Reporter’s Notebook: Financial Woes and Dodgy Statistics Cross All Cancers (GU20)

Genitourinary Cancers Symposium reaches beyond the latest prostate, bladder and kidney cancer treatments.

February 24, 2020 By Liz Highleyman

The American Society for Clinical Oncology (ASCO) Genitourinary Cancers Symposium took place this month in San Francisco. This meeting offers the latest research on the treatment of prostate, bladder and kidney cancer and other cancers affecting the urinary and male genital tract.

You can find all our coverage of specific studies here.

A highlight of the meeting for me was the keynote presentation on Financial Toxicity and Quality of Life by David Penson, MD, MPH, of Vanderbilt University Medical Center.

> DYK that our own research shows just as many Americans are worried about cancer’s financial impact as about dying of #cancer #GU20 https://t.co/tywIXoPj7R #financialtoxicity https://t.co/3AYPbLpwAh
>
> — ASCO (@ASCO) February 14, 2020

Penson gave an overview of the types of financial hardship people living with cancer experience, which often leads to skimping on medication, missing appointments, going into debt, selling possessions and doing without leisure activities and even necessities such as food and clothing. Research from ASCO found that American are as worried about cancer’s financial impact as they are about dying from it.

Graph from David Penson, Financial Toxicity and Quality of Life, presented at GU20Courtesy of David Penson, MD

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Older people on Medicare fare somewhat better than younger individuals with either private insurance or public coverage such as Medicaid, but more than 20% still report financial burden.

These are two of the most heartbreaking slides at a

major cancer conference that I have ever seen: If you survive 5 years with cancer in the US, there is a 40% chance of bankruptcy. No civilised country should accept that #ProudoftheNHS #cancer #GU20 https://t.co/gBjp7a7SAe

— Clive Peedell (@cpeedell) February 15, 2020

This talk really struck a nerve on Twitter. Doctors from Europe and Australia were horrified about the United States health care system. The tweet above garnered more than 1,000 likes and shares—an amazing response for a geeky medical meeting where the most popular tweets typically top out at a couple hundred.

Penson recommended that providers should make a greater effort to talk with patients about their financial hardships, what tests and treatments make sense for them and how they can find resources to help. But the consensus seemed to be that ultimately, political solutions are needed.

Here's a summary from Penson in his own words:

.@urogeek of @VUMChealth summarizes his #GU20 keynote on #financialtoxicity. ???? "We need to start treating this like any other side effect of our treatment." pic.twitter.com/OX2HV2Xe6x

— ASCO (@ASCO) February 14, 2020

Penson's talk was part of a trend we're seeing at cancer conferences to focus not just on study results about overall response rates and survival, but also on how treatment affects the whole patient and impacts their quality of life.

Along these lines, Matthew Sydes, MSc, of University College London, gave a nice talk on interpreting statistics and the difference between statistical and clinical significance. Clinical trials

of new therapies may show a statistically significant improvement over existing treatment, generally interpreted as a p-value greater than 0.05. But this only means that the difference is probably not attributable to chance alone. It does not necessarily mean that the treatment will provide a clinically significant benefit to patients in terms of their overall quality of life.

Graph from Matthew Sydes, Beyond P-values, presented at GU20Courtesy of Matthew Sydes, MSc

This presentation had some important lessons for medical journalists as well as researchers. One big temptation—because we all want people to be drawn in by our compelling headlines—is to focus on relative rather than absolute differences. These terms may not be familiar, but you see it all the time: “Double the risk” (relative risk) sounds a lot more exciting than “The risk increased from 2 in 1,000 to 4 in 1,000” (absolute risk).

Sydes offers some good pointers for both researchers and reporters here:

Graph from Matthew Sydes, Beyond P-values, presented at GU20Courtesy of Matthew Sydes, MSc

GU20 and the other small ASCO meetings generally don't have a large advocacy presence but I did spot the International Kidney Cancer Coalition and KidneyCAN. Cristiane Decat Bergerot, PhD, of City of Hope Comprehensive Cancer Center, Dena Battle of the Kidney Cancer Research Alliance, and others presented their research about fear of recurrence among kidney cancer survivors.

> Thank you to @crisbergerot for sharing the #kidneycancer pt voice at #GU20, thanks @MichaelStaehler, @montypal @AdamPhilipStern for your support. Most of all, thx to the #kidneycancer pts who bravely shared their voice to help improve care! FCR matters! https://t.co/uLVHe8fHoc
> — KCCure (@kcCURE) February 13, 2020

And then there was this guy…

In a weird way #HarryNutsickle seems jealous when everyone is talking about his buddy the prostate at #GU20 We just tell him, “Don’t worry Mr. Nutsickle you’re day is coming” #tscsm #pcsm pic.twitter.com/YZkjjBBrcr

— Testicular Cancer Society (@TCSociety) February 13, 2020

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http://beta.docker.cancerhealth.com/blog/gu20-financial-woes-dodgy-stats-cross-cancers