



In the News

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The leading screening instrument for psychological problems in oncology patients.

The Brief Symptom Inventory (BSI)

from
NCS
Assessments

Major oncology centers rely on the Brief Symptom Inventory (BSI) test to screen their patients (ages 13 and older) for anxiety, depression, and general psychological distress.



One out of every three oncology patients you see is experiencing psychological distress. The BSI test can help identify psychological problems before they become too severe and can be used in outcomes measurement.

The BSI test is a 53 item, self-administered test, taking only 5-7 minutes to complete. It can be computer or hand-scored.

For more information on the BSI test call

Susan Davis-Ali, PhD at
1-800-627-7271, ext. 5056

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IN THE NEWS

- **PLCO Cancer Screening Trial**
- **Be an Advocate for Change**
- **Who's Less Likely to Receive BMT**

PLCO CANCER SCREENING TRIAL

The National Cancer Institute (NCI) is looking for 75,000 additional men and women between the ages of 55 and 74 to participate in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO Trial). This national health study will help NCI determine whether screening tests for some of the most common cancers (prostate, lung, colon, or ovarian) can reduce the number of deaths from these diseases.

The PLCO Trial is the largest clinical trial ever pursued by the National Cancer Institute. PLCO Trial sites are located in ten cities: Denver, Colo.; Washington, D.C.; Honolulu, Hawaii; Detroit, Mich.; Minneapolis, Minn.; St. Louis, Mo.; Brooklyn, N.Y.; Pittsburgh, Pa.; Salt Lake City, Utah; and Marshfield, Wisc. Tell interested patients to call the NCI's Cancer Information Service at 1-800-4-CANCER to make contact with the PLCO Trial. Additional information can also be found on the World Wide Web at <http://www.dpcp.nci.nih.gov/PLCO>.

BE AN ADVOCATE FOR CHANGE

A new guide is available from the Center for the Advancement of Health that helps cancer patients, survivors, and their loved ones become more effective advocates for improved cancer services and programs. *Action Against Cancer: How You Can Be an Advocate for Change* is for people who are not experienced advocates, but want to learn how to change things for the better, regardless of how and where they are seeking change. The book covers the entire advocacy spectrum, starting with how to advocate alone with individual health care providers and institutions, and moving to advocacy with government officials and the media. Accompanying the book is "Beyond Chemotherapy: Making Psychological and Social Concerns Part of Cancer Care," a paper that outlines the essential elements of psychosocial cancer care. To order a copy of the book and paper, contact the Center at 202-387-2829. The cost is \$10.

WHO'S LESS LIKELY TO RECEIVE BMT

A recently published study has found substantial variations in access to BMT. Leukemia and lymphoma patients enrolled in HMOs are only one-third to two-thirds as likely as those patients with private insurance to receive a bone marrow transplantation (BMT), and patients covered by Medicaid and the uninsured are also far less likely to receive a transplant, according to

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IN THE NEWS

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a large new study by researchers at Georgetown University Medical Center. The study was published in the July 1997 *Journal of Clinical Oncology* (Vol. 15, No. 7).

Jean Mitchell, Ph.D, and colleagues at Georgetown examined more than 44,000 leukemia and lymphoma patient discharge records from California, Maryland, Massachusetts, and New York to analyze the role of insurance status, race, age, and education level/income in the availability and access to BMT. Data from Maryland and Massachusetts were combined to increase statistical power for the analyses.

Regarding insurance status, the study found that leukemia patients enrolled in HMOs were 41 percent (Maryland, Massachusetts) to 66 percent (New York) as likely as the privately insured to receive BMT, and lymphoma patients were 33 percent (Maryland, Massachusetts) to 60 percent (California) as likely to receive BMT.

Medicaid recipients were between 32 percent and 78 percent as likely as the privately insured to receive BMT, while the uninsured's chances of receiving a transplant ranged from a low of 12 percent to a high of 60 percent, compared to the privately insured.

In addition to insurance status, the researchers found that race appears to play a role in access to BMT. According to the study, after adjusting for other factors, African American patients were only one-third to one-half as likely as whites to receive BMT.

Education and income did not play a significant role in the chances for transplantation for either disease. The authors found that increasing age, however, did reduce the odds of receiving transplantation because of reduced clinical benefit.

Beyond limited access to costly care that may exist for these groups, the authors suggest possible factors that may explain their lowered chances of receiving BMT, including: restricted access to costly medical procedures and slower approval time by HMOs for experimental procedures compared with private insurers; increased access by the privately insured to secondary coverage; fewer African American blood marrow donors; and cultural differences in desire for medical treatment. ☐