Cost Sharing Cuts Compliance on Mammograms

Mammography rates in plans that adopted cost sharing dropped 5% vs. a 3% rise in plans that did not.

By Timothy F. Kirn
Sacramento Bureau

SAN ANTONIO — The use of radiation following breast-conserving surgery for invasive cancer is declining in the United States—and that’s a trend spelling trouble, Beth A. Virnig, Ph.D., asserted at the San Antonio Breast Cancer Symposium.

Breast-conserving surgery (BCS) without radiation constitutes a failure to provide adequate local tumor control.

Some prominent epidemiologists predict this will lead to increased late mortality, although that prediction is controversial.

Regardless, compelling evidence indicates this failure results in increased risk of local recurrences requiring additional, more aggressive surgery—often mastectomy—along with systemic chemotherapy.

Thus, the declining rate of radiotherapy serves to undermine the whole point of breast-conserving surgery: to provide outcomes equivalent to mastectomy, but with better quality of life, explained Dr. Virnig, who is with the University of Minnesota School of Public Health, Minneapolis.

“On a population basis, this trend is going to cause some real problems,” she added in an interview: “It seems like in the end what we’re doing is delaying treatment for these women until they’re forced with much more aggressive therapies that probably could have been avoided.”

She analyzed treatment trends in more than 175,000 women in the National Cancer Institute Surveillance, Epidemiology, and End Results registry who underwent treatment for nonmetastatic breast cancer during 1992-2003.

In 1992, the year after an NCI consensus panel declared BCS plus irradiation to be the preferred strategy over mastectomy in women with early-stage cancer, 41% of patients received BCS. That rate climbed to 60% by 2003.

Meanwhile, the use of radiotherapy following BCS dropped from 79% to 71% during the same period.

Among patients under age 55 who received BCS, the rate of radiotherapy fell from 81% in 1992 to 67% in 2003.

Radiotherapy use was also less frequent in women with estrogen receptor-negative tumors.

“We were particularly troubled that it was the younger women who had the steepest decline, and the ones with estrogen receptor-negative tumors,” Dr. Virnig said.

Deductibles and copayments are adopted by insurers to dissuade patients from using health care services extravagant.

But in some cases, the strategy may backfire, resulting in higher costs and poorer health.

If, however, insurers choose to exempt some services from copayments or deductibles, they face the prospect of reconsidering all kinds of services and trusting that they can determine which ones are truly beneficial, he wrote.

It would be a daunting task, he added.

The case of mammography is a particularly striking example, because mammography is a service that women tend to know is highly beneficial. Yet, the cost sharing kept 8% of consumers from seeking it out, Dr. Bach noted.

“This finding bodes poorly for the high-deductible movement, since one would expect that patients would make suboptimal decisions even more often in cases in which the health care service is more expensive, has received less publicity, has less rigorous quality control, or is more unpleasant or risky,” Dr. Bach concluded.

Decline in Radiotherapy After BCS Seen as Recurrence Risk

By Bruce Jancin
Denver Bureau

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