Women who were 240 years of age on January 1st and 564 years of age on December 31st of each year were extracted. Recipients with a diagnosis of breast cancer or abnormal breast findings were excluded from the analyses using appropriate ICD-9 codes (174.XX, 233.0X, 238.3X, 239.3X). Data for women with claims for screening mammography at any time during each calendar year were extracted using following CPT code: 76912. Results were reported by age group (40-49 years, 50-59 years, and 60-64 years), race (White, Black, and others), county of residence, and geographic area (metro, non-metro urban, non-metro rural) for each calendar year. RESULTS: There was an estimated 12% increase in the screening mammography between 2000 and 2005. A consistent increase in the mammography screening was observed during study period (2000-2005) among women who were 50-59 years of age as compared to those between 40-49 and 60-64 years of age. Approximately 90% women who underwent negative mammography resid in either metro or non-metro urban areas. CONCLUSIONS: Screening mammography trends differed among women based on demographic characteristics. Further research is needed to evaluate accessibility and knowledge among indigent women in order to develop effective breast cancer preven- tion strategies.

HEALTH WORKERS’ WORK ENVIRONMENT SATISFACTION IN ONCOLOGIC SERVICES AT THE SOCIAL SECURITY MEXICAN INSTITUTE

CONCLUSIONS: The aim of this study was to identify health workers’ labor environment satisfaction in several oncology services from a tertiary referral center and two second level-hospitals in the Social Security Mexican Institute (IMSS). METHODS: A cross-sectional and descriptive study was performed within the IMSS in Guadalajara, City, Mexico. The health workers were interviewed using the work environment scale (WES), this questionnaire contains 90 items through dichotomy answers (true/false) to evaluate medical staff satisfaction among several item involvement, cohesion, support, autonomy, organization, work-pressure, clarity, control, innovation, guidance and comfort. All workers interviewed attended mainly oncology patients. Internal con- sistency was evaluated through Cronbach’s alpha and ANOVA to obtain statistical differences between health workers responses. This questionnaire was previ- ously validated in Mexico. RESULTS: Eighteen physicians, 27 nurses, 7 medical assistants and 8 radiotaphy technicians were interviewed. The mean response for all health workers interviewed satisfaction level including all items was of 49% (23% to 78%), the lowest satisfaction level was for the comfort item (39%) and the highest was for the clarity item (59%). We did not find differences between medical staff specialties, with excep- tion of nurses, whom were the lowest satisfaction level group (38%; p = 0.001). However, statistical differences among all the hospitals studied in the assessment were found. In the tertiary referral center physicians showed the lowest work environment satisfaction in the cohesion item (40%; p = 0.09) followed by nurses giving services to inpatients (38%; p = 0.01). In second-level patients the lowest work environment satisfaction level was obtained in medical assistants in clarity items (37%; p = 0.03) and second level-hospitals in IMSS. CONCLUSIONS: Using the WES scale in Mexican hospitals, the analysis showed that medical staff that attend oncology patients, are dissatisfied with their work environment. The less satisfied were nurses and medical assistants.

GUIDELINES AND CANCER SCREENING IN THE UNITED STATES AND CANADIAN HEALTH SYSTEMS

CONCLUSIONS: There have been a number of new drugs and biologicals approved by the FDA in the last five years for the treatment of colorectal cancer (CRC). Objective of this study was to compare the initial treatments and overall medical costs for working-age persons with CRC before and after the introduction of these treatments. METHODS: This retrospective cohort study was based on a large administrative database and included patients with an ICD-9 diagnosis of CRC. We looked at indi- viduals treated for CRC in the period prior to introduction of new chemotherapy and biological agents (January 2002-December 2002) and the period after the introduction of two biologicals (bevacizumab and cetuximab) and one chemotherapy agent (oxaliplatin; June 2004-May 2005). We assigned patients to stages validated CRC for treatment regimens. We identified 2345 patients (61% Stage III) with CRC in the pre-period and 4413 patients (59% Stage III) with CRC in the post-period. We esti- mated mean total medical costs in the pre- and post-periods using the Kaplan-Meier sample average estimator. RESULTS: The predominant treatment regimen in the pre-period for stage III CRC was 5-FU/Leucovorin (77%), while CRC in the pre-period 5FU/Leucovorin (36%) and FOLFIRI (35%). The predominant regimen for stage IV CRC was IFL/FOLFIRI (50%), while FOLFIRI (22%) and FOLFOX (23%). Additionally, over 14% of the patients received a biological agent in the post-period. There was also a significant increase in total medical costs over this time period. The mean costs for Stage III and Stage IV CRC patients increased approximately $4,187 in the pre-period to $10,049 in the post-period (p < 0.001). CONCLU- SIONS: The introduction of new treatments for CRC significantly changed the treat- ment patterns for both Stage III and Stage IV CRC. Changes in treatment were accompanied by a significant increase total medical costs.

BREAST CANCER PREVALENCE AND HEALTH CARE UTILIZATION AND COST TRENDS AMONG FEE-FOR-SERVICE FEMALE RECIPIENTS IN A STATE MEDICAID PROGRAM

CONCLUSIONS: The occurrence of breast cancer greatly morbidity and mortality in breast cancer and results in considerable economic impact on patients, health care payers, and society. The purpose of this study is to determine the trends in the prevalence of breast cancer and associated health care utilization and costs among an indigent population covered by a state Medicaid program. METHODS: Retrospective analysis of a state Medicaid fee-for-service administrative claims database