Private Insurance, Higher Regional Incomes, and Certain Practice Settings Predict Longer Survival for People With Multiple Myeloma

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ASCO Perpectives

“Where you live and what insurance you have should not affect the length of time you survive multiple myeloma, though unfortunately it seems from a new study that they do. As a society we should strive to ensure that every patient, no matter their location or socioeconomic status, receives equal access to high-quality cancer care,” said ASCO Expert Catherine Diefenbach, MD.

CHICAGO – A new study analyzing demographic statistics from the National Cancer Database identified multiple socio-economic factors, including private insurance, living in a regionally higher-income area, and receiving treatment in certain practice settings as being associated with longer survival for patients with multiple myeloma. Furthermore, researchers found that neither race (black or white) nor gender had a significant impact on survival.

The study will be featured in a press briefing today and presented at the 2019 American Society of Clinical Oncology (ASCO) Annual Meeting.

“With the continuously increasing cost of health care, it is important to highlight the presence of a survival disadvantage for people who cannot afford their treatment costs,” said lead study author Kamal Chamoun, MD, a Fellow with the Hematologic Malignancies and Stem Cell Transplant Program, University Hospitals Seidman Cancer Center, Cleveland, OH. “Prices of oral cancer drugs have been rapidly escalating, especially for patients and survivors of multiple myeloma, and we need to take action to limit and reverse the disparity for those who cannot afford private insurance or have lower incomes.”

Approximately 32,000 people in the United States are diagnosed annually with multiple myeloma,
and the cure rate is very low. The disease is usually treated with a combination of intravenous medications and expensive oral medicines (pills or tablets). Oral medicines are used more commonly in multiple myeloma than in other cancers and require long-term use.

Medicines that modulate the immune system, such as lenalidomide (Revlimid), are commonly used to treat multiple myeloma and prices have risen rapidly over the past decade. Other oral medicines, ixazomib (Ninlaro) and panobinostat (Farydak) are also expensive but are less commonly used.

About the Study
Researchers parsed data from 117,926 people living with multiple myeloma between 2005 and 2014 from the National Cancer Database, representing 70% of all new cases of all types of cancer. The median age at diagnosis was 67. Other demographic factors evaluated included: gender (55% male, 45% female); income by region (57% of people lived in areas where the median income was under $46,000 per year, and 43% where it was $46,000 or over per year); primary insurance (52% of people were on Medicare, 35% had private insurance and 5% were on Medicaid, with 3% being uninsured); and practice setting (40% were treated in an academic comprehensive cancer program, 39% in a comprehensive community program, 9% in a community cancer program and 10% in an integrated network cancer program that offers comprehensive services).

Key Findings
The researchers assessed data on people for a median of 30 months after treatment:

- **Treatment facility**: If people received treatment in an academic institution, they had a 49% greater probability of survival.
- **Income in the region where they were treated**: People with a higher median regional income of $46,000 or more had a 16% greater chance of surviving than people with incomes less than $46,000 per year.
- **Private insurance**: People with private insurance had a 59% greater probability of survival than those who were insured through Medicaid. Similarly, people with private insurance had a 62% greater probability of survival than those who had no insurance. For people age 65 and older, those who had private insurance also lived longer than those who had Medicare.
- **Overall health**: Lower Charlson Comorbidity scores, which predict risk of death within one year of hospitalization for people with 19 different comorbid conditions, was also associated with a greater probability of survival.
- **Distance travelled**: A lower percentage of people receiving Medicare or Medicaid travelled more than 120 miles to a treatment facility compared with people with private insurance.

Gender and race (black or white) did not affect survival of people with multiple myeloma in this analysis.

Dr. Chamoun noted that oral cancer medications for multiple myeloma fall under prescription drug
plans and people who are on Medicare may have a harder time affording long-term use of these medications, which can lead to higher rates of treatment interruption or discontinuation. The study did not address this issue directly, but Dr. Chamoun and co-authors postulate that limited access to expensive drugs could explain the study findings.

Although patients on Medicaid will have all their medical expenses covered, they also need – and often lack – strong social support networks to provide transportation or other non-medical assistance. This can be a very debilitating disease and intense care is often needed on a regular basis, and this care could be limited for those in rural settings who often have to travel 200 miles roundtrip to a primary care facility, according to the researchers.

**Next Steps**
There are a number of factors that the researchers hope to explore in future studies, including the possible link between higher costs of care and survival, the medicines specifically used, the types of insurance a person had (HMO, PPO, or other type of plan), and the duration of treatment. The investigators also hope to explore other databases to see if disease-specific information is available that might help further determine who could benefit most from the medicines that come with a high cost.

This study was internally funded at the Seidman Cancer Center.

**Study at a Glance**

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**For your readers:**

Guide to Multiple Myeloma

Health Insurance

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PATIENT AND CAREGIVER INQUIRIES:
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