

Availability May Influence Cancer Treatment Decisions

Atlanta 2007/01/08 -Utilization of cancer treatments with limited evidence of benefit may depend on the therapy's availability according to a new study. Published in the February 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, the study reveals that patients with pancreatic cancer were almost twice as likely to receive radiotherapy, for which there is more controversy regarding efficacy, when the treating hospital had radiotherapy available compared to patients who were treated at centers where radiotherapy was not available. In contrast, availability of radiotherapy had no impact on its utilization in patients diagnosed and treated for rectal cancer for which radiation has been shown to have significant benefits.

In healthcare as in economics, an old argument is "build it and they will come." Studies suggest that there is an observable influence of "availability" or "supply" on population treatment patterns. For example, studies show that cardiac catheterization utilization is influenced not by the number of people who need it – i.e., have heart disease – but by the number of cardiac catheterization beds in that community. However, this relationship has not been explored in the field of cancer.

Led by Sandra L. Wong, M.D. of the Department of Surgery at the University of Michigan, researchers investigated whether or not radiotherapy use can be predicted by its availability at a hospital. They also explored whether in the absence of clear guidelines or protocols physician recommendations played a role in treatment referral. They reviewed records from 10,198 patients diagnosed with rectal or pancreatic cancer.

The authors found that availability did predict treatment patterns, but only in a cancer for which radiotherapy use has not been definitively established as standard clinical care. Patients with pancreatic cancer were twice as likely to have radiotherapy if the hospital where they received surgery offered it. Patients with rectal cancer were equally likely to receive radiation whether or not their treating facility provided that service.

"Our findings," conclude the authors, "suggest that adjuvant radiotherapy for pancreatic cancer is either being over-utilized at hospitals with radiation facilities, or under-utilized at centers without them." In the context of a controversial treatment for this type of cancer, patients are either being placed at unnecessary risk or "missing opportunities for better modality cancer treatment." They conclude, "Distinguishing between these two scenarios will require a better understanding about how both patients and physicians make decisions about adjuvant therapy under conditions of uncertainty."

Article: "Use of Adjuvant Radiotherapy at Hospitals With and Without On-site Radiation Services," Sandra L. Wong, Yongliang Wei, John D. Birkmeyer, *CANCER*; Published Online: January 8, 2007 (DOI: 10.1002/cncr.22458); Print Issue Date: February 15, 2007.

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