

Half of elderly colorectal cancer patients receiving value-less treatment

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Cathy J. Bradley, PhD, and colleagues show high cost, high side effects and little gain for chemotherapy in elderly patients with advanced stage colorectal cancer. Credit: University of Colorado Cancer Center

A study published online ahead of print in the journal *Medical Care* shows that over a recent 10-year period, the rate of metastatic colorectal cancer patients older than age 75 receiving three or more treatments increased from 2 percent to 53 percent. During this period, 1-year treatment cost increased 32 percent to reach an estimated \$2.2 billion annually. However, median survival for these patients increased by only one month.

"In addition, these newer therapies carry more toxicities than many of the older therapies. These patients may get sicker and it costs them a lot of money with almost no [survival benefit](#)," says first author Cathy J. Bradley, PhD, associate director for Population Science Research at the University of Colorado Cancer Center and professor in the Colorado School of Public Health.

The data included results from over 20,000 Medicare patients with metastatic colon or rectal [cancer](#) between the years 2000 and 2009. The study examined the percentage of these patients treated with chemotherapy or a target agent (bevacizumab). These agents have shown survival benefit in younger patients and those with earlier stage disease. For example, the current study showed gain in overall survival of about 8 months in patients aged 65-74. However, this same benefit was not evident in patients older than age 75 whose cancer had spread.

"Doctors and patients come to a point where none of the standard therapies have worked and so they're willing to take a risk because there are no other treatment options available. They decide to give newly approved therapies a try despite there being no solid evidence for their use in these older low life-expectancy patients," Bradley says.

In addition to demonstrating an overall cost increase of 32 percent in colon cancer and 20 percent in rectal cancer, the paper shows that much of this additional cost is borne by the patients. Specifically, patients paid

approximately \$16,000 in out-of-pocket costs for care in 2009, compared with \$11,000 in 2000. Patients not treated with chemotherapy paid on average less than \$5,000 in the 12 months following diagnosis. (For example, treatment with oxaliplatin cost \$11,593 during the study, while treatment with common combination 5-FU/leucovorin cost \$1,028.) In addition to the direct costs of these chemotherapies, these agents require supportive medicines to assist patients in coping with side effects and also incur additional hospital inpatient and outpatient charges.

"No one wants to give up. It's hard for anyone to say they've had enough," Bradley says. "However, in these situations palliative care may be a good option."

The study closes by stating rather bluntly, "Taken together, multiagent regimens may not be of high value in terms of costs and survival for older mCRC [patients](#)."

More information: Paper: www.ncbi.nlm.nih.gov/pubmed/26900834

Provided by University of Colorado Denver

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