

Counseling patients at risk for cancer over the phone reduces costs and access burdens

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Delivering genetic test results to patients at risk for cancer-causing genetic mutations over the phone helps to ease cost and transportation burdens and, compared to receiving results in person, does not cause patients additional stress, according to a new study from the Abramson Cancer Center of the University of Pennsylvania which will be presented at the American Society of Clinical Oncology (ASCO) Annual Meeting ([abstract 1502](#)). The findings suggest delivering results of complex genetic tests to at-risk patients over the phone may be an effective way to reduce burdens and costs for patients with cancer or at risk for cancer, according to the study's lead author, Angela R. Bradbury, MD, an assistant professor of Medicine and Medical Ethics & Health Policy in Penn's Perelman School of Medicine.

"Genetic testing for cancer susceptibility is now an essential component of oncology care, but many patients have to travel to large centers to get [genetic](#) testing," Bradbury said. "While health care providers deliver results for many tests over the [phone](#), results of genetic tests have traditionally been delivered in-person because of the complexity, potential for increased levels of distress, or confusion over what the results could mean. However, our study shows that delivering results over phone does not generate more distress, even for those with positive results and even now that we are using multi-gene testing."

In the study, more than 900 patients who had received in-person counseling prior to undergoing [genetic testing](#) for cancer-causing mutations were randomly assigned to receive [test results](#) in person or over the phone. Test results were delivered over the phone by 22 genetic counselors across five participating sites. Participants were asked to report their feelings of anxiety and depression and knowledge about genetics both before and after

test results were delivered.

Results showed that those who received results over the phone did not have any more anxiety, worry about cancer-risk, or depression than those whose services were delivered in person, even among participants whose tests were positive for a cancer causing [genetic mutations](#). Patients who received results over the phone also reported fewer barriers to accessing genetic counseling services than those who received results in person.

"Delivering results over the phone allows us to provide services to patients at risk for cancer-causing genetic mutations for whom cost and access burdens might otherwise be prohibitive," Bradbury said. "By providing services over the phone and removing the need to travel to a doctor's office or hospital, we're limiting the disruption to a patient's daily routine, but maintaining the patient-provider relationship and delivering high quality cancer genetic services."

Additional results of the study suggest there may be small differences in how well patients understand test results when receiving information over the phone as compared to in-person, though the clinical significance remains unclear. The authors say further data is needed to understand this finding before widespread adoption of phone disclosure of genetic test results is implemented.

"The overall goal of this research is to decrease barriers to genetic testing while ensuring that at-risk patients receive appropriate and accurate information," said senior author Susan Domchek, MD, executive director of the Basser Center for BRCA at Penn's Abramson Cancer Center. "This study is a step in that direction, and shows that providers can deliver quality services in a way that is convenient for [patients](#)."

Provided by University of Pennsylvania School of
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