

New Study Assesses Oncologists' Ratings of the Importance of Cancer Patient Health Insurance and Costs for Genomic Testing

The American Cancer Society led research to be presented at the 2022 ASCO annual meeting

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ASCO Abstract #6600

ATLANTA, May 26, 2022 — A new study led by researchers at [the American Cancer Society](#) (ACS) shows physician, practice, and patient characteristics were associated with oncologists' ratings of the importance of patient health insurance and out-of-pocket costs for genomic testing in treatment decisions. The findings will be presented at this year's annual meeting of the American Society of Clinical Oncology (ASCO) in Chicago, June 3-7.

According to the researchers, the use of genomic testing, especially multi-marker tumor panels, is increasing in the United States. Not all tests and related treatments are covered by health insurance, which can result in substantial patient out-of-pocket costs. Although most patients are concerned about out-of-pocket costs, little is known about oncologists' treatment decisions with respect to patient health insurance coverage and out-of-pocket costs for genomic testing.

In the study, [presented by Kewei Shi](#), associate scientist, health services research at the American Cancer Society, researchers identified 1,049 oncologists who reported using multi-marker tumor panels from the 2017 National Survey of Precision Medicine in Cancer Treatment. Separate multivariable ordinal logistic regression analyses were used to assess the associations of oncologist, practice, and patient characteristics and the oncologist ratings of the importance of health insurance coverage and out-of-pocket costs for genomic testing as part of treatment decisions.

The results showed most oncologists reported patient insurance coverage for genomic testing was very important (47.3%) or somewhat important (32.7%) in treatment decisions. The remainder stated that patient insurance coverage was a little/not important (20.0%). For out-of-pocket costs for genomic testing, the majority of oncologists reported they were very important (56.9%) or somewhat important (28.0%), and fewer stated they were a little/not important (15.2%) in treatment decisions. In separate adjusted analyses, oncologists who used next-generation gene sequencing tests were more likely to report patient health insurance and OOP costs for testing as important in treatment decisions. Oncologists with more years of experience, who treated solid tumors (rather than only hematological cancers), worked in practices without molecular tumor boards for genomic tests, and with higher percentages of patients insured by Medicaid or self-paid/uninsured also reported insurance coverage and out-of-pocket costs for testing were important in treatment decisions.

Study authors stress identifying factors that influence physicians' priorities in treatment decisions may inform the development and targeting of interventions to support patient and physician discussions about oncology care.

Previous research has shown that insurance coverage for biomarker genomic testing lags clinical treatment guidelines. ACS CAN, the advocacy affiliate of the American Cancer Society, is leading a broad coalition of patient and provider advocates to advance state legislation to align insurance policies with guideline-indicated biomarker testing. To date, legislation to expand insurance coverage of comprehensive biomarker testing has passed in Arizona, Illinois, and Louisiana, and similar bills are pending in California, Ohio, and Rhode Island.

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The American Cancer Society is on a mission to free the world from cancer. We invest in lifesaving research,

provide 24/7 information and support, and work to ensure that individuals in every community have access to cancer prevention, detection, and treatment. For more information, visit cancer.org.
