Nearly One in Four Oncologists Does Not Mention Cost when Discussing Genomic Testing

Authors say patients need complete information to make informed decisions about care

Nearly one in four oncologists discussing genomic testing with their patients rarely or never discusses the costs of testing, according to a new study led by American Cancer Society investigators. The study, appearing in JNCI: The Journal of the National Cancer Institute, finds oncologists trained in genomic testing or working in practices with electronic medical record (EMR) alerts for genomic tests were more likely to have cost discussions.

> *"Initiating a discussion about the expected out-of-pocket costs of genomic testing and related treatment is a necessary first step, but is not sufficient to ensure that patients and their families can make fully informed decisions about treatment options"*

Use of genomic testing is increasing in the United States. Depending on the diagnosis, genomic tests on cancer cells can sometimes help determine whether certain types of treatment might be useful while others may not. Testing can be expensive and not all tests and related treatments are covered by health insurance. With the costs of cancer care rising in the United States, and high patient out-of-pocket costs for cancer treatment an increasing concern, the study set out to find how often discussions about expected costs of genomic testing and related treatments were happening. Those discussions may inform treatment decision making and help cancer patients prepare for high expenses. Little is known about how often oncologists discuss costs of testing and treatment, or about the physician and practice factors associated with those discussions.

To learn more, investigators led by the American Cancer Society's Robin Yabroff, Ph.D. analyzed data from 1,220 oncologists who reported discussing genomic testing with their cancer patients from the 2017 National Survey of Precision Medicine in Cancer Treatment, a survey sponsored by the National Cancer Institute, National Human Genomic Research Institute, and the American Cancer Society.

They found that among oncologists who discussed genomic testing with patients, 50% reported often discussing the likely costs of testing and related treatments; 26.3% reported sometimes discussing costs; and 23.7% reported never or rarely discussing costs.

In adjusted analyses, oncologists with training in genomic testing or working in practices with electronic medical record (EMR) alerts for genomic tests were more about twice as likely to have cost discussions sometimes or often (OR=2.1 and OR=2.2, respectively) compared to rarely/never. Other factors associated with more frequent cost discussions were treating solid tumors (rather than only hematological cancers), using next-generation sequencing gene panel tests, having higher patient volume, and working in practices with higher percentages of patients insured by Medicaid, or self-paid or uninsured (all $p<0.05$).

"Initiating a discussion about the expected out-of-pocket costs of genomic testing and related treatment is a necessary first step, but is not sufficient to ensure that patients and their families can make fully informed decisions about treatment options," write the authors. "In the context of rising costs of cancer care, interventions targeting modifiable physician and practice factors may help increase the frequency of physician-patient cost discussions, contributing to more informed patient decisions and higher-quality cancer care."

The study was co-authored by scientists from the American Cancer Society, National Cancer Institute, and the National Institutes of Health.

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