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New Analysis Finds Patients Receiving Chemotherapy for Cancer at ADCC Institutions Have Highest Survival Rates

Milliman Report Fills Information Gap by Examining Survival Across Multiple Types of Cancer Treatment Facilities

WASHINGTON, DC – Patients treated with some of the most common types of cancer with chemotherapy at Dedicated Cancer Centers have higher survival rates compared to patients treated at other types of hospitals, according to new analysis conducted by Milliman for the Alliance of Dedicated Cancer Centers.

The Milliman report, *Survival of Medicare Fee-for-Service Chemotherapy Patients by Site of Care*, compares the 36-month survival rates by treatment facility type for 46,762 Medicare fee-for-service patients who began receiving intravenous chemotherapy for treatment of breast, colon, lung, ovarian, pancreatic, or prostate cancer in 2010 and 2011 and were followed through 2014. For these cancers, Milliman found that patients treated with intravenous chemotherapy at ADCC institutions had 17 to 33 percent lower risk of death within 36 months of starting chemotherapy than patients treated at other types of hospitals.

“When it comes to survival rates for some of the most common cancers, the type of hospital matters,” said Karen Bird, ADCC Executive Director. “Survival data is an important but often missing piece of information for cancer patients trying to make informed decisions about treatment options. These findings suggest important implications for patients as well as payers.”

Few studies have examined cancer patient survival across multiple types of cancer treatment facilities, and no research has been reported comparing different types of facilities for a specific treatment modality. ADCC retained Milliman, a premier global consulting and actuarial firm, to fill this gap by comparing cancer treatment outcomes for patients receiving chemotherapy across multiple types of cancer treatment facilities. The Milliman analysis is specific to chemotherapy provided in facility settings beginning in 2010 or 2011 and covered under Medicare Part B, but not Part D (oral chemotherapy) due to data limitations. Patients were followed for 36 months after beginning chemotherapy.

The Milliman analysis also concluded that patients treated with intravenous chemotherapy for these cancer types at ADCC institutions were, on average, sicker than those treated in other settings when measured using the percent of episodes in higher Clinical Risk Group (CRG) treatment levels. These treatment levels describe the extent and progression of the disease, and a higher treatment level indicates a higher degree of treatment difficulty. Among the cohort of patients treated in ADCC institutions, 64 percent were within the two highest levels of treatment compared to 56 to 58 percent of patients at all other hospitals.

The Milliman study finds that the use of the CRG risk adjustment model developed by 3M for use in severity adjustment of cancer patients identifies relevant cost differences among patients. Adjusting for patient severity

is especially difficult in cancer care when using claims data only, without other clinical data. Because of a lack of relevant staging data, the authors used CRG treatment levels to adjust for disease severity. Other relevant covariates were not available and were not accounted for.

“Further analysis of survival rates is essential to provide physicians, cancer patients and their families – as well as policymakers – with the information necessary to make informed choices,” said Bird.

While 100 percent of Medicare fee-for-service hospital claims data are currently available to researchers under approved research studies, unfortunately only five percent of the relevant Medicare physician claims data for cancer patients are available. The ADCC will continue to work with CMS to explore ways to make the complete Medicare physician claims data set available to allow for a more complete assessment of cancer survival across all sites of care.

The complete report is available at

http://adcc.org/sites/default/files/Survival_Outcomes_by_Site_of_Care_ADCC_Milliman.pdf

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The [Alliance of Dedicated Cancer Centers \(ADCC\)](#) is comprised of 11 institutions that are singularly focused on cancer:

- City of Hope Comprehensive Cancer Center (Duarte, CA)
- Dana-Farber Cancer Institute (Boston, MA)
- Fox Chase Cancer Center (Philadelphia, PA)
- James Cancer Hospital and Solove Research Institute (Columbus, OH)
- Moffitt Cancer Center (Tampa, FL)
- MD Anderson Cancer Center (Houston, TX)
- Memorial Sloan Kettering Cancer Center (New York, NY)
- Roswell Park Comprehensive Cancer Center (Buffalo, NY)
- Seattle Cancer Care Alliance (Seattle, WA)
- Sylvester Comprehensive Cancer Center (Miami, FL)
- USC Norris Comprehensive Cancer Center (Los Angeles, CA)

Its mission is to assist its member institutions in their ongoing efforts to improve outcomes and experiences for cancer patients through better understanding of the biology of cancer, translating new discoveries into innovative therapies, and providing the highest quality care to people facing a cancer diagnosis.

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