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## Cancer in Texas: Analyzing the Links

By Vivian Ho, PhD

Researchers have documented dramatic differences in cancer care and cancer survival rates across the country. Texas is no different, with analysis of Texas Cancer Registry data showing substantial variation in cancer treatment and mortality in different areas of the state.

Recent studies by the Comparative Effectiveness Research on Cancer in Texas (CERCIT) consortium suggest that differences in the local availability of specialists who treat cancer may affect treatment variation across the state. One study found that greater availability of colonoscopists and primary care physicians led to higher rates of colon cancer screening by colonoscopy for whites but not for blacks and Hispanics. Another study found that billings for intensity-modulated radiation therapy (IMRT) for breast cancer patients were higher in areas with a greater density of radiation oncologists. This advanced form of radiation therapy manipulates beams of radiation to conform to the shape of a tumor.

Initial CERCIT research also suggests that the availability of specialists may influence cancer survival rates. As illustrated in a map generated from Texas Cancer Registry data, the number of cancer specialists is highest in the most densely populated parts of the state. Smaller cities, on the other hand, display wide variability in number of specialists. Waco, which had 47,000 Medicare beneficiaries in 2008, had 15.6 radiation oncologists per 1,000 Medicare cancer patients. In contrast, Longview, with 30,000 Medicare beneficiaries spread over a smaller geographic area, had only 2.8 radiation oncologists per Medicare beneficiary with cancer.

In the areas surrounding Dallas, Houston, and San Antonio, the age-adjusted mortality rate for prostate cancer from 2005 to 2009 lay in a narrow range from 21.3 to 22.4 deaths per 100,000 residents. In contrast, the area around El Paso had a mortality rate of 26.3 deaths per 100,000 residents. Dallas, Houston, and San Antonio all had at least 10 radiation oncologists per 1,000 Medicare cancer patients. While past studies link greater availability of specialists on the health care system, it is imperative that we carefully analyze the link between the availability of specialist doctors, how that availability influences the treatment of patients, and how changes in availability influence patient outcomes. CERCIT aims to study these questions, so that policymakers have the data they need to take steps that will maximize survival rates for cancer patients in Texas and ensure the delivery of high-quality cancer care.

CERCIT is funded by the Cancer Prevention and Research Institute of Texas (CPRIT) to study the potential link between local availability of cancer specialists, treatment rates for different cancers, and resulting survival rates. While past studies link greater availability of specialists to higher treatment rates, we still do not know whether greater supply improves outcomes for patients. The link between supply and survival could fail if, for example, greater availability leads to inappropriate therapies, or increased provision of lower quality care.

The CERCIT consortium comprises researchers from The University of Texas Medical Branch at Galveston, The University of Texas MD Anderson Cancer Center, The University of Texas School of Public Health, Rice University, Baylor College of Medicine, and the Texas Cancer Registry.

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