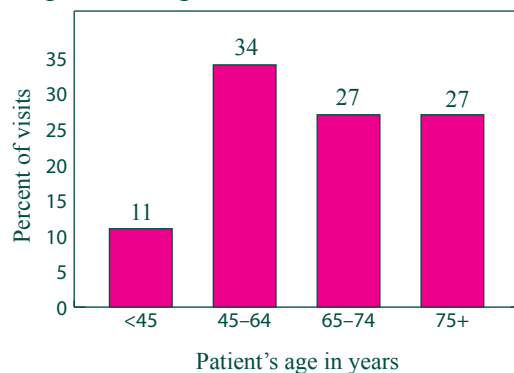


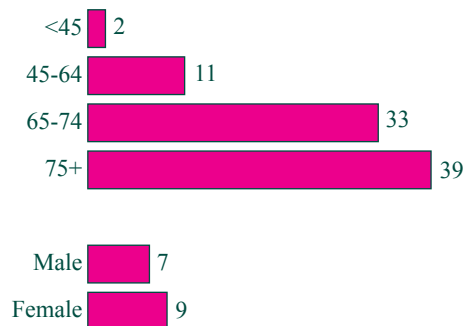
In 2010, there were an estimated 25 million visits to nonfederally employed, office-based oncologists in the United States.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 52%
- Private insurance — 40%
- Medicaid/CHIP — 5%

The major reason for visit was:

- Chronic problem, routine — 72%
- New problem — 12%
- Chronic problem, flare-up — 5%
- Preventative care — 4%

The top 3 reasons given by patients for visiting oncologists were:

- Progress visit
- Cancer, breast
- Anemia

The top 3 diagnoses were:

- Malignant neoplasms, breast
- Malignant neoplasms, bronchus & lung
- Anemia

Medications were provided or prescribed at 84 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Lisinopril
- Levothyroxine
- Omeprazole
- Acetaminophen Hydrocodone

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/names>.



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

Wysong A, Linos E, Hernandez-Boussard T, Arron ST, Gladstone H, Tang JY. Nonmelanoma skin cancer visits and procedure patterns in a nationally representative sample: National Ambulatory Medical Care Survey 1995-2007. *Dermatol Surg*. Jan 2013. [Epub ahead of print]

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect*. 88(6):433-435. Oct 2012.

Guy GP Jr, Richardson LC. Visit duration for outpatient physician office visits among patients with cancer. *J Oncol Pract*. 8(3 Suppl):2s-8s. May 2012.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997-2006. *J Cancer Educ*. 25(4):548-555. Dec 2010.

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):e137-144. Jun 2010.

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):283-287. 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):104-111. Mar-Apr 2009.

Sonnenfeld N, Schappert SM, Lin SX. Racial and ethnic differences in delivery of tobacco-cessation services. *Am J Prev Med*. 36(1):21-28. Jan 2009.

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):1350-1358. 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):2022-2037. Oct 2007.

Lamont EB, Dias LE, Lauderdale DS. NSAIDs and colorectal cancer risk: do administrative data support a chemopreventive effect? *J Gen Intern Med*. 22(8):1166-1171. Aug 2007.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm