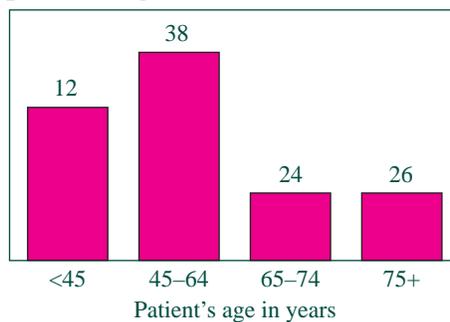


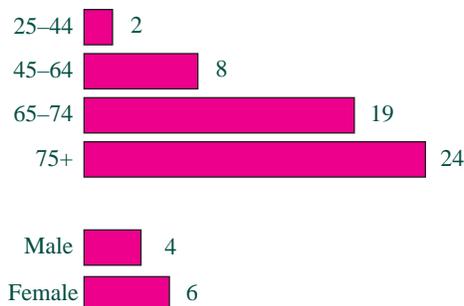
**In 2006–07, there were an estimated 15 million visits to nonfederally employed, office-based oncologists in the United States.**

Percent distribution of office visits by patient's age: 2006–07



**The annual visit rate increased with age, and females had a higher visit rate than males.**

Annual office visit rates by patient's age and sex: 2006–07



*Number of visits per 100 persons per year*

**Primary expected source of payment included:**

- Private insurance — 64%
- Medicare — 44%
- Medicaid — 6%
- No insurance<sup>1</sup> — 2%

<sup>1</sup> No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

**The major reason for visit was:**

- Chronic problem, routine — 69%
- New problem — 14%
- Chronic problem, flare-up — 6%
- Preventative care — 4%

**The top 5 reasons given by patients for visiting oncologists were:**

- Progress visit
- Chemotherapy
- Cancer, breast
- General medical exam
- Cancer, gastrointestinal tract

**The top 5 diagnoses were:**

- Malignant neoplasms
- Auemias
- Benign neoplasms
- Potential health hazards related to personal and family history
- Specific procedures and aftercare

**Medications were provided or prescribed at 73 percent of office visits. The top 5 generic substances utilized were:**

- Aspirin
- Levothyroxine
- Multivitamin
- Metoprolol
- Warfarin

*For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600 or visit our Web site at <[www.cdc.gov/namcs](http://www.cdc.gov/namcs)>.*

**NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of Family Medicine*, and *Journal of Family Practice*. Here are just a few recent publications using NAMCS data:**

Saraiya M, McCaig LF, Ekwueme DU. Ambulatory care visits for Pap tests, abnormal Pap test results, and cervical cancer procedures in the United States. *Am J Manag Care*. 1;16(6):e137–44. Jun 2010.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of Cancer Visits by Physician Specialty, 1997–2006. *J Cancer Educ*. Mar 2010. [Epub ahead of print]

Rogers HW, Weinstock MA, Harris AR, Hinckley MR, Feldman SR, Fleischer AB, Coldiron BM. Incidence estimate of nonmelanoma skin cancer in the United States, 2006. *Arch Dermatol*. 146(3):283–7. Mar 2010.

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104–11. Mar–Apr 2009.

Sonnenfeld N, Schappert SM, Lin SX. Racial and Ethnic Differences in Delivery of Tobacco-Cessation Services. *Am J Prev Med*. Oct 2008. [Epub ahead of print]

Richardson LC, Tangka FK. Ambulatory care for cancer in the United States: results from two national surveys comparing visits to physicians' offices and hospital outpatient departments. *J Natl Med Assoc*. 99(12):1350–8. Dec 2007.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022–37. Oct 2007.

Lamont EB, Dias LE, Lauderdale DS. NSAIDs and Colorectal Cancer Risk: Do Administrative Data Support a Chemopreventive Effect? *J Gen Intern Med*. Jun 2007. [Epub ahead of print]

Bivens MM, Bhosle M, Balkrishnan R, Camacho FT, Feldman SR, Fleischer AB Jr. Nonmelanoma skin cancer: is the incidence really increasing among patients younger than 40? A reexamination using 25 years of U.S. outpatient data. *Dermatol Surg*. 32(12):1473–9. Dec 2006.

Wallace AE, MacKenzie TA, Weeks WB. Women's primary care providers and breast cancer screening: who's following the guidelines? *Am J Obstet Gynecol*. 194(3):744–8. Mar 2006.

Chen JG, Fleischer AB, Smith ED, Kancler C, Goldman ND, Williford PM, Feldman SR. Cost of nonmelanoma skin cancer treatment in the United States. *Dermatologic Surgery*. 27:(12)1035–1038. Dec 2001.

**The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.**