Key Summary of Published Article

Circulating Tumor DNA (ctDNA) Testing

Payer cost savings

How does ctDNA testing affect payer budgets when used to guide treatment in patients with colon cancer?

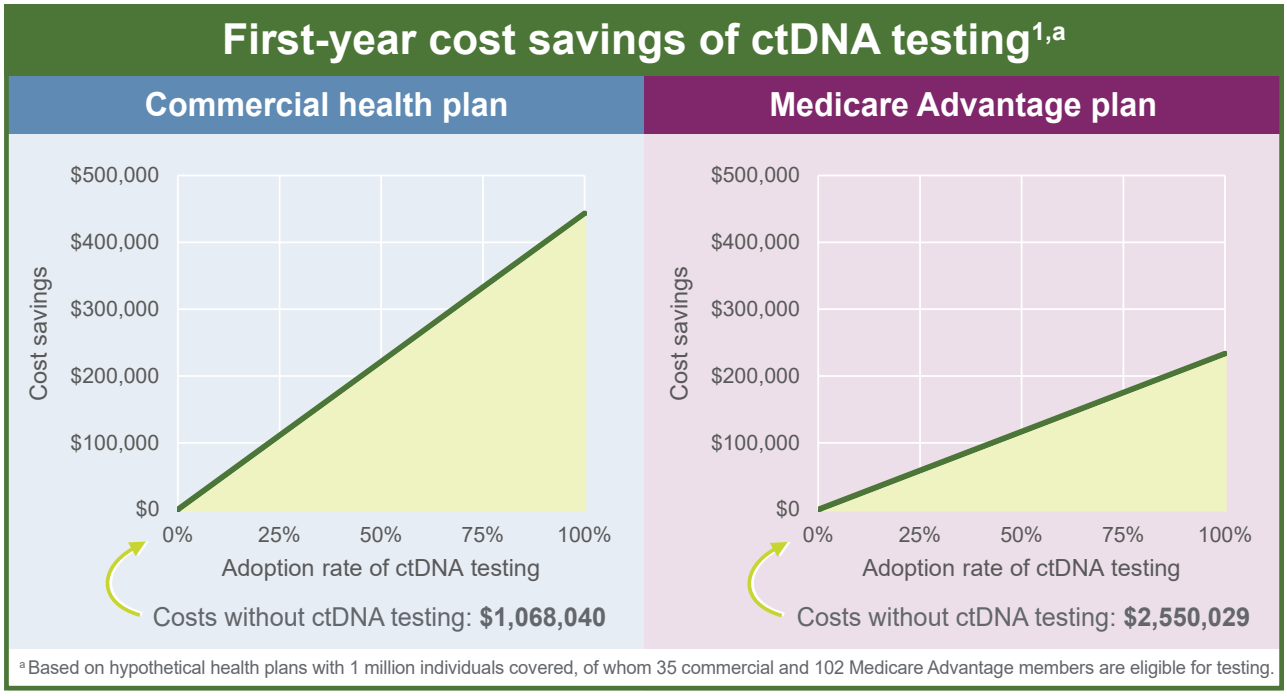
Background

Post-surgical testing of ctDNA, a biomarker for minimal residual disease, can reduce unnecessary adjuvant chemotherapy (ACT) in stage II colon cancer patients, thus avoiding side effects of ACT. Since little is known about how ctDNA testing may affect the total cost of routine patient care, investigators compared payer budgets for scenarios in which ctDNA testing is adopted vs not adopted.

Methods and Results

A decision-tree model was developed to compare payer costs when ACT use is guided by (1) clinical evaluation only vs (2) clinical evaluation or ctDNA testing. Payer costs over 1 year, including cost of ctDNA testing and treatment, were assessed at various testing adoption rates. Costs were assessed for both commercial health and Medicare Advantage plans with 1 million covered members.

First-year cost savings of ctDNA testing[1,a]



[a] Based on hypothetical health plans with 1 million individuals covered, of whom 35 commercial and 102 Medicare Advantage members are eligible for testing.

Compared to clinical evaluation only, adoption of ctDNA-guided treatment of colon cancer is projected to reduce costs for health plan payers.

1. Li Y, Heer AK, Sloane HS, et al. Budget impact analysis of circulating tumor DNA testing for colon cancer in commercial health and Medicare Advantage plans. *JAMA Health Forum*. 2024;5(5):e241270. doi:10.1001/jamahealthforum.2024.1270

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