USE OF ADVANCED IMAGING AMONG UNITED STATES MEDICARE BENEFICIARIES WITH PROSTATE CANCER

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Background: Men in rural communities face significant challenges in accessing advanced diagnostics and targeted interventions for prostate cancer. The extent and nature of these geographic disparities, particularly between rural and urban areas, remain unclear. In this setting, the ROADMAP project (Rural Outpatient Advanced Diagnostics to Maximize Access to Prostate Health) seeks to identify disparities in the use of advanced diagnostics and targeted interventions. Herein we report national trends in in these services comparing rural and urban settings.

Methods: We conducted a retrospective cohort study using the Medicare insurance database to assess geographic disparities in the utilization of advanced diagnostics and targeted interventions for prostate cancer. Rural and urban differences were analyzed by categorizing patients based on location (rural vs. urban) focusing first on post-diagnostic utilization of advanced diagnostic tools. These included, advanced imaging modalities, and molecular diagnostics. Data were analyzed to compare diagnostic and therapeutic patterns across geographic regions, with an emphasis on identifying disparities in access to these advanced modalities between rural and urban populations. Surveyweighted logistic regression models clustered by hospital referral regions were used to test the association between urban/rural status and receipt of services of interest.

Results: We included a total of 484,818 men diagnosed with prostate cancer in 2019, 2020, 2021. Of these, 38,816 are located in rural areas, 56,104 are located in urban areas and the remainder were in metropolitan counties. Use of PSMA PET imaging was less common among rural beneficiaries (7.45% prostate cancer patients, vs. 8.62% in metropolitan beneficiaries) (p<0.001). Regarding prostate MRI, this was performed less commonly among rural beneficiaries with prostate cancer (18.63% versus 26.4% in metropolitan beneficiaries, p< 0.001). Both molecular

pathological biomarkers and (11.21% versus 14.41, p<0.001) and genetic testing (2.5% vs 2.6%, p<0.001) were less common in rural patients. In our surveyweighted logistic regression, there were lower odds off assessed diagnostic testing in rural areas (e.g. aOR 0.87 95% CI 0.82-0.93 in rural patients).

Conclusion: The initial results from ROADMAP performed as part of a national analysis of disparities in genetic testing, molecular biomarkers and advanced imaging demonstrate a small but significant unadjusted and adjusted prevalence in utilization of assessed services among rural beneficiaries. Next step will be a qualitative analysis to assess specific barriers to these services among these groups.

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Table 1: Baseline Characteristics of patients living in rural and urban areas with Prostate Cancer in 100% Me and Standardized Differences								
		Metro	Urban	Rural	Unknown			
	Overall	n= 385	n= 56 104	n= 38 816	n= 5 480			
	n= 485 818 (100%)		(11.55%)	(7.99%)	(1,13%)			
Demographics and H	ealth Status							
Age Group								
66-70	121 106 (24.93%)	95 561(24.79%)	14 412 (25.69%)	9 920 (25.56%)	1 213 (22.14%)			
71-75	135 561(27.90%)	108 012(28.02%)	15 607 (27.82%))	10 560 (27.21%)	1 382 (25.22%)			
76-80	101 548 (20.90%)	80 516 (20.89%)	11 630 (20.73%)	8 255 (21.39%)	1 147 (20.93%)			
81+	127 603 (26.27%)	101 329 (26.29%)	14 455 (25,76%)	10 081 (25.97%)	1 738 (31.72%)			
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PET								
Yes	40 722 (8.38%)	33 228 (8.62%)	4 190 (7.47%)	2 892 (7.45%)	412 (7.52%)			
No	445 096 (91.62%)	352 190 (91.38%)	51 914 (92.53%)	35 924 (92.55%)	5 068 (92.48%)			
Race								
White	406 919 (83.76%)	317 941 (82,49%)	49 382 (88.02%)	34 892 (89.89%)	4 854 (86,12%)			
Black	44 983 (9 26%)	38 296 (9 94%)	4 118 (7 34%)	2 242 (5 78%)	328 (5 82%)			
Hispanic	4 979 (1 02%)	4 503 (1 17%)	285 (0.51%)	137 (0.35%)	55 (0.98%)			
Asian	5 503 (1 13%)	5 310 (1 38%)	113 (0 20%)	27 (0.07%)	54 (0.96%)			
Other	9 589 (1 97%)	7 862 (2 04%)	923 (1.65%)	718 (1.85%)	87 (1 54%)			
Unknown	13 845 (2 85%)	11 506 (2.04%)	1 283 (2 20%)	800 (2.06%)	258 (4 58%)			
Onknown	10 040 (2.0070)	11 000 (2.0070)	1 200 (2.2970)	000 (2.00%)	200 (4.0070)			
US Region, n(%)								
South	178 527 (36.75%)	140 517 (36.46%)	22 112 (39.41%)	15 776 (40.64%)	122 (2.23%)			
West	99 928 (20.57%)	83 526 (21.67%)	10 392 (18.42%)	5 927 (15.27%)	83 (1.51%)			
Midwest	102 353 (21.07%)	72 341 (18.77%)	15 805 (28.17%)	14 148 (36.45%)	59 (1.08%)			
Northeast	105 010 (21 62)	89 034 (23 10%)	7 795 (13 89%)	2 965 (7 65%)	5 216 (95 18%)			
Dual eligibility for								
Medicaid	33 622 (6.92%)	26 218 (6.80%)	3 652 (6.51%)	3 111 (8 01%)	641 (11.70%)			
Yes	452 196 (93.08%)	359 200 (93.20%)	52 452 (93.49%)	35 705 (01 00%)	4 839 (88.30%)			
No				33 7 03 (31.33 %)				
Disability as the								
original reason for								
Medicare	42 586 (8 77%)	31 394 (8 15%)	6 052 (10 79%)		418 (7 63%)			
entitlement	443 232 (91 23%)	354 024 (91 85%)	50 052 (89 21%)	4 722 (12 17%)	5 062 (92 37%)			
Yes		001021(01.007.0)		34 094 (87 83%)	0 002 (02:01 /0)			
No				01001(01.0070)				
110								
Year, n (%)								
		167 033 (43.34%)						
2019	210 734 (43.38%)	111 883 (29.03%)	24 478 (43.63%)	16 780 (43.23%)	2 443 (44.58%)			
2020	141 215 (29.07%)	106 502 (27.63%)	16 323 (29.09%)	11 478 (29.57%)	1 531 (27.94%)			
2021	133 869 (27.56%)		15 303 (27.28%)	10 558 (27.20%)	1 506 (27.48%)			
001, 11 (%)	21 220 (4 270/)	16 035 (4 460()	2 761 (4 020/)	2 244 (5 700/)	100 (2 4704)			
4	21 230 (4.37 70)	20 425 (5 20%)	2 / 01 (4.92%)	2 244 (0.70%)	190 (3.4770) 285 (F 100/)			
		20 433 (3.30%)	5 403 (0.21%) 5 500 (0.95%)	2032(0.70%)	200 (0.10%)			
2	44 152 (9.09%)	34 139 (8.80%)	5 529 (9.85%)	3 901 (10.20%)	5U3 (9.18%)			
23	407 490 (81.35%)	314 009 (81.68%)	44 329 (79.01%)	30 0 10 (77.18%)	4 303 (02.17%)			
	1	1	1	1				

or clinical variables associated with receiving PET									
	Multivariable logistic regression			HRR-clustered multivariable logistic					
	OR	95% CI	p-value	OR	95%CI	p-value			
RUCC code, n (%)									
Metro	Ref.	Ref.		Ref.	Ref.				
Urban*	0.87	0.84-0.90	< 0.001	0.87	0.82-0.92	< 0.001			
Rural*	0.87	0.84-0.91	< 0.001	0.87	0.82-0.93	< 0.001			
Unknown*	0.88	0.80-0.98	0.017	0.89	0.77-1.01	0.1			
Age Group									
66-70	Rof	Rof		Ref	Rof				
71 75*	1.05	1 02 11 08	<0.001	1.05	1 02 1 08	0.002			
76.90*	1.05	1.02-11.00	<0.001	1.00	1.02-1.00	0.002			
70-00	1.11	1.00-1.15	<0.001	1.11	1.00-1.10	<0.001			
>81"	0.86	0.84-0.89	<0.001	0.86	0.83-0.90	<0.001			
Race									
White	Ref.	Ref.	Ref.	Ref.	Ref.				
Black*	0.81	0.78-0.85	<0.001	0.81	0.78-0.86	<0.001			
Hispanic*	0.87	0.78-0.97	0.001	0.87	0.76-0.86	0.025			
Asian	1.00	0.90-1.10	0.9	1.00	0.90-1.11	0.9			
Other	0.97	0.90-1-04	0.4	0.97	0.88-1.06	0.5			
Unknown*	0.95	0.89-1.01	0.1	0.95	0.89-1.01	0.1			
US Region, n (%)									
South	Ref.	Ref.	Ref.	Ref.	Ref.				
West*	1.17	1.14-1.20	<0.001	1.17	1.04-1.23	0.01			
Midwest	1.00	0.97-1.03	0.8	1.00	0.93-1.07	0.9			
Northeast*	1.02	0.99-1-05	0.3	1.02	0.90-1.15	0.8			
Dual eligibility for	5 (5.4	5.6	5.4	5.6				
Medicaid	Ref.	Ref.	Ref.	Ref.	Ref.				
Yes	1.06	1.02-1.11	0.005	1.06	1.00-1.14	0.1			
No									
Disability as the									
original reason									
for Medicare	Ref.	Ref.	Ref.	Ref.	Ref.				
entitlement	1.02	0.98-1.07	0.2	1.02	0.98-1.07	0.3			
Yes									
No									
Year, n (%)	Ref								
2019	0.95	Ref.		Ref.	Ref.				
2020*	0.00	0.92-0.99	<0.001	0.95	0.92-0.97	0.006			
2021	0.7 1	0.67-0.74	<0.001	0.71	0.67-0.74	<0.001			

Multivariable logistic regression and HRR-clustered multivariable logistic regression
of clinical variables associated with receiving PET