

Cancer Prevention: More Questions, More Answers

The greatest burden of disease caused by cancer is borne by the underserved. Diagnosed at later stages and demonstrating significantly lower 5-year survival rates, the urban and rural uninsured and underinsured bear a disproportionate share of morbidity and mortality caused by cancer.¹ Thus, it is fitting that studies be targeted at improving cancer screening and early-detection services in centers that care for these patients.

In their article "Cancer Early-Detection Services in Community Health Centers for the Underserved: A Randomized Controlled Trial," Dietrich et al demonstrate some of the challenges and opportunities of an intervention to improve cancer screening among those most at risk.

Most encouraging was the small but measurable improvement in cancer early-detection services noted in both the control and intervention groups. The work of organizations such as the US Preventive Services Task Force is having a positive effect, even on the most disenfranchised Americans. A paradigm shift is under way that encourages the integration of periodic health examinations into the acute episodic care that often characterized the health care of the underserved. Despite the limited success of the interventions in this study, further studies are needed to evaluate how the underserved might experience even more significant benefits from this trend.

More concerning and probably more difficult to remedy is the alarming turnover among medical directors and clinicians demonstrated in this study. In the intervention group, more than half of the medical directors and more than one third of the clinicians changed during the course of the study. This high level of instability has obvious implications on the effectiveness of any intervention.

From a public health standpoint, the fracture demonstrated in continuity of care underlies an important aspect of the increased mortality caused by cancer in these communities. No mere study or intervention will address the inequities in the access to care evident in our nation. This study demonstrates an imbalance in the level of health care indicators based on socioeconomic and racial factors. It speaks loudly to the need for a level playing field in the US health care industry, for the creation of an environment where the incentives to care for all people are equal. This would help create the stable physician-patient relationships that are among our most effective tools in improving health.

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1. National Cancer Institute. Trends in survival by site of cancer and race. *CA Cancer J Clin.* 1993;43:7-26.

Clinical Pearl

Bulging Anterior Fontanel Can Be Benign

A bulging anterior fontanel can be the result of benign intracranial hypertension. (*J Am Board Fam Pract.* 1996;9:220-222.)