

Study identifies significant cost differences between breast cancer chemotherapy regimens

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Costs associated with different breast cancer chemotherapy regimens can vary significantly, regardless of effectiveness, according to new research from The University of Texas MD Anderson Cancer Center. Understanding cost differences should help guide informed discussions between patients and physicians when considering chemotherapy options.

Sharon Giordano, M.D., chair of Health Services Research and professor of Breast Medical Oncology, will present the findings in a poster discussion session at the 2016 American Society of Clinical Oncology Annual Meeting in Chicago.

"The [costs of cancer care](#) have been increasing dramatically, both for the health care system and for patients. As physicians, we increasingly are recognizing the financial burden on our patients," said Giordano. "Both physicians and patients need greater access to information about the treatment costs, so this critical issue can be discussed during a patient's decision making process."

The American Cancer Society estimates 246,660 new cases of [invasive breast cancer](#) will be diagnosed this year in the United States. At least 35 percent of patients with breast cancer receive chemotherapy in addition to surgery or radiation. Therefore, choosing equally effective but less costly regimens could impact costs of breast cancer care nationally by \$1 billion every year, Giordano explained.

To calculate cost of care, the researchers analyzed claims from the MarketScan database of 14,643 adult women diagnosed with breast cancer between 2008 and 2012 in the U.S. To qualify for the study, women must have had full insurance coverage from six months prior to 18 months after diagnosis, received chemotherapy within three

months of diagnosis, and had no secondary malignancy within one year of diagnosis.

The researchers calculated adjusted average total and out-of-pocket cost using all claims within 18 months of diagnoses, normalized to 2013 dollars, with separate analyses conducted for regimens that did and did not include trastuzumab.

"In this study, we found substantial variation in the costs of [breast cancer](#) treatment for different chemotherapy regimens, even when comparing treatments of similar efficacy," said Giordano.

The largest variations were seen when comparing insurer costs. For patients who did not receive trastuzumab, median insurance payments were \$82,260, but varied by as much as \$20,354 relative to the most common regimen. Median out-of-pocket costs were \$2,727, but the largest variation was just \$382.

For those patients receiving trastuzumab-based therapies, median insurance payments were \$160,590, with a difference of as much as \$46,936 relative to the most common regimen. Median out-of-pocket costs were \$3,381, with relative differences as much as \$912.

"When considering all patients, we did not see large variations in out-of-pocket costs across different chemotherapy regimens, but some individuals did have high out-of-pocket costs," said Giordano. Patients who were enrolled in high-deductible health plans had median out-of-pocket payments of over \$5000."

According to Giordano, this study was limited by its focus on a younger population with private health insurance. Patients lacking private insurance may face significantly higher costs of care. Additionally,

researchers were unable to include the costs of newer therapies in the current study. Finally, the study relied on insurance claims, which may include some misclassifications, and was not able to use cancer registry data to analyze cancer stage, patient race or ethnicity, or tumor characteristics.

The researchers plan to continue work with available and future data to better understand the relative value of cancer care options.

"Oncology providers need to continue to move toward the goal of providing high value care that is aligned with our patients' goals and preferences," said Giordano. "I hope this study will make providers more aware of the substantial financial burden associated with chemotherapy treatments so that they may work with their [patients](#) to identify the best options available."

Provided by University of Texas M. D. Anderson Cancer Center

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