Research From ASCO’S 2014 Quality Care Symposium Highlights Impact Of Social Factors on Cancer Treatment Disparities and Approaches For Improving Care

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ALEXANDRIA, Va. – New studies released today provide insight on the role social factors play in cancer treatment disparities, as well as effective approaches to improving the quality of care. The research ranges from how parental status influences the treatment choices of people living with advanced cancer to the benefit of tumor board meetings in improving outcomes for lung and colorectal cancer patients. The studies were released in a presscast today in advance of ASCO’s 2014 Quality Care Symposium. The Symposium will take place October 17-18, 2014, at the Boston Marriott Copley Place in Boston.

Four major studies were highlighted in today’s presscast:

- **Having dependent children motivates advanced cancer patients to pursue more aggressive care**: A pilot study of people with advanced cancer indicates that parental status is an important factor in treatment decision-making, with the majority stating that being a parent motivates them to pursue life-extending treatments.

- **Medicare’s subsidy program improves hormone therapy adherence after breast cancer surgery and reduces racial disparities**: A study of more than 23,000 women suggests that the Medicare Part D Extra Help program improves adherence to hormone therapy after breast cancer surgery in all racial/ethnic groups and reduces disparities.

- **Oncologist participation in tumor board meetings may be associated with improved outcomes for patients with lung or colorectal cancers**: A new population-based study of close to 5,000 patients and 1,600 oncologists found that physician participation in weekly tumor board meetings was associated with improved survival for patients with stage IV colorectal cancer and stage IV/extensive-stage small cell lung cancer.

- **Death of patients within one month of cancer surgery influenced by social and demographic factors**: In a new study of more than 1.1 million patients who underwent surgery
for the most common or deadly cancers reports nearly 1 in 20 died within one month of the procedure. The risk of death was highest among patients who were not married, uninsured, non-white, male, older, less educated, poorer, or had advanced stage cancer.

“The research presented today highlights how the conditions facing people living with cancer can affect their care, but also provides approaches to how we can overcome some of these potential disparities,” said Gregory A. Masters, MD, FACP, FASCO, Chair of ASCO’s Cancer Communications Committee. “Improving the quality of care we provide is a continuous goal for oncologists.”

This year’s Symposium will feature more than 300 abstracts on the improvement of the quality of care for people living with cancer. The Symposium will also feature sessions that focus on cost and value, quality issues in vulnerable populations, data infrastructure and patient safety.


**Having Dependent Children Motivates Parents with Advanced Cancer to Pursue More Aggressive, Life-Extending Treatments**

[Summary includes updated data not in the abstract]

Findings from a pilot study of 42 parents with advanced cancer indicate that parental status is an important factor in treatment decision-making. When asked how having children influences their treatment decisions, the majority of parents (64 percent) responded that being a parent motivates them to pursue life-extending treatments, largely out of a desire to have more time with their children. A smaller proportion of parents (15 percent) identified preserving parental functioning as a treatment priority, and 12 percent mentioned the importance of receiving treatment close to their families, versus traveling for a second opinion, or pursuing treatment that may require long hospital stays. Parenting concerns identified in this study will inform further research in this understudied patient population.

“Numerous psychosocial factors influence patients’ decisions about cancer treatment. It’s important for patients with dependent children to discuss their treatment priorities with their oncologist, who may not know, for example, how important it is for a patient with children to preserve their functioning at home,” said lead author Devon Check, a Ph.D. student at the University of North
Carolina, in Chapel Hill, N.C. “We hope that our study can help oncologists engage patients with children in shared decision making and promote alignment of the treatment plan with the patients’ priorities, including family responsibilities.”

Prior studies suggested that patients with advanced cancer who are parents prefer aggressive treatments for their illness more often than patients who are not parents. The present study, which focused solely on patients with dependent children, is the first to directly ask parents if and how having children affects their treatment preferences, beyond serving as a motivator for aggressive treatment, including preferences for palliative care and hospice. It is also the first to include qualitative methods, which helped elucidate more nuanced factors influencing decision-making.

Researchers interviewed 42 patients with metastatic cancer who have children younger than 18 years. Parents had an average age of 44, and the average age of their children was 12. When queried about preferences for palliative care and hospice, 52 percent of parents indicated an interest in using hospice services. Of these parents, many recognized hospice as a supportive resource for their family. Others were specifically interested in institutional versus home hospice care, due to a desire to protect their children from the dying experience. Twenty-four percent of parents reported an interest in receiving palliative care concurrent with their cancer treatment, although several parents seemed to conflate palliative care with end-of-life care.

Although this study included patients with a range of physical functioning and a variety of cancer types, the findings may not generalize to other patient groups. But with these initial data in hand, the researchers are already planning a larger study to explore the associations between parental status, parenting concerns and medical decision-making about treatment for advanced cancer.

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

Advanced Cancer

Parenting While Living With Cancer

Talking With Your Children

View the abstract

Medicare’s Extra Help Medication Subsidy Program Improves Adherence to Hormone Therapy after Breast Cancer Surgery, Reduces Racial Disparities
Findings from a study of more than 23,000 women suggest that the Medicare Part D Extra Help program (low-income subsidies for medications) improves adherence to hormone therapy (tamoxifen, anastrazole, letrozole, or exemestane) after breast cancer surgery in all racial/ethnic groups and reduces racial/ethnic disparities. This suggests that overcoming economic barriers to medication access may ultimately help reduce breast cancer outcome disparities, especially among racial minorities.

“Patients are more likely to take their medications if they are able to afford them,” said lead study author Alana Biggers, MD, MPH, a former internal medicine resident at the Medical College of Wisconsin in Milwaukee, Wisc., and currently an Assistant Professor of Clinical Medicine at the University of Illinois-Chicago. “Our study shows that federal policy interventions that help cover out-of-pocket costs have the potential to reduce the breast cancer outcome gap by race and ethnicity.”

While breast cancer predominantly affects white women, breast cancer outcomes are worse among black women. In fact, black women are more likely to die of breast cancer than any other group. Breast cancer death rates are also higher among women with low socioeconomic status, regardless of race/ethnicity. Factors contributing to such disparities include poor access to health care, barriers to early screening and detection, lack of adequate health insurance, and genetics (black women more often carry inherited mutations in breast cancer genes).

Hormone therapy can reduce risk of breast cancer recurrence and improve chances for long-term survival. In this study, data were collected from a national sample of 23,299 Medicare Part D enrollees with early-stage breast cancer who received hormone therapy within one year of surgery. Overall, 27 percent of the women were enrolled in the Extra Help low-income subsidy program, which eliminated or reduced out-of-pocket costs for the hormone therapy (the out-of-pocket costs ranged from $155 to $428 per year, on average). Racial minorities were more likely to be enrolled in the program—70 percent of black and 56 percent of Hispanic women received the support, compared to only 21 percent of white women.

In the first year of hormone therapy, overall adherence rates were similar across all races (64 percent for white women, 63 percent for black women, and 67 percent for Hispanic women). However, racial/ethnic disparities in adherence were evident among the subgroup of women who were not enrolled in the Extra Help program, with white women having significantly higher adherence rates (62 percent) compared to black and Hispanic women (55 percent). In all racial/ethnic groups, adherence rates were higher among women who received the low-income
subsidy, compared to those who did not (71 percent vs. 62 percent for white women; 67 percent vs. 55 percent for blacks; 71 percent vs. 55 percent for Hispanics). In addition, although hormone therapy adherence rates declined in years 2 and 3, adherence rate reductions were smaller among those who used the Extra Help program, and this trend was observed in all racial/ethnic groups.

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

The Importance of Taking Your Medication Correctly

Financial Considerations

Cancer.Net Video – Navigating Challenges: Managing the Cost of Your Cancer Care

View the abstract

Oncologist Participation in Tumor Board Meetings May be Associated with Improved Outcomes for Patients with Lung or Colorectal Cancers

[Summary Contains Updated Data not in the Abstract]

A new population-based study of close to 5,000 patients and 1,600 oncologists found that physician participation in weekly tumor board meetings was associated with improved survival for patients with stage IV colorectal cancer and stage IV/extensive-stage small cell lung cancer, but not other cancer subtypes and stages. Additionally, patients whose physicians participate in tumor board meetings weekly were more likely to enroll in clinical trials compared to patients whose physicians who participate less often in such meetings, and patients with early-stage non-small cell lung cancer were more likely to receive curative surgery. While these findings are still exploratory, they underscore the important function of tumor board meetings and provide important groundwork for future research.

Tumor boards are meetings among physicians (surgeons, medical oncologists, and radiation oncologists) and other healthcare professionals who provide cancer care. They generally serve to discuss difficult cases and facilitate treatment planning for individual patients. Occasionally, tumor board meetings may serve only as teaching sessions for attendees. Although tumor boards are common, until this study, there had been little research on how tumor boards are structured in various healthcare delivery settings.
“Patients with disease subtypes for which we found a link between physician tumor board participation and improved outcomes may want to ask their doctor if their case will be reviewed at a multidisciplinary meeting,” said lead study author Kenneth L. Kehl, MD, a fellow in cancer medicine, at The University of Texas M. D. Anderson Cancer Center in Houston. “However, as this was not a randomized study and there were few associations overall between tumor boards and patient survival, our findings cannot demonstrate conclusively that physician tumor board participation directly affects patient outcomes.”

Researchers surveyed 4,620 patients with lung or colorectal cancer and their physicians. The 1,601 physicians who participated in the study practiced in a variety of health system settings, ranging from single-physician practices to group practices, as well as both community and academic hospitals. In the survey, physicians were asked if and how often they participated in tumor boards, and about the purpose and scope of those meetings. Patients were asked about communication among their healthcare providers. Patient medical records were reviewed to assess associations between tumor boards and patient clinical trial enrollment, receipt of curative treatment, patient-reported quality of care, and survival.

Overall, tumor board participation was high ? 96 percent of cancer care providers routinely participated in some kind of tumor board meeting, and 54 percent did so weekly. Most (82 percent) of tumor board meetings served a pre-treatment planning function, and only 12 percent served as a teaching session. The great majority (87 percent) of tumor board meetings overall reviewed a variety of cancer types, but more than half (59 percent) reviewed only challenging cases.

The study identified several associations between patient outcomes and tumor board features and meeting frequency. Patients with extensive stage small cell lung cancer and stage IV colorectal cancer had better survival if their physicians participated in tumor boards at least weekly, as opposed to less often. Conversely, patients with small cell lung cancer whose physicians’ tumor boards served only as teaching functions had slightly worse survival.

Adjusted for other physician and patient characteristics, patients whose physicians participated in tumor boards weekly had an estimated 60 percent higher odds of enrolling in a clinical trial than patients whose doctors participated less often or never. This suggests that identifying clinical trials for patients may be an important function of tumor board meetings.

Physician tumor board participation was also associated with receipt of guideline-compliant care. Patients with stage I or stage II non-small cell lung cancer were more likely to receive curative-intent surgery, if their physicians participated in tumor boards weekly, and if those tumor boards
included evaluation of prior treatment decisions, but they were less likely to have the surgery if their physicians’ tumor boards reviewed a variety of cancer sites.

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

Guide to Colorectal Cancer

Guide to Lung Cancer

Clinical Trials

ASCO Care and Treatment Recommendations

View the abstract

Death of Patients within One Month of Cancer Surgery Influenced by Social and Demographic Factors

[Summary contains updated data not in the abstract]

In a new study of more than 1.1 million patients who underwent surgery for the most common or deadly cancers reports nationwide, nearly 1 in 20 (4.8 percent) patients died within one month of the procedure. The risk of death was highest among patients who were not married, uninsured, non-white, male, older, less educated, poorer, or had advanced stage cancer. The findings suggest that efforts to reduce socio-demographic disparities in one-month cancer surgery death rates may substantially improve survival among patients with cancer.

One-month mortality after surgery is an important measure of health care quality but there is no consensus as to why disparities in this outcome exist. Previous research has shown that one-month mortality after cancer surgery is closely linked to hospital and surgeon volume, and minorities, uninsured, and poorer patients are disproportionately more likely to receive care at lower volume, underperforming hospitals.

“We’ve known that surgery carries a range of risks and our findings offer new guidance on how certain social and demographic factors contribute to real-world cancer surgery outcomes,” said lead study author Brandon A. Mahal, a fourth-year Harvard medical student and current research fellow at Dana-Farber Cancer Institute in Boston. “Given our results, it is clear that there is a lot we can do to improve outcomes for all patients. Many factors contribute to these disparities but we can start by identifying and supporting improvements for underperforming hospitals as well as more
proactively offering social support services to patients at high risk of poorer outcomes.”

Researchers analyzed national cancer registry (SEER) data on more than 1.1 million patients who underwent cancer surgery. The patients were diagnosed with one of the most common or most fatal cancers, including lung, breast, colorectal, prostate, thyroid, esophageal, pancreatic, endometrial, ovarian, head and neck, liver, bladder, melanoma, kidney, and non-Hodgkin lymphoma.

Overall, 53,498 patients (4.8 percent) died within one month of undergoing cancer surgery, a higher mortality rate than suggested in previous, smaller studies, which focused mainly on academic centers. Patients in the study who were married, insured, or who had a top 50th percentile income or educational status had 20 percent, 12 percent, 5 percent, and 2 percent lower odds of dying from cancer surgery within a month. Furthermore, patients who were non-white minority, male, or older, or who had stage IV disease had 13 percent, 11 percent, 2 percent, and 89 percent higher odds of dying within one month of cancer surgery. While these findings are consistent with prior research on surgical outcomes among Medicare patients, this study is the first to demonstrate that these disparities are still highly prevalent among younger populations (38.9 percent of patients evaluated in this study were younger than 65 and not eligible for Medicare).

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

What is Cancer Surgery?

When to Call the Doctor During Cancer Treatment


View the abstract

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Click here to view the disclosures for the 2014 Quality Care Symposium News Planning Team.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than
35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.