

# Use of Non-Recommended Cancer Treatments Among Socio-economically Disadvantaged Medicare Beneficiaries

HSD64

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## INTRODUCTION

A significant portion of cancer care costs stems from treatments that may not provide clinical benefits. Using clinically unnecessary treatments results in adverse medical (treatment-related reactions) and financial (increased costs) impacts which are not thus recommended by clinical guidelines.

Evaluated use of non-recommended treatments in U.S. Medicare beneficiaries focusing on: Granulocyte-colony stimulating factors (GCSF) for patients on low-risk chemotherapy and Denosumab for patients with castration-sensitive prostate cancer (CSPC).

## RESULTS

- Black beneficiaries had higher rates of GCSF use (8.9%) than White beneficiaries (7.3%;  $p < 0.01$ ) in Medicare Advantage (MA).
- Dually eligible individuals had lower rates of GCSF use (8.1%) than Medicare-only beneficiaries (versus 9.8%;  $p < 0.01$ ) in Traditional Medicare (TM).
- Among patients with CSPC, black beneficiaries were less likely to receive denosumab compared with Whites in both Medicare Advantage and Traditional Medicare.
- Dually eligible individuals had lower rates of denosumab use (30.1%) than Medicare-only beneficiaries (versus 35.8%;  $p < 0.01$ ) in Traditional Medicare.
- Use of any non-recommended treatment was not significantly different between rural and urban residents.

## CONCLUSIONS

Disadvantaged populations generally had similar or low rates of non-recommended cancer treatments. However, this finding was not consistent across all disadvantaged groups or by treatment.

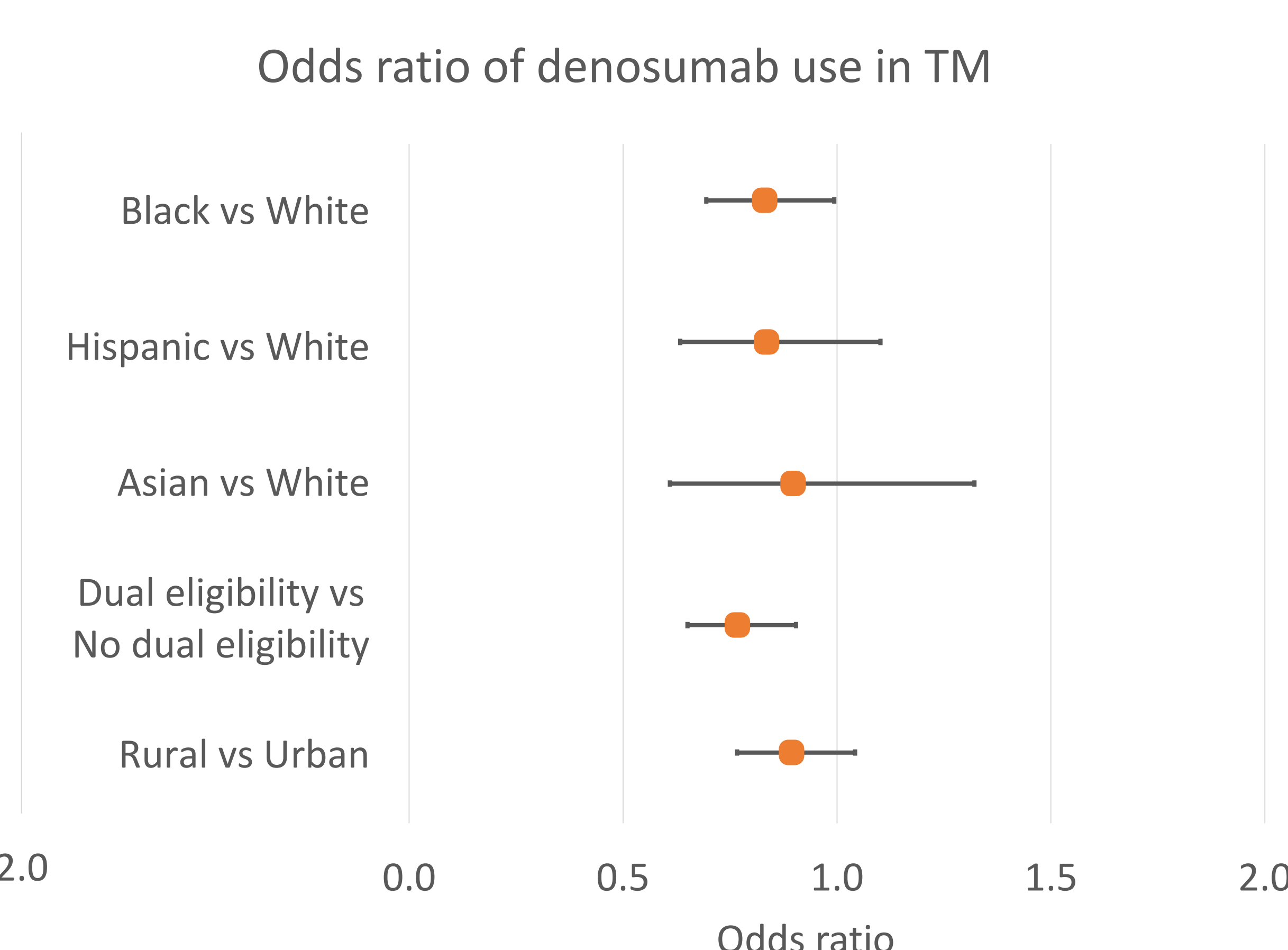
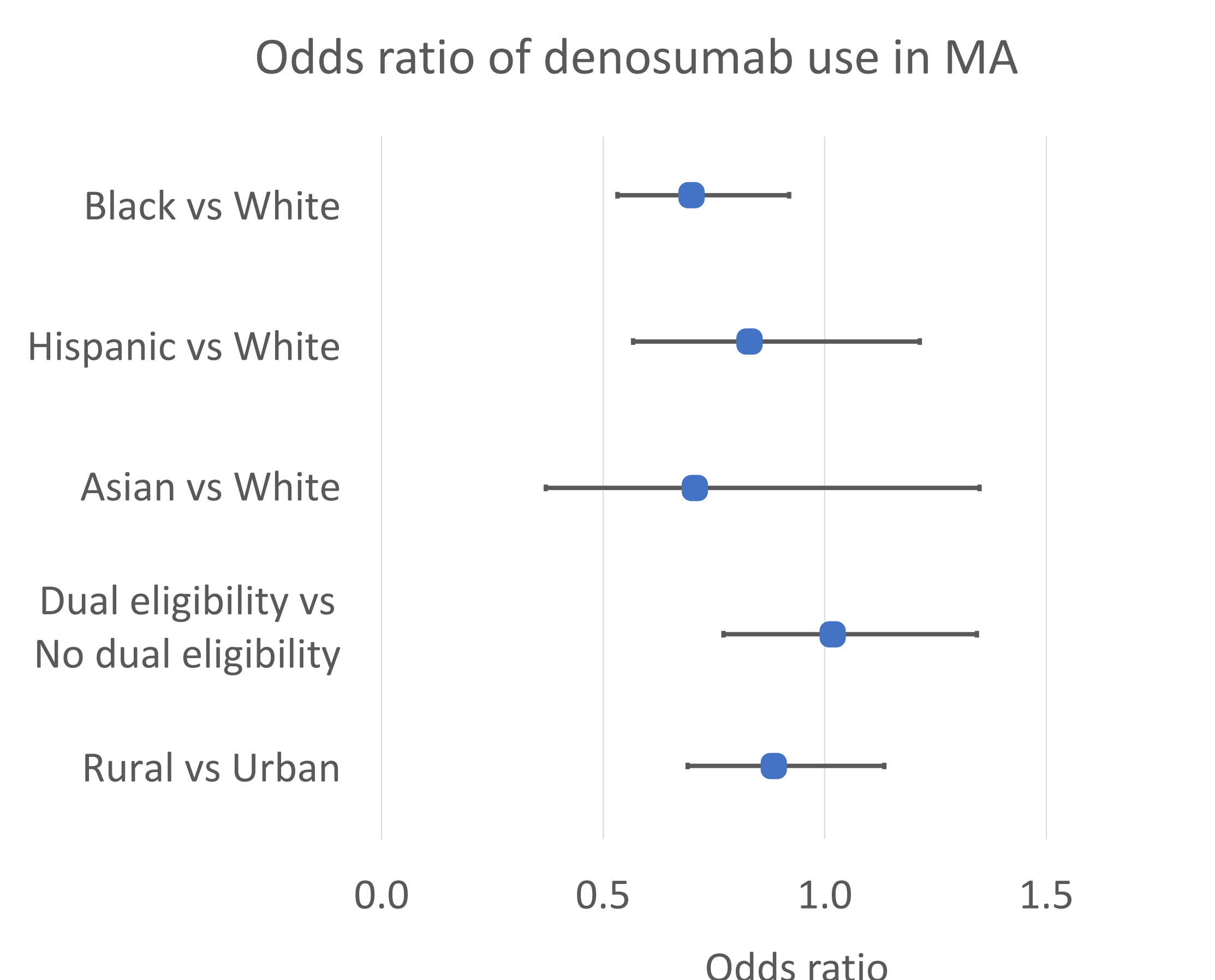
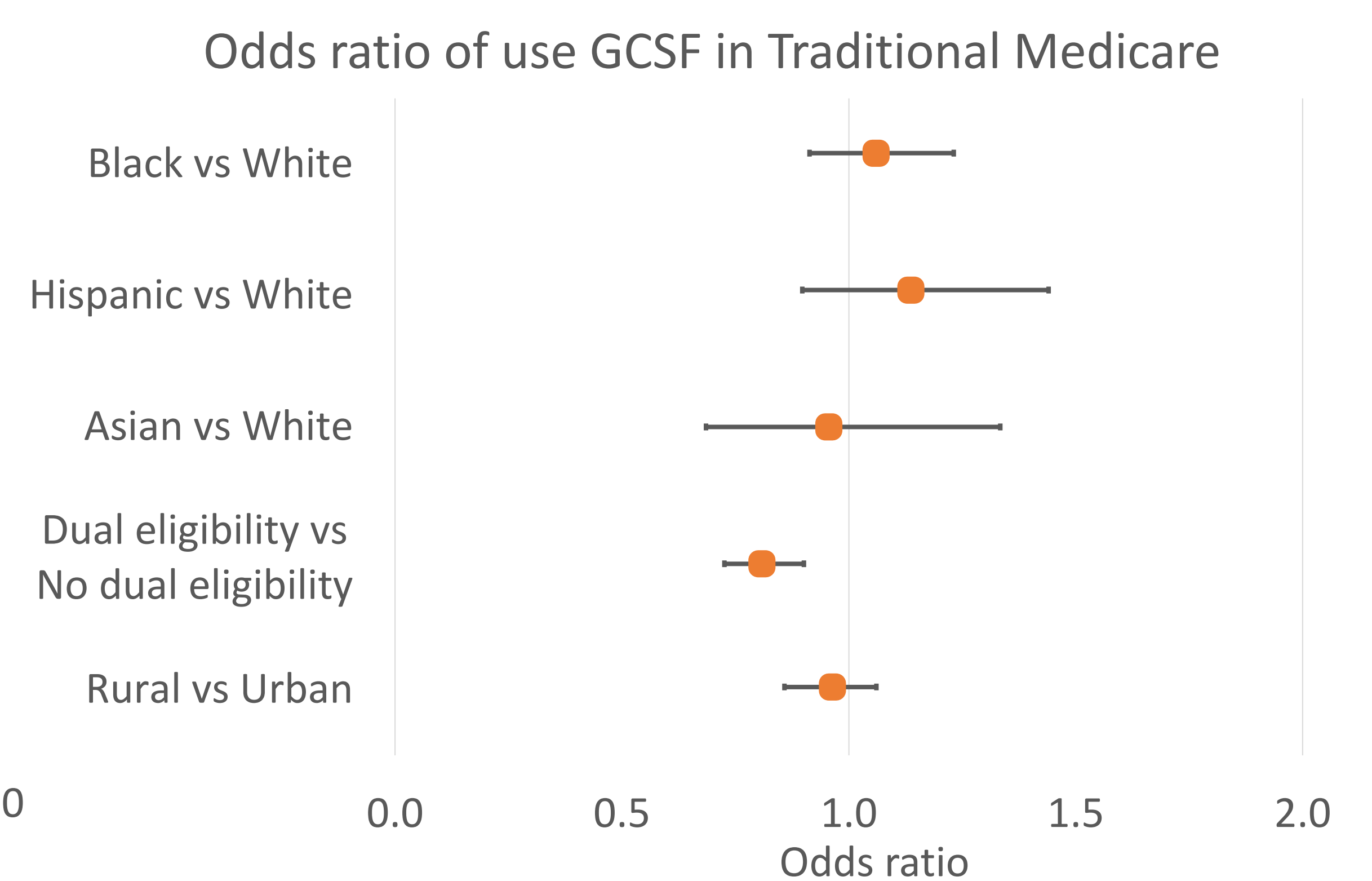
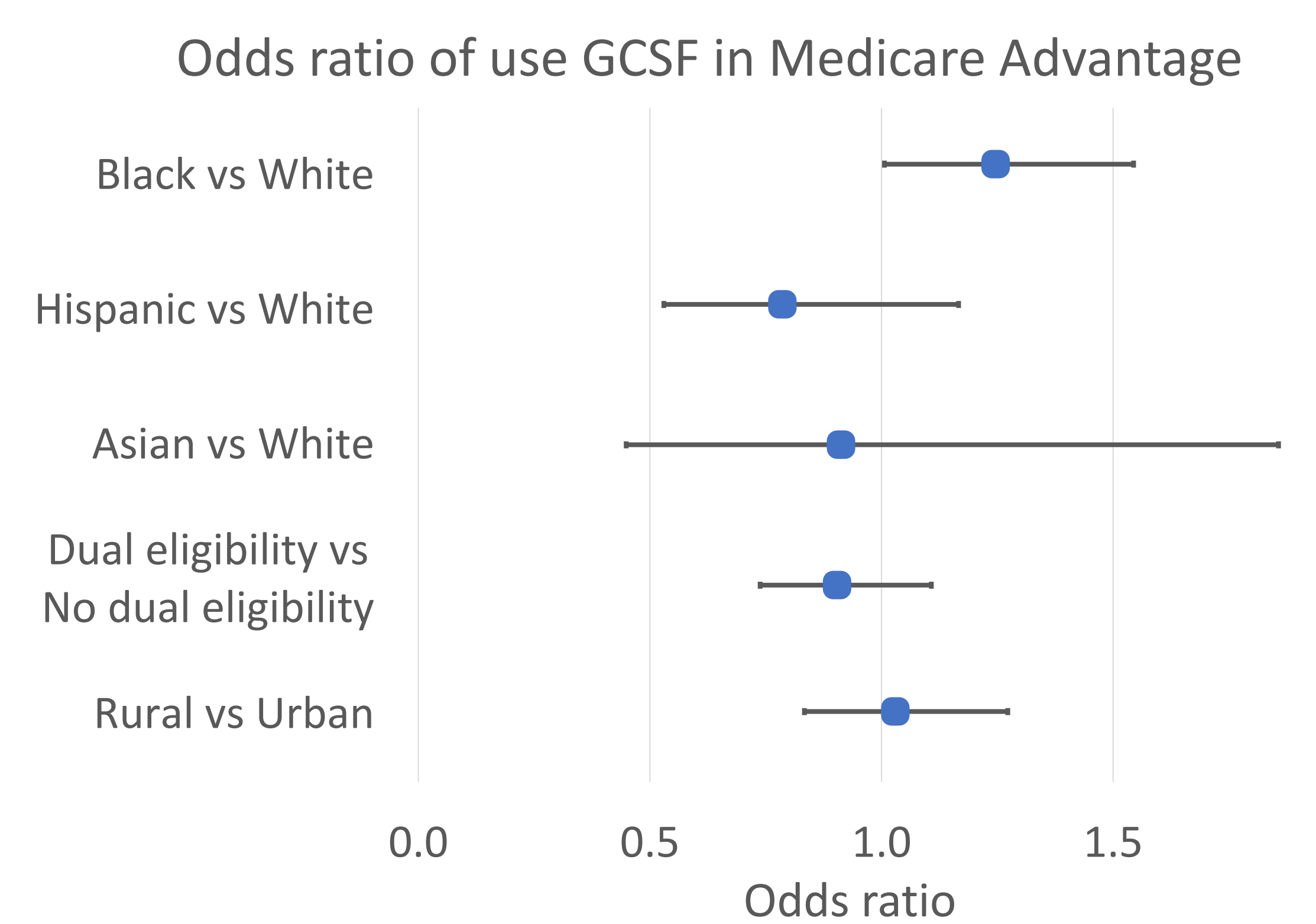
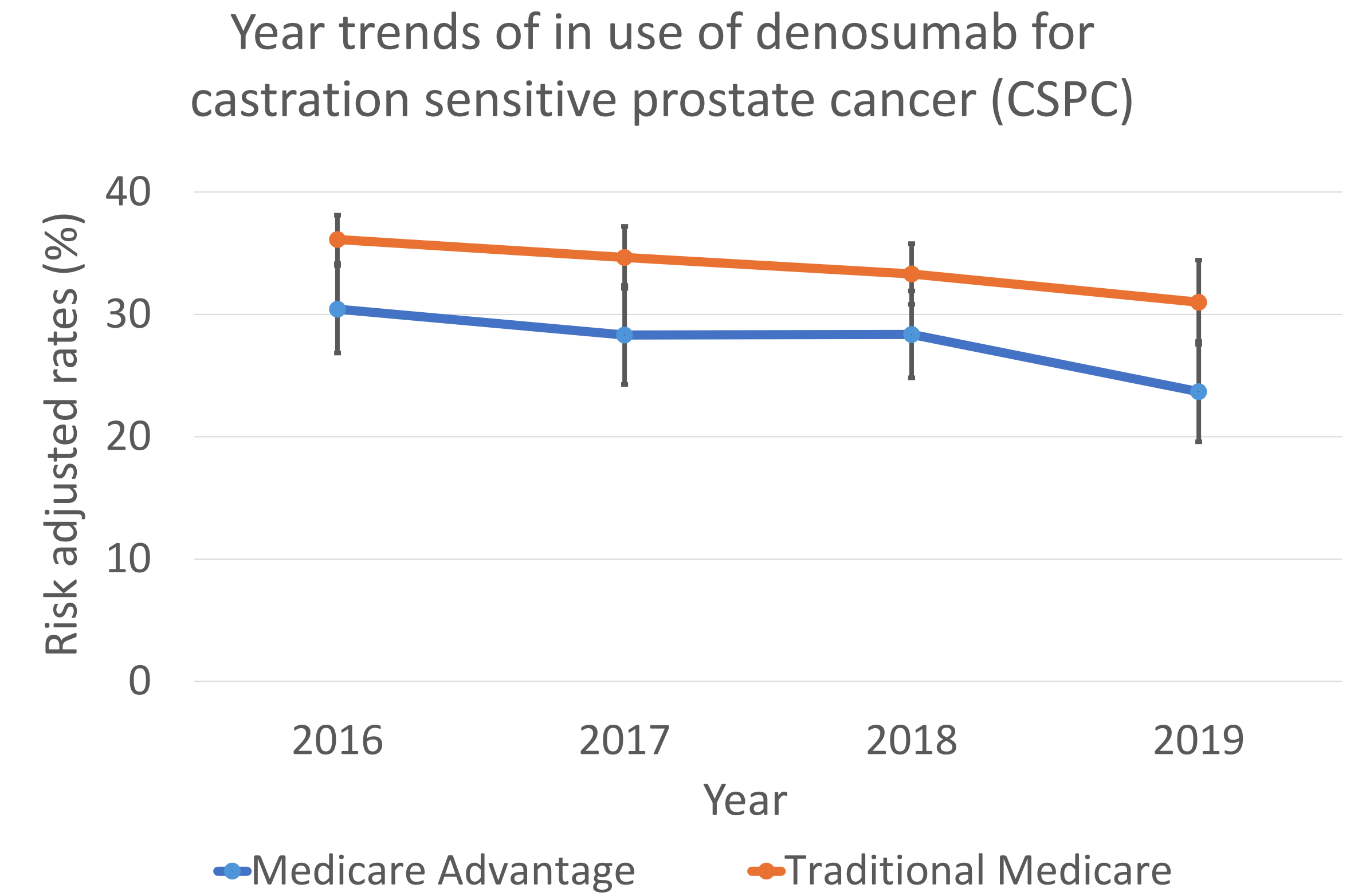
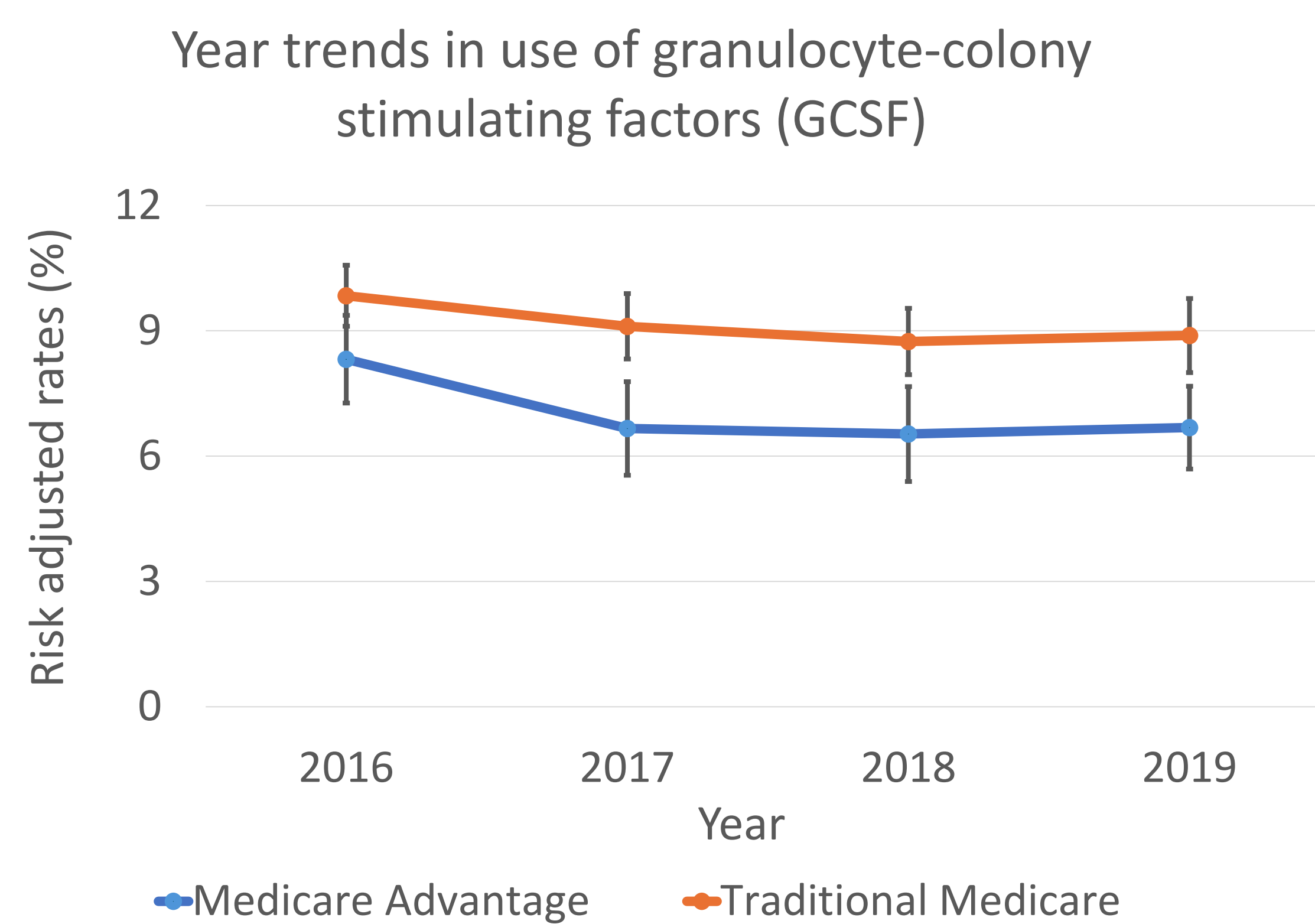
Our results suggest that targeted approaches depending on treatment would increase the effectiveness of efforts to reduce utilization of non-recommended cancer treatments.

## OBJECTIVE

Investigate whether socio-economically disadvantaged populations (racial and ethnic minorities, rural residents, and dual-eligible beneficiaries) have differing rates of receiving non-recommended cancer treatments.

## METHOD

- Population & Cohorts**
  - GCSF: comprised Medicare beneficiaries with breast, lung, or colorectal cancer who received low-risk chemotherapy.
  - Denosumab: comprised patients with CSPC and without indications for bone-modifying agents.
- Data:** 2016-2019 Medicare data
- Study Design**
  - Logistic regression was used to estimate the likelihood of receiving non-recommended treatments, considering race/ethnicity, rural residence, and Medicare-Medicaid dual eligibility.



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