Cost of Care Discussions Rarely Documented for Patients with Advanced Cancer, New Study Shows

ATLANTA, June 13, 2024 — A new large population-based pilot study led by researchers at the American Cancer Society (ACS) and the National Cancer Institute shows cost discussions were infrequently documented in medical records of patient diagnosed with advanced non-small cell lung cancer (NSCLC) and melanoma, which may hinder identifying patient financial needs and tracking outcomes of associated referrals. The findings will be published today in the journal *Cancer*.

“Cancer diagnosis and informed treatment decision-making can be complicated, especially when the costs of care and the potential for patients to experience financial hardship are considered,” said lead study author Dr. Robin Yabroff, scientific vice president, health services research at the ACS. “Professional organizations have long recommended discussions about treatment costs as part of high-quality care, but these discussions continue to be uncommon. We need to do a better job of ensuring that treatment cost discussions between patients and provider teams occur and are well-documented, especially when high-cost treatment options are available.”

For the study, researchers analyzed data of individuals newly diagnosed with stage III/IV NSCLC in 2017-2018 or with stage III/IV melanoma in 2018 who were randomly selected from 12 SEER regions for the National Cancer Institute Patterns of Care study. Documentation of cost discussions were abstracted from the medical record. The authors examined the prevalence of cost discussions and patient-, treatment-, and hospital-factors associated with cost discussions in multivariable logistic regression analyses.

Results of the study showed cost discussions were documented in the medical records of 20.3% of NSCLC and 24.0% of melanoma patients newly diagnosed with advanced disease. In adjusted analyses, privately insured (vs. publicly insured) patients were less likely to have documented cost discussions. Patients who did not receive systemic therapy or did not receive any cancer-directed treatment were less likely to have documented cost discussions than patients who received systemic therapy, as were patients treated at hospitals without residency programs.

“Efforts to increase cost of care discussions and relevant referrals, as well as their documentation are warranted as part of ongoing quality care improvement,” added Yabroff.

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

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