



Care Delivery Varies Widely Among Hospices

According to a study reported in the May issue of *Medical Care*, patients receiving end-of-life care from for-profit hospices are given the full range of services only half of the time when compared to nonprofit hospices.

To qualify for Medicare reimbursement, hospices must offer 16 core and noncore services. Core services include bereavement counseling, dietary and nutritional services, and physician and skilled nursing services. Noncore services include continuous home care, physical therapy, medications, personal care, and homemaker and household services.

The study followed 2,080 patients at 422 different hospices. Eighty-one percent of patients received home hospice, 91% had a primary caregiver, and 77% of the patients' hospice services were paid for primarily by Medicare. Eighty-nine percent of patients used skilled nursing services, 74% used social services, 63% used medications, and 61% used personal care services.

Of the 422 hospices, 24% were for profit, 90% were certified by Medicare; 67% were free-standing and 39% were part of a chain. According to the study, patients at the for-profit hospices received counseling services, including bereavement counseling, only 45% as often as patients at nonprofit hospices. Patients also received significantly reduced services at the for-profit compared to nonprofit hospices.

The researchers cautioned that the services of both types of hospices were not formally measured and that their conclusions were not based on scientific evidence.

Carlson, M.D., Gallo, W.T., & Bradley, E.H. (2004). Ownership status and patterns of care in hospice: Results from the National Home and Hospice Care Survey. *Medical Care*, 42, 432-438.

New Drug Delivery System Reduces Pain With Administration

Microscission is a new, less painful technique to deliver drugs through the skin. It uses a gentle gas flow to direct tiny crystals of inert aluminum oxide to small areas of the skin. The crystals smooth the skin and create microconduit holes in the skin's layers that can be used to deliver drugs. This process takes less than 20 seconds.

During a study of the technique, researchers performed microscission and then applied lidocaine to the resulting micro-

conduit holes in the skin to see whether the drug would be absorbed. In two minutes, the study participants reported a loss of feeling in the area, demonstrating that the drug had been delivered successfully.

Herndon, T.O., Gonzalez, S., Gowrishankar, T., Anderson, R.R., & Weaver, J.C. (2004). Transdermal microconduits by microscission for drug delivery and sample acquisition. *BMC Medicine*, 19, 12.

Agencies Establish National Network of Smoking Cessation Hot Lines

The U.S. Department of Health and Human Services (HHS) and the National Cancer Institute (NCI) have established a national network of smoking cessation hot lines that will support and provide information to smokers wanting to quit. Smokers will be able to call one toll-free number (877-44UQUIT or 877-448-7848) to access their state's hot line.

States with existing hot lines will receive



more funding to expand their services, such as increasing their hours, hiring bilingual counselors, and increasing promoting and advertising. States that do not have hot lines will receive grants to develop them.

An estimated 40 million American adults still smoke, and HHS and NCI believe that this high number makes programs like these imperative.

Incidence of Male Breast Cancer Is Increasing

According to the results of a study reported in the July 1 issue of *Cancer*, the rate of male breast cancer is rising. The incidence of male breast cancer has increased from about 1,500 cases in 2001 to 1,600 cases in 2004. Male breast cancer also is detected when the tumors are bigger, have spread, and are more aggressive. The study also found that male breast cancer may have important biologic differences than female breast cancer and that men often do not realize that they can develop the disease.

The study analyzed data from the Surveillance, Epidemiology, and End Results (SEER) database from 1973-1998 on 2,524 men with breast cancer and 380,856 women with the disease. It found that men were significantly older when diagnosed: 67 years

for men versus 62 years for women. The two most common male breast cancers were invasive ductal carcinoma (93.4%) and papillary carcinoma (2.6%). The study found that male breast cancers were more likely to be estrogen-receptor positive, implying that tamoxifen might be useful in men. Men also were more likely to have later-stage disease that spread to the lymph nodes.

Despite these differences, men and women had similar 5-year, 10-year, and median survival rates.

Giordano, S.H., Cohen, D.S., Budzar, A.U., Perkins, G., & Hortobagyi, G.N. (2004). Breast carcinoma in men: A population-based study. *Cancer*, 101, 51-57.

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