patient-providers interactions influence screening communication.
Keywords: Prostate cancer screening, Physician communication, PSA testing

doi:10.3121/cmr.2010.943.ps3-14

PS3-16:

The Influence of Travel Time on Breast Cancer Diagnosis and Treatment

Tracy Onega, PhD[1]; Andrea Cook, PhD[2]; Beth Kirlin, BA[2]; Diana Buist, PhD, MPH[2]; Leah Tuzzio, MPH[2]

[1]Dartmouth Medical School; [2]Group Health Research Institute

Background and Aims: Longer travel time to health care services has been shown to be associated with more advanced stage at diagnosis and differences in surgical care for women with breast cancer. The influence of travel time on other disease characteristics at diagnosis and on use of other breast cancer treatments is not known. We examined travel time in relation to stage, nodal involvement, tumor size, primary and adjuvant treatments, and receipt of surveillance mammography to provide a more detailed examination of the role of travel time in access and utilization of breast cancer services to help further understand barriers to recommended care. **Methods:** Using an established cohort of women enrolled at Group Health, with an early stage breast cancer diagnosis from 1990-1999 (N=1306), we linked travel time estimates with tumor and treatment data. Travel time was estimated for each census block in Washington to the nearest radiology facility and was then attributed to women based on geocoded residence data. Tumor and treatment data were abstracted from chart review and from SEER data. We modeled bivariate relations between travel time and outcomes using log binomial generalized linear regression (glm). **Results:** Most women (90%) lived within 30 minutes of the nearest radiology facility. Travel time >45 min. was associated with a greater likelihood of mastectomy vs. breast conserving surgery (Referent group:travel time <10min: RR=1.48; 95%CI:1.03-2.13) and with use of adjuvant chemotherapy (RR=1.65; 95% CI:1.01-2.70). Travel time did not significantly influence stage at diagnosis, tumor size, radiation treatment, or receipt of surveillance mammography in the first two years following cancer treatment. **Conclusions:** In the Group Health population, travel time appears to differentially influence patterns of care for women with early stage breast cancer and does not appear to be related to tumor characteristics at diagnosis.
Keywords: Breast cancer diagnosis, Breast cancer treatment, Travel time and cancer

doi:10.3121/cmr.2010.943.ps3-16

PS3-18:

Use of Antidepressant and Anti-Anxiety Medications Among Breast Cancer Survivors in a HMO

Chantal Avila, MA[1]; Reina Haque, PhD, MPH[1]; Virginia Quinn, PhD, MPH[1]; Joanne Schottinger, MD[1]; Alice Fisher, BA[1]

[1]Kaiser Permanente Southern California

Background: Almost 200,000 U.S. women are diagnosed each year with breast cancer and over 40,000 women will die of the disease. In addition to the medical and functional consequences of the diagnosis and treatment, women experience worry, persistent anxiety, fear and depressive disorders. Overall, 30% of women diagnosed with breast cancer suffer significant distress at some point in their illness trajectory. National health organizations including the Institute of Medicine and National Cancer Institute call for treatment of common symptoms among breast cancer patients such as depression and anxiety. To date, there are only limited reports on the prevalence of treatment, and even fewer studies have examined potential differences by race/ethnicity, age, or tumor characteristics. **Aim:** To describe the prevalence of pharmacotherapy for depressive symptoms/anxiety among patients diagnosed with breast cancer in a large HMO. **Methods:** We identified all women diagnosed with primary breast cancer between 2000-2006 (n=10,408) who had been members of Kaiser Permanente Southern California (KPSC) for 1+ years prior to diagnosis. KPSC is a nonprofit comprehensive prepaid health plan serving 3.2 million socioeconomically diverse members. Data was obtained from the KPSC SEER-affiliated cancer registry and automated clinical, pharmacy, and membership databases. We examined patient and tumor characteristics associated with new use of pharmacotherapy for depression/anxiety. Univariate odds ratios (OR) and 95% confidence intervals (CI) were estimated using logistic regression. **Results:** We found 35% of women (3,611 of 10,408) were newly prescribed either anti-depressant or anti-anxiety medications within a year of breast cancer diagnosis. Younger women (e.g., OR=1.44, CI=1.28-1.63 for 40-49 year olds v. 60-69) and women with higher stage (e.g., OR=3.40, CI=2.87-4.04 for Stage 3 v. Stage 0) were more likely to be prescribed these medications, while African-American (OR=0.81, CI=0.72-0.92) and Asian-Pacific Islander (0.73, CI=0.64-0.84 women were less likely compared to non-Hispanic white women. **Conclusions:** While future research needs to determine the number of breast cancer survivors screened and diagnosed with depression/anxiety, results of pharmacotherapy utilization in this insured population are consistent with national reports of the prevalence of psychosocial distress experienced after breast cancer diagnosis. Potential age and race/ethnicity disparities are of concern and need further study.
Keywords: Breast cancer survivorship, Psychosocial distress, Pharmacotherapy

doi:10.3121/cmr.2010.943.ps3-18

PS3-19:

The Association Between Body Mass Index and Intestinal Stoma-Related Problems

Raymond Skeps, MS[1]; Lisa Herrinton, PhD[2]; Carmit McMullen, PhD[3]; Christopher Wendel, MS[4]; Joanna Bulkley, PhD[3]; Robert Krouse, MD[4]

[1]University of Arizona; [2]Kaiser Permanente Northern California; [3]Kaiser Permanente Northwest; [4]Southern Arizona Veterans Affairs Health Care System

Background: Colorectal cancer (CRC) survivors with an intestinal stoma (or ostomy) may have multiple problems related to their stoma. Some evidence suggests that weight change is linked to increased problems with an ostomy. Aim: To examine the association between BMI and stoma-related problems in a sample of long-term (>5 years post-diagnosis) CRC survivors that received an ostomy. **Methods:** Long-term CRC survivors from three regions of Kaiser Permanente (Northwest, Northern California, and Hawaii) completed a mailed survey. The response rate for respondents with an ostomy was 53% (283/529). The survey included questions about weight and height at time of surgery and at time of survey, stoma location, stoma-related problems, and time to complete daily stoma care. A gain or loss of BMI between time of surgery and survey was defined as change in BMI of 1.5 points or more. Differences in stoma-related problems were analyzed based on demographic and clinical characteristics. **Results:** Of the 268 patients with complete data 41.4% (111 of 268) had a stable BMI, 21.3% (57 of 268) had a decrease in BMI, and 37.3% (100 of 268) had an increase in BMI. Younger (<75 years) survivors were more likely to have problems with clothing caused by stoma location (23% vs. 13%, p=.04). The odds that the location of the stoma caused problems, except clothing issues, were two times greater among survivors whose BMI increased compared to survivors with stable BMI (OR=2.21, 95% CI 1.10-4.47). Moreover survivors with either a BMI increase or decrease were more likely to spend more than 30 minutes per day on stoma care than those with stable BMI (OR BMI increase=2.37, 95% CI 1.12-5.03; OR BMI decrease=2.67 95% CI 1.13-6.29). No significant differences in stoma-related problems were noted related to other demographic or clinical measures. **Conclusion:** Change in BMI is associated with stoma-related problems among long-term colorectal cancer survivors. CRC survivors with an intestinal stoma whose BMI changes may need to adapt equipment and care practices to changes in abdominal shape. Health-care providers should caution patients that significant changes in BMI may lead to stoma-related problems.
Keywords: Colorectal cancer, Intestinal stoma, BMI and intestinal stoma-related problems

doi:10.3121/cmr.2010.943.ps3-19