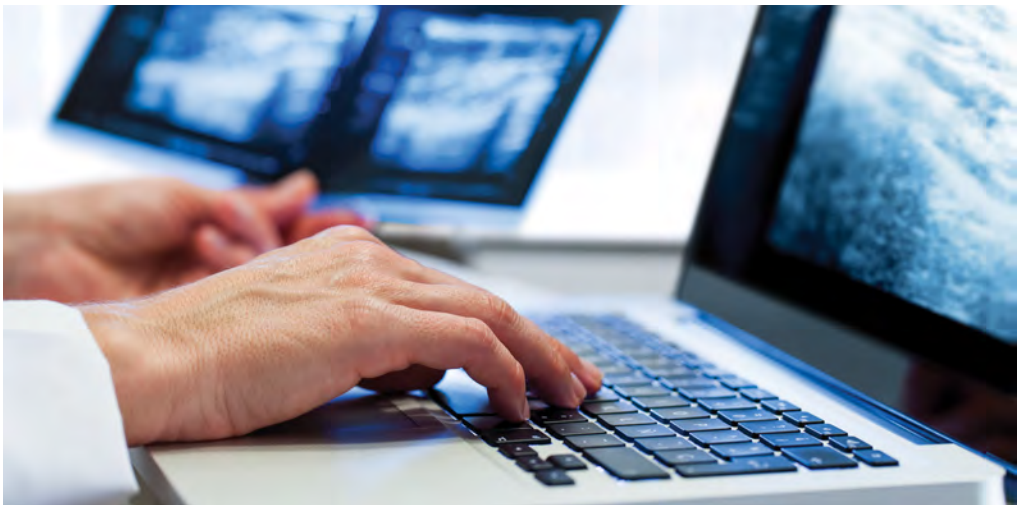
Shutterstock



UNCOVERING POTENTIALLY "CONCERNING" VARIATION IN CANCER SCREENING FOLLOW-UPS

FOLLOW-UP TIMES OF ABNORMAL SCREENING EXAMS were shorter for breast cancer than they were for colorectal and cervical cancers, according to a recent study involving more than one million individuals who underwent these screenings. The study, published in the Journal of General Internal Medicine, reported the percentages of individuals with abnormal screening exams receiving timely follow-up were: 93.2 - 96.7 percent of women across breast centers, 46.8 - 68.7 percent of individuals across colorectal centers, and 46.6 percent of women at the cervical center.

Led by Anna Tosteson, ScD, professor of family medicine at Geisel and The Dartmouth Institute for Health Policy and Clinical Practice, the study characterized cancer screening practice variation across seven centers participating in the National Cancer Institute sponsored PROSPR (Population-based Research Optimizing Screening through Personalized Regimens) consortium. Cancer screening abnormality rates and their timely follow-up were examined across the centers and among primary care practices within centers.

The study's authors called the variation in timely screening abnormality follow-up "concerning" and cited a number of factors which could contribute to the variation, including the underlying complexity of coordinating the next steps in clinical care, differences in the severity of abnormalities detected, and the type of follow-up required. They stated, for example, that the "lower follow-up rates for colorectal cancer screening abnormalities may be due to the perceived inconvenience and invasive nature of the procedures involved," adding that patients undergoing colonoscopy "typically need to take time off work, which may pose a barrier, especially for lower-income individuals."

The study's authors also noted that federal policies and regulations that encourage timely cancer screening may affect screening follow-up even more than individual patient and health system factors. Such policies exist for breast and cervical cancer screening, but are non-existent for colorectal cancer screening.

"The documented variation in follow-up of abnormal cancer screening tests across centers and primary care practices highlights opportunities for improving cancer screening," Dr. Tosteson said, noting that this is the first PROSPR study to make cross-organ comparisons in screening outcomes.

PAIGE STEIN

Mark Washburn

NEW SURGERY CHIEF JOINS GEISEL AND DARTMOUTH-HITCHCOCK

In October, Sandra L. Wong, MD, MS, was named Chair of Surgery at Dartmouth-Hitchcock Medical Center (D-H) and the Geisel School of Medicine and Senior Vice President of the Surgical Service Line at D-H.

Dr. Wong oversees 13 specialty sections within the Department of Surgery responsible for all aspects of research, education, and clinical operations. She is also responsible for surgical care delivery across all D-H practice locations, regional affiliates, and partner accountable care organizations.

Dr. Wong came to Dartmouth from the University of Michigan Health System, where she was the William W. Coon Professor of Surgical Oncology, associate chair of clinical affairs, and associate chief of staff. She graduated from the University of California at Berkeley and then received her medical degree from Northwestern University. Dr. Wong completed her general surgery residency at the University of Louisville and a clinical fellowship in surgical oncology at Memorial Sloan-Kettering Cancer Center, where she served as the chief administrative fellow.

She is a nationally recognized authority in the management of soft tissue sarcomas, melanoma, Merkel Cell carcinoma, and gastrointestinal cancers.