

Gender disparities in treatment and costs of rectal cancer at the end-of-life phase – an analysis of German claims data.

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Closer to death, patients with rectal cancer receive curative treatment options less frequently and palliative treatment more frequently while total costs are increasing. Across all treatment options analyzed, women were treated less often and had lower total costs compared with men.

Background

- In 2020, rectal cancer (RC) ranked 7th in all cancer deaths and 8th in all incident cancer cases¹
- From all patients dying in medical facilities in Shanghai, patients with RC caused the highest costs with profound differences for women and men²
- In Canadian stage IV RC patients, almost half of total costs (41%) occurred during the last three months of life³

Objective

- To identify and characterize RC patients at the end-of-life (EoL) phase in a German claims data population
- To describe utilization of treatment options during the EoL phase of RC patients, stratified by gender
- To identify the highest cost factors during the EoL phase of RC patients, stratified by gender

Results

Patient Characteristics

- We identified 252 RC patients (37% women; mean age: 71.6 years) who died in 2021. Men were younger than women (mean age: 69.3 vs. 75.6 years) and had fewer comorbidities (Charlson Comorbidity Index (CCI): 7.9 vs. 8.7 points).

Treatment Utilization

- Closer to death, patients received fewer curative RC treatment options
- Differences in treatment frequency between women and men were largest for targeted therapies and chemotherapy

Costs

- Total costs per person-year were higher closer to death → ~35% occurred in the last month of life
- Costs were highest for hospitalizations followed by prescriptions
- Costs were higher for men than for women

Methods

Study Design

- A retrospective observational claims data study based on data from the German statutory health insurance AOK PLUS
- Inclusion of RC (ICD-10 GM: C20) patients who died in 2021 and were recently diagnosed with metastases (ICD-10 GM: C78/C79)
- Exclusion of patients with codes for colon or anal cancer (ICD-10 GM: C18/C19/C21)

Analyses

- Descriptive analyses of patient characteristics, utilization of treatment options, and costs
- Treatment options (e.g., chemotherapy, radiotherapy, chemoradiotherapy, targeted therapies, and rectal surgery) as well as costs were analyzed in five periods prior to death: 12-6 months, 6-3 months, 3-2 months, 2-1 months, and 1-0 months
- Costs were assessed per person-year

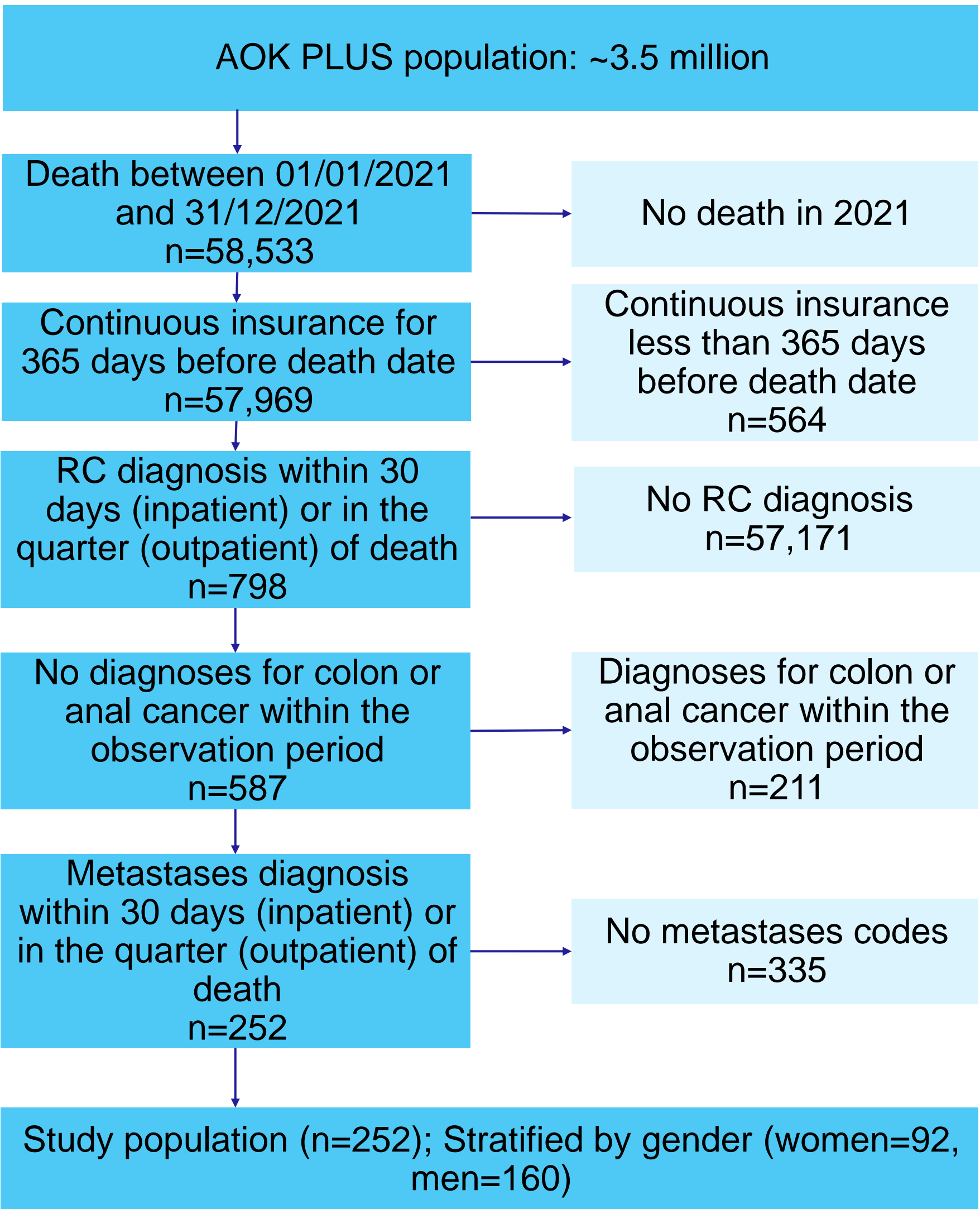


Figure 1. Attrition Chart Displaying Inclusion and Exclusion Criteria

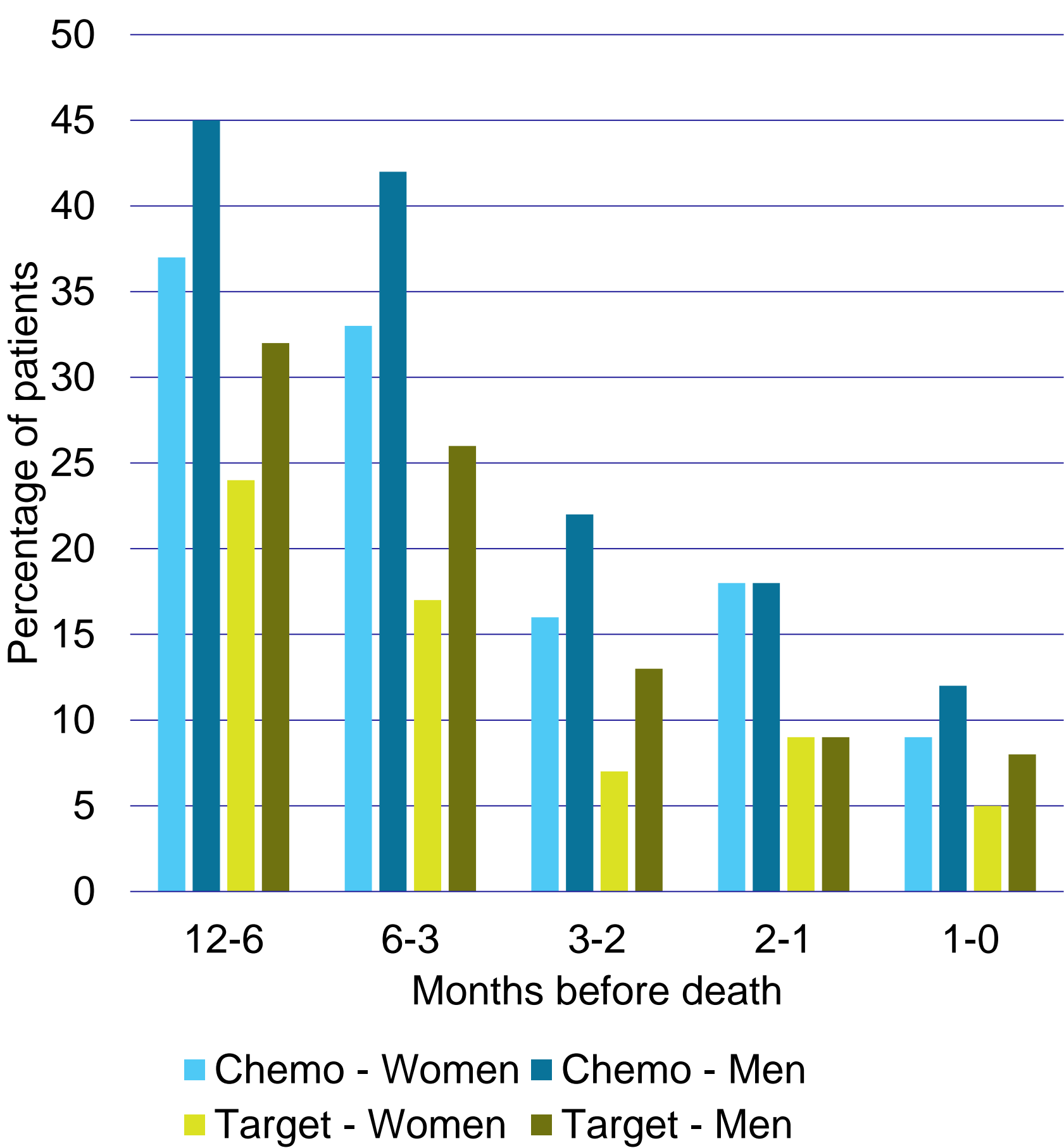


Figure 2. Utilization of Selected Treatment Options Over Time Stratified by Gender

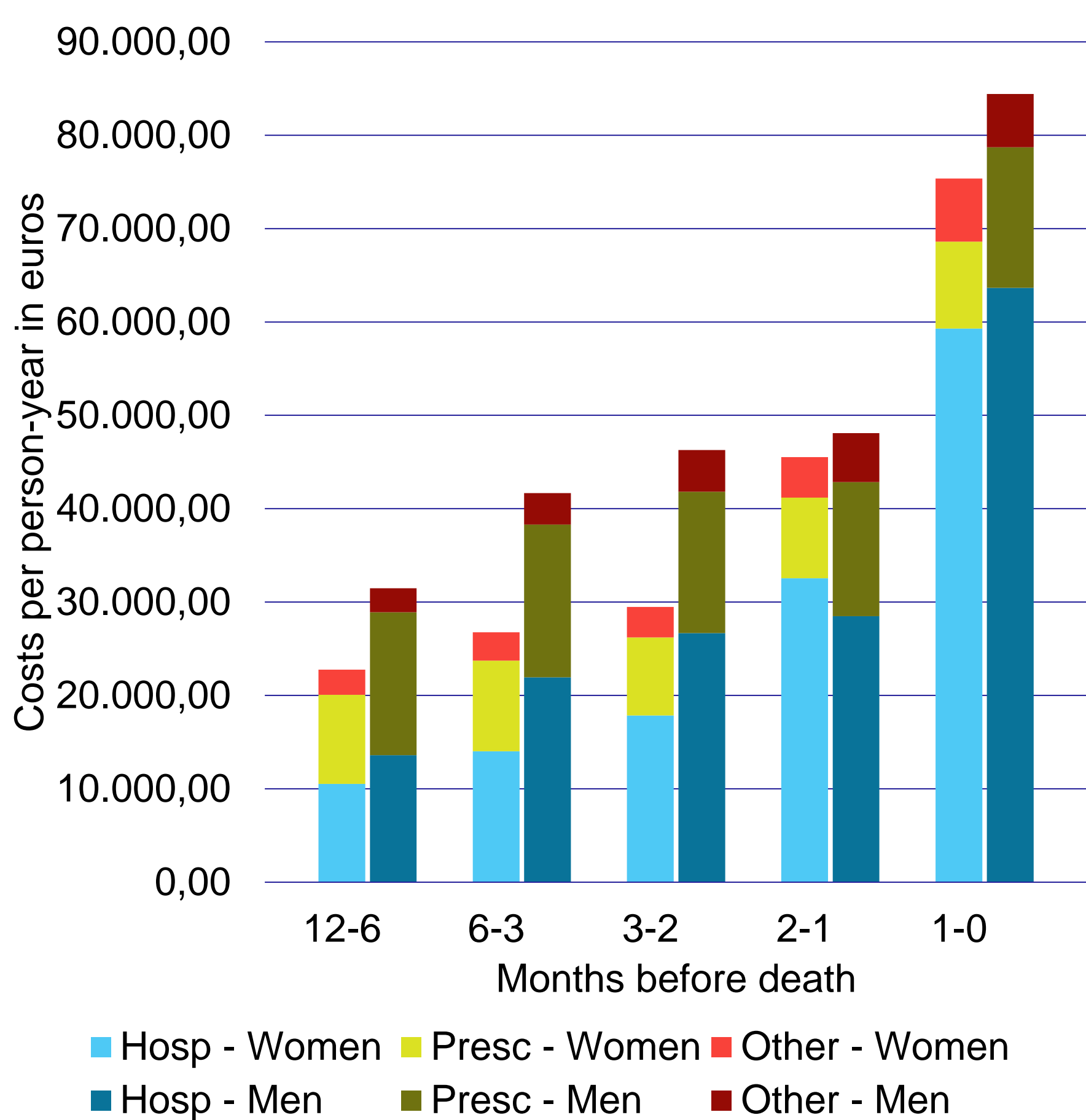


Figure 3. Costs Over Time Stratified by Gender

Conclusions

- Regarding the utilization of treatment options and costs in the last year of life, we found clear differences between women and men with rectal cancer
- Further analyses to assess whether found differences are due to gender or other factors (e.g., comorbidity profile or age) are of high interest

References

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Disclosures

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