

Patient cost responsibility up for guideline-discordant care

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(HealthDay)—For patients with metastatic breast cancer (MBC), receipt

of National Comprehensive Cancer Network Guideline-discordant care is associated with higher patient cost responsibility, according to a study published in the October issue of the *Journal of the National Comprehensive Cancer Network*.

Courtney P. Williams, M.P.H., from the University of Alabama at Birmingham, and colleagues conducted a [retrospective cohort study](#) using data from the Surveillance, Epidemiology, and End Results-Medicare linked database from 2000 through 2013. Guideline discordance was assessed for first-line antineoplastic treatment. In women with MBC, patient cost responsibility (deductibles, coinsurance, and copayments) was summed for all [medical care](#) received in the year following diagnosis.

The researchers found that 17.6 percent of 3,709 patients with MBC surviving at least one year postdiagnosis received guideline-discordant treatment. In the year postdiagnosis, median cost responsibility was \$7,421 and \$5,171 for patients receiving guideline-discordant and guideline-concordant care, respectively. In the first year from the index diagnosis date, guideline-discordant treatment was significantly associated with \$1,841 higher patient costs compared with guideline-concordant care in adjusted models. There was variation in patient cost responsibility based on category of guideline discordance, with the highest cost responsibility seen for patients receiving nonapproved bevacizumab ($\beta = \$3,330$).

"Our work can inform efforts to improve patient-clinician communication about the value of guideline-based care and the potential implications of financial burden associated with cancer treatments," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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