after mammogram have larger cancers and more positive lymph nodes, leading to a poorer prognosis.⁸ These cancers are harder to cure.

This article adds to the body of evidence on patient navigation implemented in different parts of the cancer continuum. A general recent review of patient navigation in breast cancer treatment adherence did not find any effect on adherence to follow-up,⁹ whereas a study in a public hospital reported that navigation helped women complete breast cancer treatment.¹⁰ More studies are needed to fully understand the benefits of patient navigation, including possible tailoring or customization for women of greatest need.

The CBCC reports that a navigation program instituted in the clinic assists women in receiving diagnostic follow-up in a timely way.⁶ This success is to be celebrated. The District of Columbia set a goal of decreasing breast cancer mortality by 10% by 2020¹¹ A modeling study using data from DC showed that continuing screening at current intervals and ensuring quality treatment is received should help DC meet this goal.⁴ Ensuring quality care along the breast cancer screening continuum as reported by Oppong et al. will decrease health disparities noted among black and white women.⁶ To ensure quality cancer care, the Center for Medicare and Medicaid created the Oncology Care Model to improve cancer care in clinics and health care systems.¹² A key component of the program is patient navigation that will complement current provider practices to ensure patient access to care when needed.

Where do we go from here? Oppong et al. reported that 31% of women had more than 60 days of follow-up with outliers up to 400 days. Previous work has shown that women who were diagnosed after an abnormal mammogram who had follow-up between 6 and 12 months had cancers with a worse prognosis.⁸ We need better understanding of individual characteristics and health system factors that were barriers for women completing follow-up. Understanding barriers and facilitators is needed to help design interventions to help all women benefit equally from screening.

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