ASO Author Reflections: Adding up the Costs of Low-Value Breast Cancer Care

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PAST

More attention is being placed on value-based care, with a special focus on reducing the use of low-value interventions.¹ Most women aged 70 and older with early-stage, hormone-receptor-positive breast cancer do not gain a survival benefit from either sentinel lymph node biopsy (SLNB) or adjuvant radiotherapy. National guidelines now support their omission. Despite these recommendations, SLNB and radiotherapy remain commonly used in this population.² While existing literature is clear about the clinical implications of these interventions, the financial implications were not well understood.

PRESENT

This study demonstrates within a contemporary statewide payer database that utilization of SLNB and radiotherapy in older women with breast cancer remains high.³ Undergoing SLNB was associated with also undergoing adjuvant radiotherapy, suggesting SLNB may initiate a care cascade for further low-value care and higher spending. Spending for these treatments increased by up to 120% compared with surgery alone.

FUTURE

As there is greater scrutiny applied to rising costs of cancer care, clinicians and systems will be required to demonstrate value more explicitly. Greater knowledge and transparency regarding the spending associated with treatments will further empower all stakeholders to make value-based treatment choices.

DISCLOSURES The authors declare no conflicts of interest.

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