The breast cancer screening rates for women aged 52 to 69. The 1999–2000 GA Medicaid administrative claim data, which included the eligibility files patient link to the outpatient claims, were used. The measurement year was 2000 and the 1999–2000 outpatient claims were searched for mammography claims (ICD9 = V76.11 V76.12 CPT = 76090–76092). This rate was compared with the National Committee for Quality Assurance (NCQA) breast cancer-screening rates. Univariate and logistic analyses were used to identify patient (physician visit level) and provider (physician specialty and geographic location) characteristics associated with breast cancer-screening rate. RESULTS: A total of 35,775 women aged 52–69 with two years continuous GA Medicaid eligibility were identified. Nearly half (45.7%) of the subjects in the cohort were African-American. Overall, 10,391 (29.1%) had at least one mammography during the study period. This rate is much lower than the national Medicaid median (55.6%) and the national commercial median (74.8%) rates. Women aged 65 years or older had a lower breast cancer-screening rate as compared with women under 65 (22.2% compared with 31.5%). African-American women had mammography much less often than caucasian women (18.1% compared with 33.4%). The results of the logistic models predicting mammography use for Caucasian and African-American women will be reported. CONCLUSIONS: The GA Medicaid program breast cancer screening rates were much lower than the national rates, particularly for black women. Strategies to increase mammography use for indigent women residing in GA should be sought.

CANCER—Methods

GAPS IN COLORECTAL CANCER OUTCOMES RESEARCH
Ye X1, Schommer JC1, Castellanos JW1, Sanchez LD2, Wagner S2

1University of Minnesota, Minneapolis, MN, USA; 2Pfizer Corporation, New York, NY, USA

OBJECTIVES: The importance of cancer outcomes research has been well recognized. The purpose of this study was to examine the current status of, and identify gaps in, colorectal cancer outcomes research. METHODS: Colorectal cancer outcomes research articles published from 1999 to 2003 were retrieved using a Medline search with keywords of “colorectal neoplasms or colorectal cancer” and the following Medical Subject Heading (MeSH): Economics, Cost and Cost Analysis, Survival, Quality of life, Personal Satisfaction, Satisfaction, Mental Health, Outcome Assessment (health care), Health Service Accessibility, Health Service Research, Quality of Health Care, Quality Assurance (health care), Quality Indicators (health care), Practice Guideline, and Decision Making. The literature was limited to the English language and human subjects. Articles excluded were biological or pathological studies, clinical trials or reviews mainly answering efficacy-related questions, letters, comments and editorials. The abstracts were reviewed and classified by study designs, study endpoints and study impact levels (1) adds to the knowledge base only; 2) affects practice policies; 3) influences the delivery of care; 4) leads to changes in health outcomes, as proposed by the Agency for Health care Research and Quality)). Full-text articles were retrieved as needed for classification. RESULTS: A total of 3255 articles were retrieved by the search, and 525 met the inclusion criteria for the analysis. Most were retrospective cohort studies (216, 41.1%). The most common endpoints were survival (371, 70.6%), followed by quality of life (102, 19.4%), economic cost (81, 15.4%), and satisfaction (17, 3.2%). A total of 481 articles (91.6%) were in level 1, 26 (5%) in level 2, 16 (3%) in level 3, and 2 (0.4%) in level 4. CONCLUSIONS: Most colorectal cancer outcomes studies published in the last five years were focused on survival and represented impact level 1 research. Satisfaction was almost ignored and hardly investigated. Outcomes research answering more than survival questions and representing higher impact levels is warranted.