

Literature Review Findings on Treatment Transcript

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MS. YABROFF: This is going to be very quick because there is very little published data on treatment patterns and treatment availability. In fact, you've seen, just now, more than we found.

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The one published study that we found on the potential for sub-optimal treatment to be associated with the increased mortality that we're seeing in these high cervical cancer mortality counties indicated that 90 percent of patients receive at least some treatment for invasive disease.

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Nothing about appropriate treatment or the timing of treatment -- absolutely nothing. This is all that we have found in terms of appropriate treatment.

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So that means that there is a lot that we do need to know in terms of understanding. How sub-optimal treatment might contribute to increased cervical cancer mortality, for example, and this is just the beginning of a long list. What are treatment patterns We have very little idea, except for some specific -- a small group of hospitals * where through the SEER tumor registry. But for the country as a whole, we have very little information about what are current treatment patterns. So, are there differences by type of hospital, by size, by whether or not they're certified, the ACOS certification * we don't know. What about counties where women are diagnosed, but there's no hospitals in those counties. We have no idea about what happens for their treatment. By providers: It's likely that different types of providers might recommend different types of treatment as they do for other diseases; however, we have no information. Patient characteristics: We have some information on things like age, race, socioeconomic status of where women actually live, but not so much on their own characteristics. That's another thing that would be useful to know in terms of understanding what's going on with treatment. What are the barriers to recommended treatment Are they patient. Are they provider, Are they system We really don't know. It's likely that it's a combination of all of those, but there's very little information to guide us. And finally, is treatment consistent with current standards Again, very little information, and that is something we definitely would need to know to better understand how treatment plans a role in cervical cancer mortality.

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Finally, someone mentioned earlier about Survivorship, and we agree that that's a very important issue in terms of cervical cancer control, but we really don't know very much. Very little work has been done looking at survivorship and at the end of life, quality of life, quality of care. Very little information; we don't really know.

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There are some things that we would like to know, however. Things like: What is the quality of life for Survivors Is end of life care provided in rural areas, and if so, how Do hospices work in rural areas or areas of high cervical cancer mortality the same way they do in other areas We really just don't have very much information. And what is the impact of cervical cancer treatment and/or death on patients and their families And I think that's it for what we have. Okay