

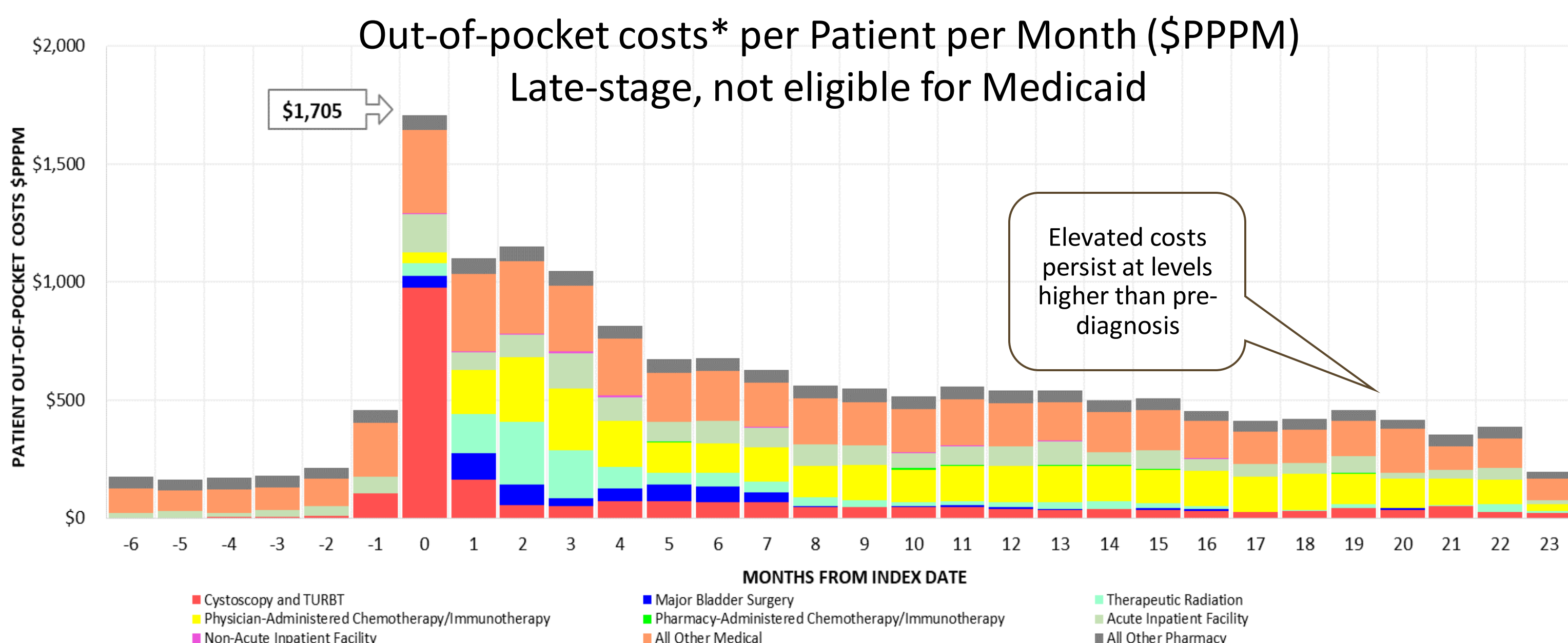
## BACKGROUND

- Disparities in evaluation, management, and mortality persist in patient populations where bladder cancer is less common.
- The Association of Community Cancer Centers (ACCC) conducted a claims analysis of Medicare beneficiaries diagnosed with bladder cancer to assess differences in healthcare utilization and costs and to inform future provider education initiatives and better reach underserved populations.

## METHODS

- ACCC convened a steering committee of multidisciplinary experts to guide claims analysis development methodology and code sets used to identify study cohorts and model variables.
- Using the CMS Medicare 100% Innovator Administrative Claims Data Set, incident patients were defined as those newly diagnosed in 2018 using a 24-month lookback to confirm no prior diagnosis.
- Classification is defined by treatment within 6 months of diagnosis: No treatment, Early Stage-treated (intravesical chemotherapy), and Late-stage (one or more claims of non-intravesical systemic therapy, radiation therapy, or major bladder surgery).

## RESULTS



\*Out-of-pocket costs associated with healthcare include copays, coinsurance, and deductibles. It does not, however, reflect Medicare Supplement coverage.

## CONCLUSIONS

- Patients diagnosed with late-stage bladder cancer experience higher financial burden and need more resource-intensive services than those diagnosed at an earlier stage.
- Earlier diagnosis of bladder cancer is needed to improve patient outcomes and reduce financial burden.

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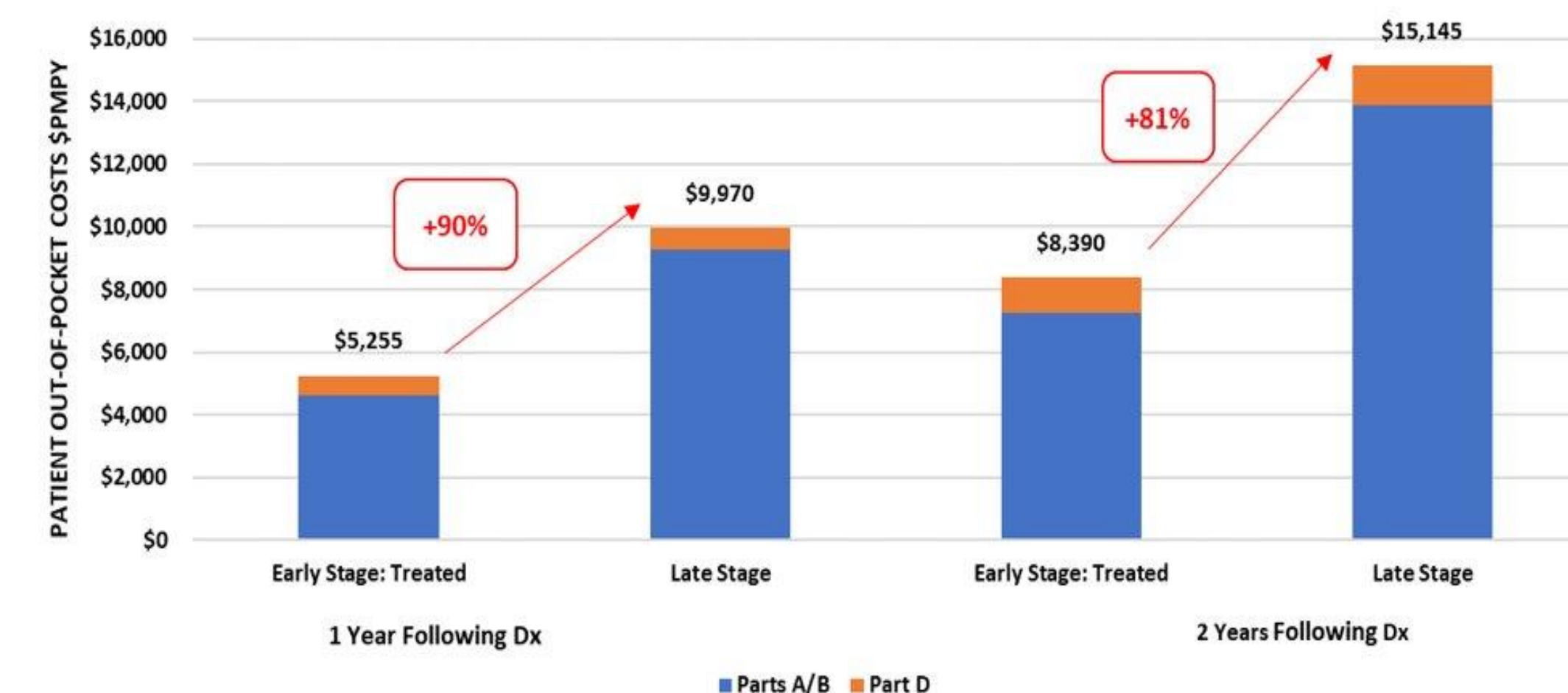
### ACKNOWLEDGEMENTS

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## RESULTS

- 4,356 incident patients were identified: average age 77.7, 71% male, 56% no treatment, 15% early-stage treated, 28% late-stage.
- Patients diagnosed at late-stage incur 90% more out-of-pocket costs (copays, coinsurance, deductibles) in the first year following diagnosis than early-stage treated patients (\$9,970 vs \$5,255) and 81% higher cumulative out-of-pocket costs two years following diagnosis (\$15,145 vs \$8,390).

### Out-of-Pocket\* Financial Burden Almost Doubles for Patients with Late-Stage Diagnosis



\*Out-of-pocket costs associated with healthcare include copays, coinsurance, deductibles. However, it does not reflect Medicare Supplement coverage.

- For both early- and late-stage patients, the month of diagnosis is the most expensive. 53% of all costs incurred in the month of diagnosis are for cystoscopy/TURBT procedures.
- Elevated costs persist at levels higher than pre-diagnosis levels for at least 20 months.
- Among late-stage patients, treatments (surgery, radiation therapy, and systemic therapy) sum to 34% of all costs incurred in 6 months following diagnosis.