

Safer kidney cancer surgery under-used for poorer, sicker Medicare, Medicaid patients

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An increasingly common and safer type of surgery for kidney cancer is not as likely to be used for older, sicker and poorer patients who are uninsured or rely on Medicare or Medicaid for their health care, according to a new study by researchers at Henry Ford Hospital.

The treatment, partial nephrectomy (PN), involves surgically removing only the diseased portion of a cancerous kidney, leaving the unaffected part to continue to function.

Standard treatment for small [kidney tumors](#) has traditionally been radical nephrectomy (RN) – surgical removal of the entire kidney, part of the ureter, the adrenal gland, and some surrounding tissue.

The less-extreme PN became possible with improvements in 3D scanning technology, and not only offers obvious advantages over RN, but earlier studies have found that it results in an overall drop in related cardiovascular complications and death.

The results will be presented this week at the American Urological Association Annual Meeting in Atlanta.

The Henry Ford study looked at 375,986 kidney cancer patients from throughout the U.S. who underwent either PN or RN from 1998 to 2009. Of those, 63,670 were PN patients.

During the study period, researchers found that the rate PR grew nearly

five times, from 6 percent of patients to 28 percent, says Quoc-Dien Trinh, M.D., a Fellow at Henry Ford Hospital's Vattikuti Urology Institute and lead author of the study.

Most [kidney cancer](#) patients today can be treated with this kidney-saving technique, which reduces the chance of long-term kidney failure. Another advantage is that if something happens to the patient's other kidney, there is still one in reserve.

But the Henry Ford study also found that while PN is becoming more common, it is not being used to treat certain patients for other than medical reasons. The researchers learned that rates of PN dropped in patients who:

- Are older and have additional diseases or disorders
- Have no insurance or rely on [Medicare](#) and/or [Medicaid](#) for their health care
- Live in lower-income zip codes
- Are treated in lower-volume, non-teaching hospitals

There are several possible reasons for these disparities, Dr. Trinh says, although they're mostly conjecture because available data doesn't provide the information to test them.

"We couldn't adjust for such things as disease characteristics like tumor size, grade or location," he explains. "Also, it's possible that these patients have inferior access to care, so present with worse disease, when partial nephrectomy isn't feasible.

"However, it is also entirely possible that patients within this bracket are treated at hospitals that don't have the proficiency to perform this advanced surgical technique, therefore putting these patients at risk of

the well-documented, long-term effects of [radical nephrectomy](#)."

If the disparities exist because of limited access, "then mechanisms need to be implemented to ensure that these patients receive higher quality care, and that they receive the appropriate treatment, namely partial nephrectomy, whenever possible," Dr. Trinh says. "This has been shown in all sorts of medical procedures and specialties.

"We have to change the way insurance is distributed and how [health care](#) is delivered. But this is easier said than done."

Provided by Henry Ford Health System

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