Understanding Factors Associated with Discontinued or Insufficient Cancer Treatment Among Adults Enrolled in Medicaid or Medicare

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Project Identifier Determinants of Patient Dropout from Cancer Treatment and Follow-Up - SIP 05-007

Funding Source Division of Cancer Prevention and Control

Project Status Not active

Host Institution University of Alabama at Birmingham: Center for the Study of Community Health
Emory University (previous center): Prevention Research Center
University of Washington: Health Promotion Research Center

Health Topics Cancer

Researchers at three Prevention Research Centers (PRCs) are exploring factors that influence treatment plans prescribed for patients with cancer and factors associated with patients’ stopping their treatment prematurely. Linking data from their state’s cancer registry with state Medicaid or Medicare claims and hospital medical records, researchers will determine if these data sources can be used to accurately identify and analyze the type and duration of cancer treatments. If so, researchers will analyze relationships among discontinued or insufficient cancer treatment plans and patient characteristics (such as age, gender, race, insurance status, and residence), physician characteristics (such as age, gender, and specialty), and hospital characteristics (such as size, specialties, teaching status, ownership, and number of patients diagnosed with cancer). The effects of access to and delivery of cancer care, cancer-specific survival rates, and stage of cancer at diagnosis will also be explored.

Researchers at the Alabama PRC are comparing treatment plans with current cancer therapy guidelines to see if elderly patients enrolled in Medicare and diagnosed with breast, colorectal, lung, or prostate cancer received adequate therapy during the first year after diagnosis. For patients who stopped receiving treatment, researchers will explore associated patient, physician, and hospital factors. Differences in treatment dropout rates between African-American and white patients; younger and older patients; and women and men with colorectal or lung cancer are also being explored. Center staff will survey 400 patients to determine the completeness of data. Researchers will disseminate results to agencies that provide cancer care, in hopes of improving care practices for Alabama’s low income, elderly adults with cancer.

Researchers at the Emory PRC are analyzing records of 4,000-6,000 adults diagnosed with breast, colorectal, lung, or prostate cancer. These adults live in a 33-county region of southwest Georgia, where many residents have low levels of income and education. Center researchers may use results of the study to identify potential interventions to improve patients’ decisions about continuing cancer treatment and see if long-term studies are needed to better understand factors that influence patients to stop treatment prematurely.

Researchers at the University of Washington PRC are reviewing records of patients under age 65 who received a diagnosis of breast, colorectal, cervical, lung, or ovarian cancer, and are enrolled in the state’s Medicaid program. Many of these people receive a diagnosis at an
advanced stage of cancer, are at higher risk for discontinuing recommended treatment, and have lower cancer survival rates than patients enrolled in private health insurance. Researchers are also identifying factors that influence access to and delivery of care for Medicaid cancer patients, and whether stage of cancer at diagnosis and cancer-specific survivor rates are associated with treatment recommendations or discontinuation. If analysis of the records accurately indicates duration of cancer treatment, the center will conduct a similar analysis for the entire Medicaid population of Washington State.

Research setting
Medical or clinical site

Race or ethnicity
No specific focus

Gender
No specific focus

Age group
Adults (25-49 years) | Older adults (50 years and older)

CDC PRC Research Projects Database - https://nccddev.cdc.gov/PRCResearchProjects/