For immediate release

For Latinas, patient navigation can speed breast cancer diagnosis

Results of UT Health Science Center study published in the journal Cancer

SAN ANTONIO (Dec. 11, 2012) — Culturally sensitive support, called “patient navigation,” can lead to faster diagnosis for Latinas after an abnormal mammogram result, according to a new study by the Institute for Health Promotion Research (IHPR), part of the School of Medicine at The University of Texas Health Science Center at San Antonio.

The study, published this week by the journal Cancer, also suggests that patient navigation should be carefully targeted to have the greatest impact on eventual health outcomes.

IHPR researchers worked with partners in the federally funded Redes En Acción: The National Latino Cancer Network to examine the experiences of 425 Latinas in six cities nationwide. Each woman had received an abnormal result in initial breast cancer screening and was referred for further evaluation.

About half of the women received help from trained patient navigators, who provided support and help overcoming barriers related to transportation, child care, insurance coverage, language and more. The rest of the patients did not receive patient navigation.

The study’s patient navigators, all Latinas themselves, were high school graduates between the ages of 25 and 47, and were trained to coordinate care according to the same patient navigation model.

For patients who received navigation services, the time between an abnormality being found and eventual diagnosis – whether positive or negative for cancer – was significantly shortened.

Those who worked with patient navigators were diagnosed in an average of 32.5 days, compared with 44.6 days for those who did not receive patient navigation.

“This study demonstrates that patient navigation can influence the time to cancer diagnosis for Latinas,” said IHPR Director Amelie G. Ramirez, DrPH, a study author and professor of epidemiology and biostatistics in the School of Medicine.
More specifically, researchers found the greatest benefit for women whose abnormalities were categorized upon discovery as “probably benign” – or BI-RADS-3 on the American College of Radiology’s Breast Imaging-Reporting and Data System.

The likelihood of cancer in a woman with a BI-RADS-3 screening result is about 2 to 4 percent.

Health care providers typically instruct these women to return for another screening within six months; however, delays and anxiety occur, appointments are missed and Latinas may skip subsequent screenings altogether, potentially setting the stage for confirmatory diagnoses at more advanced stages of cancer with lower survival probability.

In this study, on average, women with “probably benign” abnormalities received a diagnosis more than 40 days sooner if they worked with a patient navigator.

“For women with more ambiguous screening results, a faster diagnosis through patient navigation relieves them of the burden of worrying about their health,” Dr. Ramirez said. “It reduces the number of missed appointments and could contribute to reduced anxiety.”

In women with BI-RADS-4 (“suspicious”) and BI-RADS-5 (“highly suggestive of malignancy”) results, working with a patient navigator made little or no difference in the time from screening to diagnosis—not an altogether surprising result, Dr. Ramirez said, given the greater likelihood for cancer and thus the greater likelihood that women would seek a final diagnosis.

The important conclusion, she added, is that this study is a critical first step in identifying specific situations where patient navigation can have the greatest impact on health outcomes.

“We can target Latinas who are falling through cracks and prevent situations where cancer advances to worse stages because Latinas aren’t following up an ambiguous screening result,” Dr. Ramirez said.

Others from IHPR involved in the study were Alan E. C. Holden, Ph.D., associate research professor of obstetrics and gynecology; statistician Edgar Munoz, M.S.; research instructor Sandra San Miguel, M.S.; and deputy director Kipling J. Gallion, M.A.

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