

SAVE \$2.7M ON CANCER CARE FOR YOUR HEALTHCARE ORGANIZATION

Success under value-based reimbursement models requires oncologists to deliver high-quality, patient-centered care while sustaining meaningful cost savings. Initial efforts have lowered costs in areas such as hospital admissions and ED visits.¹ We can help you identify substantial incremental cost savings.

Conducting targeted circulating tumor DNA (ctDNA) testing in-house provides comparable patient benefit as outsourcing to a comprehensive ctDNA test provider, but at a significantly lower cost.

The following model assumes \$600 for running targeted ctDNA testing in-house vs. \$3,500 for sending out comprehensive ctDNA or tissue tests, with 70% concordance between ctDNA and tissue tests. This is based on 1,000 patients with non-small cell lung cancer (NSCLC).

COST SCENARIO A

Comprehensive
ctDNA test
1,000 patients[†]



Comprehensive
tissue test
524 patients^{††}



\$5,334,000.00
Total Cost



COST SCENARIO B

In-house targeted
ctDNA test
1,000 patients[†]



Comprehensive
tissue test
587 patients^{††}



\$2,654,500.00
Total Cost

To Learn More, Contact
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[†] Non-Small Cell Lung Cancer (NSCLC) Patients

^{††} Patients with negative ctDNA tests results are reflexed for comprehensive tissue testing. Patient cohort B has more patients (587) that are reflexed to comprehensive tissue testing than patient cohort A (524). The difference is due to 63 more patients out of 1,000 NSCLC patients that receive an actionable variant with comprehensive ctDNA testing than targeted in-house ctDNA testing.

¹ Value-Based Care Tackles Oncology Costs, *Managed Healthcare Executive*, July 19, 2019.