

Title: Active Surveillance and Confirmatory Testing Among Medicaid Patients: Results from the Michigan Urological Surgery Improvement Collaborative

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Introduction

Confirmatory testing in active surveillance (AS) protocols verifies the extent of prostate cancer in patients electing surveillance. Despite its importance, confirmatory testing is inconsistently utilized leading to potential disparities in care. We assessed the use of confirmatory testing among Medicaid patients, who may face barriers to follow up and protocol adherence compared to their privately insured counterparts.

Methods

We identified men with prostate cancer eligible for AS (i.e., low or favorable intermediate risk disease), from the Michigan Urological Surgery Improvement Collaborative from 2016-2021. A logistic regression model assessed the association of treatment choice and payer status by cancer risk group using an interaction effect adjusting for age, race, comorbidity index, and BMI. We compared confirmatory testing – defined as repeat prostate biopsy, MRI, or genomic test within 6 months of initial diagnosis – by payer using Kaplan-Meier methods. When assessing confirmatory testing over time, men undergoing MRI prior to biopsy were counted as receiving confirmatory testing. Men undergoing primary treatment without confirmatory testing were censored at the time of treatment.

Results

We identified 17,138 AS eligible patients with most covered by private insurance (N = 9756, 57%), followed by Medicare (N = 6933, 40%) and Medicaid (N = 449, 3%). Patients with private insurance and Medicaid had similar proportions of AS in low (65% vs. 67%) and favorable intermediate risk (20% vs. 19%) disease. In an adjusted analysis, patients with private insurance and Medicaid did not demonstrate different odds of choosing AS (low risk OR 0.99, 95% CI 0.71-1.4, intermediate risk OR 0.98, 95% CI 0.72-1.34). At 6 months privately insured patients had a 60% rate of confirmatory testing compared with 50% for Medicaid patients (log rank: $p = 0.001$) (Figure 1).

Discussion

A significant proportion of men on AS, roughly 40%, did not undergo confirmatory testing within 6 months of diagnosis. While both men with private insurance and Medicaid have suboptimal testing rates, Medicaid patients appear more likely to miss confirmatory testing. Confirmatory testing represents a key quality improvement target to ensure appropriate patients are offered AS.

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Figure 1: Probability of Confirmatory Testing Over Time

