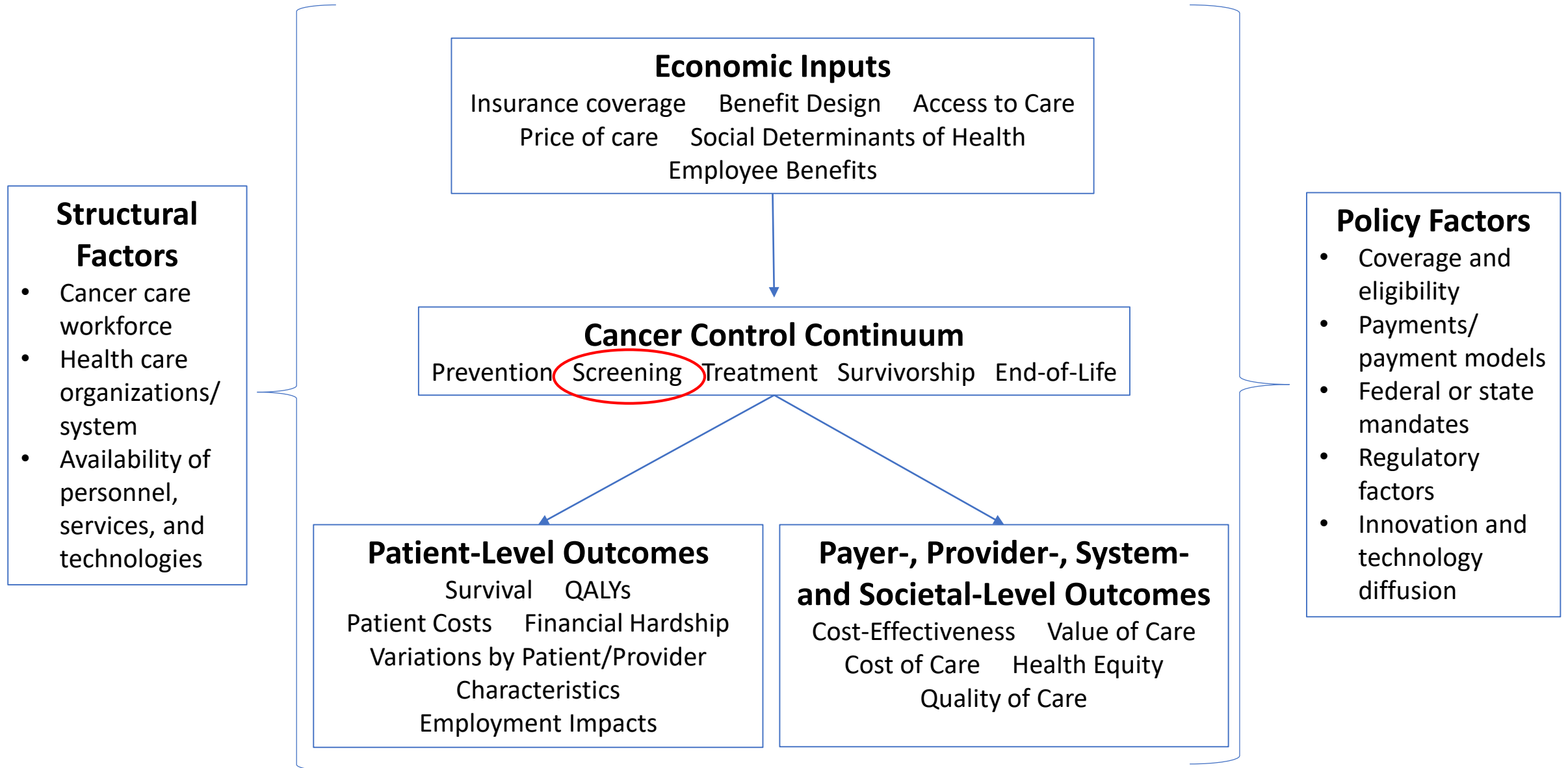


Health Economics Research in Cancer Screening: Current Challenges and Future Directions

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Framework of Cancer Health Economics Research



Role of Screening in Cancer Care Continuum

- ❑ Screening for prevention, early detection of cancers, their precursors can reduce treatment burden, mortality & morbidity
- ❑ Economic costs, with burden of screening upfront while benefits may not be realized for years
- ❑ Economic impact includes utilization of screening tests themselves but also diagnostic workup and follow-up that may result
 - Patient factors
 - Provider and system level factors including workforce and capital equipment
- ❑ Understanding economics key to ensuring value, equitable distribution of resources, and design of interventions to promote better outcomes

Decision Science

Developing and evaluating screening guidelines/ programs

- Modeling studies to assess costs and benefits of screening based on:
 - Age range
 - Risk profile
 - Modality of screening
 - Frequency of screening
 - Participation

Understanding factors influencing screening uptake

- Observational and quasi-experimental studies to assess the impact of factors on screening use:
 - Supply and demand side factors
 - Provider supply and incentives
 - Insurance
 - Access, barriers
 - Policy environment (state, federal)

Microeconomics

Current State of Science

- ❑ NCI review identified *27 health economic systematic reviews* of screening programs or interventions
 - 19: cost-effectiveness of screening strategies (top three cancers: cervical, colorectal, breast)
 - 3: research methodology (simulation models)
 - 5: costs of care
- ❑ What's unique about cancer health economics research in screening?
 - Policy environment and guidelines create rich opportunities for study designs based on natural experiments
 - Frequent use of microsimulation models to design and evaluate screening policies

Current State of Funding

- ❑ Screening-focused economics research accounted for ~1/3 of NCI-funded economics analyses/outcomes grants
 - Large % included use of simulation models
 - Relatively few grants focused primarily on policy evaluation using observational data for causal inference
- ❑ Main economic outcomes examined were cost and/or cost-effectiveness, but usually not primary focus of project
- ❑ Emerging topics that are less prominent in funded grants:
 - Financial hardship (toxicity) and out-of-pocket payment
 - Minority populations
 - Screening for cancer survivors

Opportunities: Study Topic/Type

- ❑ Studies on policy and market factors affecting screening
 - Demand and supply side issues
 - Need to drill down from US policy to local context
 - Variation in market factors across US impacts screening use
- ❑ Connect findings from simulation models to policies
 - Increased integration of modeling, observational quasi-experimental studies, and implementation science
- ❑ Better understand economic factors affecting over- and under-use of screening
- ❑ Focus on important subpopulations for targeted screening
 - Disparities in access to/use of screening, social/economic factors associated with screening
 - Rural populations
 - Precision medicine for risk-stratified screening

Opportunities: Data Resources

- ❑ Key data sources include national and focused surveys, administrative databases, registry data
- ❑ Fragmentation of data systems
 - Need longitudinal data to study patterns of screening use and understand downstream outcomes
 - Challenges of linking different data sources
 - Geographic identifiers for linkage and understanding local area factors
- ❑ Under-collected/reported information
 - Limited information on patient factors including cancer risk factors, quality of life, barriers/facilitators to screening
 - Quality of care measures
 - Patient/provider communication
 - Database of federal, state, local legislation on cancer screening policies

Opportunities: Methods Development, Training

□ Observational studies

- Ensure training in and application of state-of-the art applied econometric methods for observational & quasi-experimental designs to address sources of potential endogeneity and allow for causal inference
- Explore opportunities to conduct randomized policy studies to allow for robust evaluation

□ Modeling studies

- Translate cost-effectiveness results from simulation models to policy recommendations, including in local market contexts
- Understand how to most accurately reflect costs in modeling studies
- Incorporate modeling methods in conventional health economics curricula

□ Under-explored areas

- Partnerships with implementation science researchers
- Application of evolving data science methodologies (e.g. machine learning, Bayesian models)
- Determine research priorities using value of information analysis

Screening-focused Recommendations

- ❑ Develop policies and platforms for increased linkage and access while maintaining patient privacy/confidentiality
 - Novel data linkages to enrich clinical details, PRO data (e.g., NCI CanCORS), patient factors, biomarkers (BRCA)
- ❑ Ensure continued funding and access to large-scale registries and cohorts like Population-based Research to Optimize the Screening Process (PROSPR) & Breast Cancer Surveillance Consortium (BCSC) which are designed for screening research and offer research, collaboration opportunities
- ❑ Continued cross-disciplinary training in health econometric methods, economic theoretical foundation of screening and demand for health care, development/use of microsimulation models
- ❑ Promote collaborations between health economists, modelers, data partners, implementation scientists, policy makers, and patient stakeholders