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Improved Symptom Control, End-of-Life Care Requires Federal Leadership

Steps to overcome barriers that prevent patients with cancer from receiving adequate symptom control and supportive therapies are proposed in a new report from the National Cancer Policy Board of the Institute of Medicine (IOM) and National Research Council. Changes are required across the healthcare system, according to *Improving Palliative Care for Cancer: Summary and Recommendations*. Government agencies must allocate research funding for developing better interventions for managing cancer symptoms, and public and private insurers must reexamine their coverage of palliative-care services. The board expanded on its 1999 recommendations about ensuring quality care for patients with cancer and on those made in a 1997 IOM report on end-of-life care, which was the first comprehensive, evidence-based report on these issues. This new report focuses on management of cancer-related symptoms and timely referral to palliative and hospice care.

Few healthcare professionals are trained in palliative or end-of-life care, the board found. Compounding this situation are certain attributes of the healthcare system, particularly reimbursement policies for palliative and hospice care and disparities in care across socioeconomic/age groups.

The National Cancer Institute (NCI) should step up its commitment to research aimed at improving symptom control and palliative care, the board recommended. In 1999, NCI spent $26 million of its $2.9 billion annual budget on research and training related to palliative and end-of-life care. According to the report, NCI can take a number of steps to improve this situation, including mandating research on palliative care and symptom control by any health facility seeking to retain or achieve NCI recognition as a comprehensive cancer center and designating certain places as "centers of excellence" in palliative care.

The full report is available at www.nap.edu/catalog/10147.html?onpi_newsdoc61901.

Cancer Death Rates Drop in United States

Mortality for several leading causes of death declined in 1999, according to preliminary figures from the Centers for Disease Control and Prevention (CDC).

The report shows that age-adjusted death rates continued to fall for heart disease and cancer, the two leading causes of death in the United States. Combined, they account for more than half of all deaths in the country annually.

These estimates are featured in a new CDC report, "Deaths: Preliminary Data for 1999," an analysis of more than 99% of the death certificates recorded in the United States for 1999.

This latest report incorporates several significant methodological changes, including a more up-to-date age distribution for the U.S. population for calculating age-adjusted death rates and an updated cause-of-death classification and coding system.

The report can be found at the CDC Web site (www.cdc.gov/nchs).

Older Women With High Bone Density More Likely to Get Breast Cancer

Older women with high bone mineral density (BMD) are nearly three times as likely to develop breast cancer as are older women with low BMD, and their tumors tend to be at an advanced stage at diagnosis, according to University of Pittsburgh researchers.

"This study shows that an inverse relationship exists between osteoporosis and invasive breast cancer and suggests that BMD is one of the most powerful predictors of breast cancer, especially advanced disease, among elderly women. Researchers stress that high BMD itself is not the cause of breast cancer but a marker for hormone levels and that women should not discontinue their efforts to maintain bone mass through diet or medication.

Sex steroid hormones (e.g., testosterone, estrogen) or other growth promoting hormones may be the link to breast cancer, and BMD may reflect a woman's long-term exposure to these hormones.

At the start of the study, researchers measured BMD at the wrist, forearm, and heel in 8,905 women, all of whom were at least 65 years of age and had no history of breast cancer. The women then were monitored for occurrence of breast cancer over a period of 6.5 years.

A total of 315 women developed breast cancer. Analysis showed that women with the highest BMD at all three skeletal sites were nearly three times more likely to develop breast cancer than were women with the lowest BMD at the three skeletal sites. Moreover, this risk was greater for more advanced breast cancer than it was for early-stage disease. Participants diagnosed with breast cancer were slightly older and heavier than participants without breast cancer. Having a first-degree relative with breast cancer or a history of benign breast disease also was associated with disease development; risk factors such as age, weight, family history, and benign breast disease did not account for the link between high BMD and breast cancer. More information appears in the June 20, 2001, *Journal of the National Cancer Institute*.

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