

# Medicare spending for advanced cancer not linked to survival differences

March 12 2013

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Substantial regional variation in Medicare spending for patients with advanced cancer is not linked to differences in survival, according to a study published March 12 in the *Journal of the National Cancer Institute*.

Cancer care accounts for approximately 10% of Medicare spending, and costs are highest for cancer patients with late-stage disease. Prior research studies have shown that there are large regional differences in spending within the [Medicare program](#), however it is unknown if higher average regional spending for advanced cancer is linked to improved survival for individual patients with cancer.

In order to determine the link between spending and advanced cancer survival, Gabriel Brooks, M.D., of the Dana-Farber Cancer Institute in Boston, and colleagues, used the Surveillance, Epidemiology and End Results (SEER)-Medicare linked data to study patients with advanced lung, colorectal, pancreas, breast and prostate cancer between 2002 and 2007. The patients lived in one of 80 hospital referral regions covering over one quarter of the U.S population. Researchers measured the average spending for patients with advanced cancer by region, and then compared survival between regions grouped by increasing advanced cancer spending.

The researchers found that advanced cancer spending varied by up to 41% between high- and low-spending regions. Despite this substantial spending variation, there was no direct link between regional spending and advanced [cancer survival](#). Higher spending was strongly linked with

more frequent and longer hospital visits. "The identification of inpatient hospitalization as a key driver of [regional variation](#) in advanced cancer spending is an important finding at a time when much attention on the cost of [cancer care](#) has been focused on the cost of chemotherapy," the authors write. "Our findings suggest that health-care providers should be incentivized to develop strategies aimed at reducing potentially avoidable hospitalizations and increasing timely access to palliative care for patients with advanced cancer—goals that are consistent with patient centered care.

Provided by Journal of the National Cancer Institute

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