

# Medicare costs estimated to top \$21.1 billion for 5 years of care for elderly cancer patients

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The cost of cancer care for elderly Medicare patients varies by tumor type, stage at diagnosis, phase of care, and survival, according to a new study published online April 29 in the *Journal of the National Cancer Institute*. The 5-year cost is highest for patients with lung, colorectal, and prostate cancers. The estimated cost for 5 years of care for elderly Medicare patients diagnosed with cancer in 2004 is \$21.1 billion.

Cost estimates for cancer care are useful for the development and implementation of national cancer programs and policies. As the United States population expands and ages, the incidence of cancer and its associated costs are expected to rise.

To estimate the cost of cancer care in the U.S., Robin Yabroff, Ph.D., of the National Cancer Institute in Bethesda, Md., and colleagues used the Surveillance, Epidemiology, and End Results (SEER) and SEER-linked Medicare files to identify 718,907 cancer patients and 1,623,651 control subjects without cancer. The team subtracted the Medicare expenses for matched control subjects from the Medicare expenses for individuals diagnosed with cancer. The balance was the estimated net cost of cancer care per individual.

The mean net 5-year costs of care for elderly individuals varied widely, from less than \$20,000 for patients with breast cancer or melanoma to more than \$40,000 for patients with lymphoma, brain or other nervous system cancers, or cancers of the esophagus, ovaries, or stomach. Across all cancers, mean net costs were highest in the first 12 months of care

and the last 12 months of life, and lowest in the period between the initial phase of care and last year of life.

Yabroff and colleagues note that the study does not evaluate the cost of care in younger cancer patients. As these individuals frequently opt for more aggressive therapies, the cost of services may differ from those reported here. Additionally, as newer, more expensive therapies become routine care, the costs could climb.

Despite these limitations, "these estimates represent a basis for projections of cancer costs that will be particularly important with the growth and aging of the U.S. population," the authors write.

In an accompanying editorial, Joseph Lipscomb, Ph.D., from Emory University in Atlanta carefully analyzes the methods used by Yabroff and colleagues and compares them with other cost-estimate approaches. The high-quality methods lead to solid, if not surprising results. "Few of these individual findings are startling; yet taken together, they provide the scientifically strongest picture yet of the incidence costs of cancer in aggregate and by tumor type for the elderly in the United States," he writes.

Source: Journal of the National Cancer Institute

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